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GAVIN NEWSOM
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Health Advisory

Ongoing Ebola Outbreak in the Democratic Republic of Congo – Screening for International Travel in Persons with Possible Infectious Disease Remains a Best Practice February 15, 2019

The California Department of Public Health (CDPH), in collaboration with the U.S. Centers for Disease Control and Prevention (CDC), has been closely monitoring the Ebola Virus Disease (EVD) outbreak in the Democratic Republic of Congo (DRC). An outbreak of EVD was declared in North Kivu Province of the DRC on August 1, 2018; as of February 13, 2019, there have been 829 confirmed and probable EVD cases, and 521 deaths according to the World Health Organization (WHO). Vaccination and other disease control efforts have been hampered by armed conflict in the area, and the outbreak is ongoing. Although this area borders Rwanda, South Sudan, and Uganda, there have been no EVD cases associated with this outbreak detected outside the DRC thus far.

While the risk of importation of Ebola virus into California remains very low, infectious diseases are regularly introduced into the state by returning California residents and travelers from all over the world. Specifically, CDPH regularly receives reports of malaria, dengue, hepatitis A, measles, enteric illness, and a variety of other illnesses among persons with a history of international travel. Thus, CDPH continues to remind healthcare providers in hospitals, emergency departments, and clinics to routinely ask patients with acute and possibly infectious illness about recent international travel.

At this point, CDC recommends self-monitoring for possible Ebola symptoms for persons returning from the outbreak area. CDC has implemented processes with non-governmental agencies who are working in the DRC to have monitoring programs for all their workers. CDC is not routinely notifying CDPH or LHDs about returning travelers. Active monitoring, where public health personnel contact returning travelers on a regular basis, may be implemented if LHDs feel that the risk of exposure to Ebola was significant.

The CDPH continues to recommend the following:

- For Local Health Departments (LHD):
 - Immediately notify CDPH of any patients suspected of having EVD or other highly infectious illnesses due to special pathogens. Additional LHD guidance may be found at [https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CDPH%20Document%20Library/spectEbolaGuidance.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CDPH%20Document%20Library/CDPH%20Document%20Library/CDPH%20Document%20Library/spectEbolaGuidance.pdf)
 - If a LHD becomes aware of a returning traveler from the affected region of the DRC, including persons who provided healthcare to EVD patients, interview the traveler and

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perform a risk assessment. CDPH is available to help with the risk assessment. LHDs should notify the CDPH of all returning travelers.

- Based on the risk assessment, the LHD should develop a plan with the traveler as to whom to notify should the person become ill. If the LHD decides to implement active monitoring, the LHD should provide a daily contact for the traveler.
 - In the unlikely event of a returning traveler with a potential unprotected Ebola exposure, implement active monitoring, and notify CDPH to discuss whether other restrictions or assessments may be warranted.
- For healthcare providers and facilities:
 - Implement appropriate infection control procedures in all settings. Travel history can inform specific infection control measures needed if there is suspicion of an infectious disease including EVD. Healthcare and Emergency Medical System providers should routinely ask patients with acute and possibly infectious illness about recent travel.
 - If there is suspicion of EVD in a patient based on travel history and clinical presentation, the healthcare provider should be advised to take EVD specific precautions. These precautions include: immediate isolation of the patient in a private room with an in-room bathroom or covered bedside commode, and rapid notification of their LHD, if not already done. Healthcare provider contact with the patient should be limited to providing essential patient care; all healthcare provider contact should be rigorously documented.

Additional guidance may be found at <https://www.cdc.gov/vhf/ebola/clinicians/evd/infection-control.html>.

- For travelers coming to California from areas with active Ebola virus transmission:
 - Self-monitor for fever and other symptoms of EVD, which include severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting, stomach pain, and unexplained bleeding during the 21 days after leaving an EVD affected area.
 - Seek medical care immediately if you develop symptoms of EVD.
 - Before going to the doctor's office, emergency room, or other clinical setting, contact the doctor or other healthcare provider and inform them about the recent travel and symptoms. This will help healthcare providers prepare their facility and protect other people.
 - If you have questions about EVD symptoms or self-monitoring, contact your LHD.

For more information on the EVD outbreak in DRC, please refer to the following:

WHO: <https://www.who.int/ebola/en/>

CDC: <https://www.cdc.gov/vhf/ebola/outbreaks/index-2018.html>