The Remote Possibility of an Ebola Case in New Mexico

Routes of Presentation to the Healthcare System

New Mexico Department of Health
November 3, 2014
Active Traveler Monitoring

• Effective October 17, DOH was provided contact info on persons coming to NM traveling from Liberia, Guinea, or Sierra Leone
  • As of October 22 all these persons are coming through 5 airports with this screening
    • Chicago, Atlanta, Washington Dulles, Newark, NYC Kennedy
  • DOH is completing active daily monitoring of these persons for temperature and symptoms for 21 days from departure
    • They are being told to call DOH if they have fever or symptoms in between monitoring calls/visits so that we can arrange a managed visit to a hospital emergency department

• 70% of these travelers are from 6 states – New York, Pennsylvania, Maryland, Virginia, New Jersey, and Georgia
• Very few of these travelers are coming to New Mexico
Possible Routes of Presentation

• Route 1 – known traveler calls DOH which arranges for transport and evaluation
  • This is the most likely scenario
• Route 2 – known traveler presents for healthcare directly without calling DOH
• Persons presenting through routes 1 and 2 should have no more than 24 hours of symptoms since they are actively monitored each day

• Route 3 – unknown traveler or unknown contact to prior case
  • This is a very unlikely scenario
Route 1 – Known Traveler calls DOH

• DOH will have talked to this person several times and has a relationship.
  • DOH knows possible contacts and activities

• DOH will have last contacted the person within the last 24 hours and the person would have been known to be fever and symptom free at last contact

• DOH calls EMS service for transport providing details about person
• DOH calls hospital providing details about person
• This should happen in a managed, deliberate fashion
Route 2 – Known Traveler Presents Directly

• Route 2A – calls 911
  • Dispatch should notify DOH (827-0006) and with name DOH can validate travel history
  • DOH can notify hospital with details

• Route 2B – walks into ED
  • ED staff should notify DOH (827-0006) and with name DOH can validate travel history

• Route 2C – walks into clinic
  • Clinic staff should put person in a room and notify DOH (827-0006) - with name DOH can validate travel history
  • DOH will arrange transport to ED and notify hospital of travel history
Route 3 – Unknown Traveler/Contact

• Unknown traveler
  • Unclear how this could happen

• Unknown contact
  • Assume healthcare system contacts are known and tracked
  • Leaves community contacts
    • 21 day period passed for Dallas community contacts
    • Nov 3 is day 12 of 21 for NYC case
      • Very unlikely that a person with close or direct contact was missed

• In the remote likelihood that this happens call DOH (827-0006)
Conclusion

• If active traveler monitoring works as planned, any traveler who develops illness should be calling DOH first – DOH will manage arrangements for transport and evaluation

• Other scenarios very unlikely
  • All can be managed best by early call to DOH