

## Public Health Response to an Imported Case of Ebola Virus Disease — New York City, 2014

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**Summary:** As healthcare workers return from West Africa, close monitoring and rapid response are critical to decrease the risk of Ebola in the U.S. Learn how New York City responded when a returning healthcare worker developed Ebola after working in a West African Ebola treatment unit.

### **Abstract:**

**Background:** After the first U.S. case of Ebola virus disease (Ebola) was diagnosed in Texas, the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) activated its incident command system to direct Ebola surveillance resources and increase collaboration with nongovernmental organizations (NGO), Emergency Medical Services (EMS), and hospitals. On October 23, an NGO notified DOHMH that one of its medical volunteers had a 100.3°F oral temperature 9 days after returning from treating Ebola patients in Guinea. DOHMH coordinated with EMS to transport the volunteer to the designated NYC Ebola hospital within 2 hours of notification; Ebola testing was positive within 8 hours of admission. DOHMH sought to prevent disease transmission in NYC.

**Methods:** DOHMH interviewed the patient regarding community contacts and places visited. DOHMH dispatched field teams to evaluate possible contacts that might need monitoring, established monitoring of community contacts, and assessed the patient's home. DOHMH and the designated Ebola hospital established systems to identify and monitor healthcare workers with potential exposure.

**Results:** Of 5 possible community contacts, 3 were categorized as close contacts, issued quarantine orders, and required to undergo daily in-person evaluation and telephone call to document symptoms. DOHMH oversaw cleaning of the patient's home by a professional contractor. Active monitoring (daily telephone call to document symptoms) for 21 days was conducted for 114 healthcare workers, including EMS (7), hospital (64), hospital laboratory (42), and DOHMH laboratory (1) personnel. No contacts developed Ebola. The response to this single case involved more than 500 DOHMH employees and cost over \$4,300,000.

**Conclusions:** Local public health response to a single Ebola case was resource intensive and required close coordination of multiple agencies and partners.