

**February 4, 2016**

## **Travel-related Serious Communicable Disease Screening**

There is always a risk of the importation of serious communicable diseases from countries where they are endemic, newly emerging, or outbreaks are occurring. Human pathogens and the infectious diseases they cause are continuously changing. Human pathogens can emerge from an animal reservoir (such as with Ebola Virus Disease, novel influenza, or MERS) that can then be spread by travelers to other areas. Pathogens can even re-emerge with new characteristics, such as multidrug-resistance, or in different places (like Dengue, Chikungunya, or Zika virus) to cause new epidemics.

Healthcare providers in all sectors should be aware of events of infectious disease emergence and outbreaks, and countries where this is occurring (<http://wwwnc.cdc.gov/travel/notices>). **As a matter of standard practice, not just during known outbreaks, it is crucial to take a thorough travel history for all patients.** Despite sophisticated surveillance programs, it is usually an astute clinician who makes the connection and sees the first signs of the emergence of a novel disease, an outbreak, or an imported disease.

### **The mission is to “identify, isolate, and inform” to prevent further spread of emerging infectious diseases.**

- **Identify:** Ask travel history for all patients presenting with symptoms of a potentially serious communicable disease, including a subjective or measured fever  $>100^{\circ}$  F lasting  $>48$  hours, OR a fever AND skin rash, visible swollen glands, jaundice, persistent cough, persistent vomiting, difficulty breathing, headache with stiff neck, decreased consciousness, or unexplained bleeding, OR persistent diarrhea
- **Isolate:** Practice good infection prevention, use appropriate personal protective equipment for the suspected disease or mode of transmission, and isolate the patient if appropriate
- **Inform:** Immediately notify the hospital infection control program and call DPH (1-866-PUB-HLTH) for triage

### **Zika Virus**

In response to the emergence of Zika virus transmission in new areas, CDC has issued guidance for people who have traveled or plan to travel to areas where the mosquito-borne disease is being transmitted. Many of these recommendations are specific to pregnant women as a link between Zika virus infection and microcephaly birth defects is being investigated. As the response evolves, these recommendations are continually updated (<http://www.cdc.gov/zika>). If you have



a suspect case of Zika virus in your facility, please notify DPH (1-866-PUB-HLTH) to ensure proper follow-up and helping to prevent local spread of the virus in Georgia.

### **Ebola Virus Disease (EVD)**

West Africa has been declared EVD free as of December 29, 2015. However, as we are still learning more about EVD persistence among survivors, there is a risk that more cases could occur sporadically in areas that had widespread EVD transmission. Even though the risk for EVD is low, if a patient presents with:

Fever, severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting, abdominal (stomach) pain, and unexplained hemorrhage (bleeding or bruising).

#### **AND**

Travel to West Africa (Guinea, Liberia, and Sierra Leone) within 21 days (3 weeks) of symptom onset,

#### **You should do the following:**

- Place the patient in a private room with a private bathroom
- Follow routine standard infection control practices/protocols based on symptom presentation
- Conduct a thorough disease exposure assessment (including for EVD), and health history, including vaccination and prophylaxis compliance for other infectious diseases like malaria.
  - EVD exposure assessment should include asking about contact with acutely ill persons, such as providing care in a home or healthcare setting; participation in funeral rituals such as preparation of bodies for burial; working in a laboratory where human specimens are handled; handling wild animals or carcasses that can carry Ebola virus (i.e. non-human primates and bats); and sexual history, specifically if the patient has had sexual contact with a man who has recovered from EVD (for example, oral, vaginal, or anal sex).
- Investigate other potential causes of the patient's signs and symptoms without delay in patient care
- Notify the hospital infection control program and then **IMMEDIATELY** report the PUI to the Georgia Department of Public Health (DPH) by calling **1-866-PUB-HLTH** (1-866-782-4584)