



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Mary T. Bassett, M.D., M.P.H.
Commissioner

2015 DOHMH Advisory #46: Update On Ebola Viral Disease –Guinea declared Ebola free on December 30

Please distribute to staff in the Departments of Critical Care, Emergency Medicine, Family Practice, Geriatrics, Internal Medicine, Infectious Disease, Infection Control, Obstetrics/Gynecology, Pediatrics, Pulmonary Medicine, Pharmacy, and Laboratory Medicine

- **Guinea was declared Ebola-free by the World Health Organization on December 29, 2015**
- **Travelers from Guinea, Sierra Leone, and Liberia are no longer being monitored by the Health Department, and no longer need to be evaluated and managed as having suspected Ebola Virus Disease**
- **Always collect a travel history on patients presenting with febrile illnesses and remain aware of current outbreaks overseas**

December 30, 2015

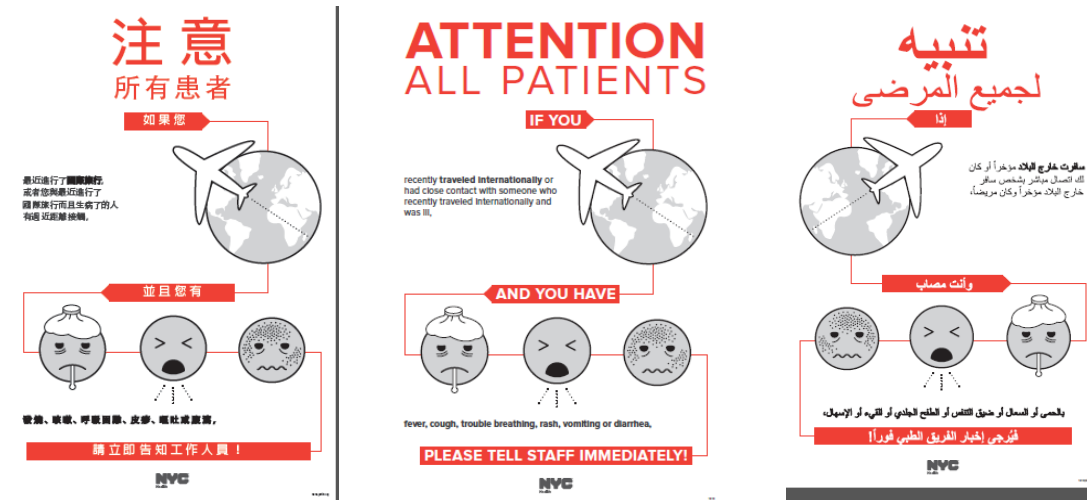
Dear Colleagues,

On December 29, the World Health Organization formally declared the Ebola Virus Disease (EVD) outbreak in Guinea over after 42 days (twice the maximal incubation period) had passed since the last person in Guinea confirmed to have EVD had a second negative Ebola virus test result. Travelers from Guinea, Sierra Leone, and Liberia will no longer be monitored by the Health Department and no longer need to be evaluated and managed as having suspected EVD.

Providers should consider other travel-associated diseases, especially malaria, in the differential diagnosis when evaluating febrile patients returning from Guinea and other countries, and should implement infection control precautions as appropriate (See <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>).

Travel history should be included in triage protocols of acute care settings

Always ask about recent travel when evaluating patients with fever and/or other infectious disease symptoms. Travel history is critical for rapidly recognizing infectious diseases of public health concern that may be associated with overseas outbreaks. “STOP Triage” posters to remind patients to report recent travel history are included here and available on the DOHMH website in multiple languages (See Infection Prevention and Control on the Ebola page at <http://www.nyc.gov/html/doh/html/hcp/ebola-info.shtml>).



For further information on EVD in West Africa, see:

NYC DOHMH: <http://www.nyc.gov/html/doh/html/diseases/ebola.shtml>

U.S. Centers for Disease Control and Prevention: <http://www.cdc.gov/vhf/ebola/healthcare-us/evaluating-patients/evaluating-travelers.html>

and <http://www.cdc.gov/vhf/ebola/>

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

Both the WHO (www.wpro.who.int/outbreaks_emergencies/en/) and the CDC (www.cdc.gov/outbreaks) maintain websites that list all current outbreaks. Any patient suspected of having a potential travel-related communicable disease should be immediately isolated in a single patient room with strict attention to infection control precautions. After an initial medical evaluation and without delaying necessary care (e.g., stabilization of critical patient), providers should report suspect cases to the Health Department's Provider Access Line at 1-866-692-3641 so that details and next steps can be discussed with a Health Department physician. A public health consultation is available at all times via the Health Department's Provider Access Line (1-866-692-3641). Thank you for your continued vigilance for travel-associated infections occurring in New York City.

Sincerely,

Jay K. Varma, MD.

Deputy Commissioner

Division of Disease Control