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**Ebola Update for Health Care Facilities/Providers  
Meeting Minutes  
June 18, 2015**

The California Department of Public Health (CDPH) convened an Ebola Update Call for Healthcare Providers to present information in the CDPH “Interim Guidance for Healthcare Providers: Management of Persons from Ebola-Affected Countries And Modifications for Liberian Travelers,” (6/18/2015). The CDPH guidance may be changed as additional information is released by the CDC. The guidance, and other Ebola documents, can be found on the CDPH ebola website at <http://www.cdph.ca.gov/programs/cder/Pages/Ebola.aspx> under the Section: Information for Health Care Providers.

Key Points in the “Interim Guidance for Healthcare Providers: Management of Persons from Ebola-Affected Countries and Modifications for Liberian Travelers,” include:

- Travelers from Liberia are considered to have extremely low risk of developing Ebola virus disease (EVD), but there is not zero risk.
- It is important to assess travel history for any possible infectious disease exposures (e.g., MERS-CoV, malaria) and not focus solely on Ebola-affected countries. History should include:
  - Health status;
  - Travel; and
  - Exposures.
- Healthcare providers should use clinical judgement to evaluate the patient.
  - Base evaluation of patient on epidemiological risk factors and symptoms.
  - No EVD specific precautions and personal protective equipment are needed for the healthcare provider to assess and treat the symptomatic Liberian traveler.
- If there is any question about the Liberian traveler, contact the local health department.
- Liberian travelers, upon entering the U.S., will be given a “Check and Report Ebola” (CARE) kit with instructions to call the health department if any symptoms develop. A cut-out card for the person to carry if they are presenting to a healthcare provider is included in that kit.
- In the U.S., there have been over 17,000 persons monitored for EVD since October 2014 and NOT ONE has been EVD positive. In California, over 760 persons have been actively monitored, approximately 50% have been from Liberia, and NOT ONE has been EVD positive.

## Questions and Answers

- Question: Will symptomatic Liberian travelers be sent to Ebola Assessment Hospitals?
  - Answer: If the epidemiologic assessment indicates an extremely low risk of EVD, the local health department will refer the patient to the appropriate healthcare facility or provider and will not be sent to an Ebola Assessment Hospital.
  
- Question: If a Liberian traveler is symptomatic and has a low risk of EVD, should an Ebola serology be drawn for testing?
  - Answer: If the symptomatic Liberian traveler is assessed to have a very low epidemiological risk for EVD, standard, contact, and/or droplet infectious control measures and procedures should be employed. No serology for EVD should be drawn. Because EVD is very unlikely, other more common acute conditions consistent with the signs and symptoms should be considered and placed higher on the list of differential diagnosis, as appropriate and diagnostic testing conducted to confirm the diagnosis.
  
- Question: Please explain the 90-day step down period.
  - Answer: On May 9, 2015, the World Health Organization (WHO) declared Liberia free of Ebola and that the outbreak was over after 42 days (two incubation periods) had passed since the last EVD patient was buried. However, WHO also recommended a 90-day enhanced surveillance period. The 90-day period begins from May 9, 2015, not from the date of the last Ebola death. Approximately August 9, 2015, the 90-day period will be over. The CDC is modified the management of Liberian travelers as a step-down from full direct active monitoring.
  
- Question: On the CDC poster, “For ED Doctors: Evaluation and Management of patients who lived in or traveled to West Africa in the previous 21 days”, the recommendations for Ebola PPE refers to the “wet” (e.g., vomiting, diarrhea, or obvious bleeding) patient, and the “dry” (no vomiting, diarrhea or obvious bleeding). This is not consistent with Cal/OSHA recommendations.
  - Answer: Healthcare providers should follow the California Blood-Borne Pathogen and Aerosol Transmissible Diseases standards. Specific questions on PPE should be directed to Cal/OSHA.