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To: Infectious Disease Physicians, Hospital Infection Control Practitioners, Hospital Emergency Departments, Local Health Departments, Clinical Laboratories

From: Illinois Department of Public Health, Communicable Disease Control Section

Date: June 22, 2015

Re: Supplemental IDPH Guidance: Monitoring Travelers from Liberia

Local Health Departments:

Please forward to hospitals, immediate care centers, and clinics in your jurisdiction.

Hospitals and Clinics:

Please distribute to healthcare providers who assess patients presenting with acute illnesses.

On May 9, 2015, the World Health Organization declared Liberia Ebola- free:

<http://apps.who.int/ebola/>.

- WHO did this because it had been over 42 days since the last case of Ebola in Liberia, and even longer since there was evidence of any community transmission. 42 days is two 21-day incubation periods. 21 days is the longest documented time between exposure to Ebola and the start of symptoms. As of today, June 22, 2015, Liberia has been Ebola-free for 86 days.

Healthcare providers:

- If a person who has been in Liberia in the past 21 days and has febrile illness seeks care at your facility, place the patient in a private room with a private bathroom.
- Use standard and transmission based precautions (eg contact precautions for diarrhea).
- Take a brief but careful history to confirm dates of travel and to assess exposures in West Africa. Unless the person has traveled to Sierra Leone or Guinea within 21 days of symptom onset, or you are unable to obtain a reliable history, discontinue assessing travelers from Liberia for Ebola virus disease (EVD).
- Use of PPE required for Persons Under Investigation (PUIs) for EVD is not recommended for returned travelers from Liberia in the absence of travel to Sierra Leone or Guinea, or an unobtainable history.

Travelers from Liberia in the United States are no longer considered to be at risk for EVD, except if they have been in countries with ongoing Ebola transmission; EVD is still present in Sierra Leone and Guinea. In the unlikely event that you see a patient that meets these criteria, contact your LHD and follow [CDC guidance for PUIs](#).

Travelers from Liberia are being asked to self-monitor, and to contact their local health department if they become ill. However, travelers from Liberia will not be monitored by LHDs, (unless they have also traveled to Sierra Leone or Guinea) and could seek care at any health care facility. Similarly, individuals from countries in Africa other than Liberia that were previously affected by the Ebola outbreak (e.g., Mali, Nigeria) but are now Ebola-free, are not being monitored and may seek care at any health care facility.

Malaria is one of the most common causes of febrile illness without localizing signs and symptoms in West African travelers, and patients with a clinical presentation consistent with malaria should be tested rapidly with either a rapid test or a malaria smear, so that appropriate treatment can be started as soon as possible. Lack of prophylaxis, or non-adherence to prophylaxis increases the likelihood of malaria.

Continue to consider travel-associated illnesses in addition to Ebola (e.g. MERS) when triaging and assessing ill patients. IDPH continues to emphasize the importance of always obtaining a travel history from patients presenting with fever and/or other infectious disease symptoms. Travel history is critical for rapidly recognizing any potential infectious diseases of greater public health concern that may be associated with outbreaks overseas.

In collaboration with LHDs, IDPH will continue to monitor travelers from Sierra Leone and Guinea for 21 days following their departure from these countries, and assist with assessment of any illnesses developing during this time period. Providers should continue to rapidly identify, isolate, assess and immediately report any travelers who present with symptoms consistent with EVD within 21 days of their departure from either Guinea or Sierra Leone. For further information on the ongoing EVD outbreak in West Africa, see:

U.S. Centers for Disease Control and Prevention: <http://www.cdc.gov/vhf/ebola/>

World Health Organization: <http://apps.who.int/ebola/>

cc: IDPH CD Leads and Staff, Regional IDPH Offices, IDPH DPR ERCs, IDPH Regional EMS Coordinators, RHCCs, FQHCs