



Protocols for US-bound refugees arriving from Guinea, Liberia, and Sierra Leone

21 October 2014

Dear State Refugee Coordinators, Health Coordinators, and Resettlement Partners:

As the outbreak of Ebola continues in Guinea, Liberia, and Sierra Leone, CDC wants to make certain all partners involved in the resettlement of US-bound refugees are aware of the current screening protocols in place overseas and upon entry. We also want to remind partners that to date, no cases of Ebola have been associated with US-bound refugees.

Refugee arrivals from Guinea, Liberia, and Sierra Leone are limited. In FY14, we resettled a total of 37 refugees from these three countries; the last arrival was in early August 2014. In light of this outbreak, state partners will be notified in advance of future arrivals from these countries. Information on CDC guidance for the monitoring of people exposed to Ebola virus and for evaluating their travel, including the application of movement restrictions when indicated can be found at, <http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html>. Because CDC guidance is interim and updated periodically as new information becomes available, please check this site periodically to make sure partners are using the most current information.

Overseas protocol: An overseas medical examination is mandatory for all refugees resettling in the United States and must be performed by panel physicians who are selected by US Department of State consular officials. This summer, CDC provided education to panel physicians and US Department of State personnel in West Africa regarding Ebola. In August 2014, panel physicians in all three of the affected countries participated in a webinar that discussed the facts about Ebola and how to manage an applicant with symptoms or a concerning contact history. Since this exam can take place months prior to departure, additional checks have been put in place closer to the time of travel. These checks are being undertaken by staff from the International Organization for Migration (IOM) and include the following:

- Daily temperature checks for five days preceding date of departure
- Questionnaire administered to all refugees assessing risks of exposure and signs and symptoms of illness
- Leaflet with counseling on the facts of Ebola for all refugees as well as what to do if a person develops signs or symptoms of Ebola

Additionally, all persons departing Guinea, Liberia, and Sierra Leone must undergo exit screening by airport personnel. The exit screening includes multiple temperature checks from the time of the traveler's arrival at the airport until the departure of their aircraft, visual observation of signs and symptoms that may indicate a traveler is feeling ill, and administration of a questionnaire that gathers information on certain risk factors that may indicate a traveler needs further follow-up. Any traveler who has a high temperature, appears ill, or seems to be at risk for Ebola is referred for secondary screening. This screening is administered by a clinical staff person. Those in need of further follow-up after the secondary screening are not permitted to travel and are linked to local health authorities for further testing. CDC has been working with the airport officials to implement and monitor the exit screening.

Entry protocol: Entry screening takes place in five airports; by screening at these airports, over 94% of all travelers arriving into the United States from Guinea, Sierra Leone, and Liberia are now screened for Ebola. The airports involved in entry screening include John F. Kennedy International in New York, Washington Dulles, Chicago O'Hare, Newark in New Jersey, and Atlanta Hartsfield-Jackson. All refugees arriving from these countries will be arriving at one of the 5 airports where entry screening is already in place. US officials are taking temperatures and administering questionnaires to all persons arriving from these three countries. If the temperature or questionnaire signals possible illness with or exposure to Ebola, the traveler is referred to CDC for a health assessment and further temperature checks. CDC then determines whether the traveler needs to go to a hospital for evaluation, a local health department for monitoring, or may continue with their travel home or to a final destination.

Ebola is one of numerous viral hemorrhagic fevers, which are severe and often fatal in human and nonhuman primates such as monkeys, gorillas, and chimpanzees. Ebola virus is spread primarily through human-to-human transmission, with infection resulting from direct contact (thorough broken skin or mucous membranes) with the blood, secretions, organs, or other body fluids of infected people, and indirect contact with environments contaminated with such fluids (such as needles). When infection occurs, symptoms usually begin abruptly and include fever, headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, and lack of appetite. Additional information about the disease, including answers to frequently asked questions (FAQs), can be found at http://www.cdc.gov/vhf/ebola/index.html?s_cid=cdc_homepage_feature_001/ and Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease can be found at <http://emergency.cdc.gov/han/han00364.asp>.

CDC's Emergency Operations Center (EOC) is operating at a Level 1 activation. This is the highest level of activation, reserved for the largest-scale responses. Please direct any questions you may have specific to Ebola to 1.800.CDC.INFO. Questions or concerns related to the outbreak as it relates to refugee resettlement can be directed to me. We will continue to share information as it becomes available and we encourage partners to check our website (<http://www.cdc.gov/vhf/ebola/>) as it is updated daily.

Sincerely,

A handwritten signature in blue ink, appearing to read 'H. Burke'.

Heather Burke

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