

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