

# Ebola screening in the United States

**Abbreviations:** CDC, centers for disease control and prevention; CBP, customs & border protection; WHO, world health organization

## Editorial

In 2014 the United States was faced with a widespread panic due to the outbreak of Ebola in parts of Africa. In late September of 2014 a man named Thomas Eric Duncan traveled to the United States from Africa where he had been living. Mr. Duncan began to develop symptoms of Ebola including fever, abdominal pain, dizziness, nausea and a headache on September 24th and at approximately 10:30 p.m. the next day he went to the emergency room at Texas Health Presbyterian Hospital for treatment. Mr. Duncan is subsequently discharged from the emergency room a few hours later and sent home with antibiotics. On Sunday, September 28th, Mr. Duncan was taken by ambulance back to the same emergency room, this time complaining of diarrhea, abdominal pain, nausea and vomiting. It was discovered by emergency room staff that Mr. Duncan had recently traveled from Africa, which, along with his symptoms, sent up red flags.<sup>1</sup>

On October 8th, approximately 2 weeks after entering the United States, Mr. Duncan dies from the Ebola Virus at Texas Health Presbyterian Hospital. On the same day the Centers for Disease Control and Prevention released a Press Release, which stated the following: The Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security's Customs & Border Protection (CBP) this week will begin new layers of entry screening at five U.S. airports that receive over 94 percent of travelers from the Ebola-affected nations of Guinea, Liberia and Sierra Leone.<sup>2</sup>

The airports included in the increased Ebola screening were JFK, Washington-Dulles, Newark Liberty, Chicago-O'Hare and Atlanta International Airports. The screenings would be of travelers who arrive from Africa and specifically from Guinea, Liberia and Sierra Leone. In the same Press Release the CDC noted screenings taking place in affected countries and that out of 36,000 people screened, only 77 were denied travel due to the health screening. The CDC also notes that those 77 people were later diagnosed as having Malaria and not Ebola. On Tuesday, January 6th 2015, less than 3 months after the mandatory travel restrictions and screenings went into effect, the CDC has decided to lift said restrictions for travelers coming to the United States from the West African nation of Mali. These travelers will no longer face a mandatory three-week observation period nor will they be forced to fly into one of the five U.S. airports with the increased screening measures.<sup>3</sup> These restrictions are being lifted because it has been twice the number of days -42- of the isolation period since anyone has come in contact with an Ebola infected person in Mali.<sup>4</sup>

While there have been no infected patients in Mali for over 40 days, restrictions and screenings should still be in place. Mali, being geographically located in close proximity to Liberia and Sierra Leone, and actually sharing a border with Guinea, should remain on the restrictions list for a few simple reasons. First and foremost, there is no evidence that the Ebola virus has been eradicated in Mali, but rather that there are no new reported cases, and the word reported is key. There may be some patients who have the Ebola virus and are

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unable to reach medical treatment. These people can easily be passing the virus to others who can then get on a plane and travel to the United States where they will not be screened. Second, there is no reason to think Ebola victims from Guinea, Sierra Leone, or Liberia have not traveled into Mali and are still there at this current time. These Ebola patients can then travel with no restrictions and easily spread the virus. I will note that according to the CDC travelers from Mali will still have their temperatures taken before boarding the aircraft, but no further screening will be required.<sup>3</sup>

The World Health Organization (WHO) also reported "there are signs that the spread of the disease is slowing down in Sierra Leone, although intense transmission is still ongoing in the west of the country".<sup>4</sup> So if the spread of the disease were as intense in West Africa as the WHO states, why would the United States even consider lifting the restrictions?

It is my conclusion that the United States is prematurely lifting a restriction and screening process that has only been in place for a short time and there is still more work to be done. There have been those who suggested a total restriction of passengers from Africa to the United States, however, these people would find their way here via other routes and U.S. officials would have no accurate way of knowing their point of origin. At the same time, the United States has to be diplomatic and empathetic to these nations. Although the United States is continuing to support Mali's Ebola prevention and detection measures according to the CDC,<sup>3</sup> it seems that downgrading the screening and restrictions so quickly and abruptly is a mistake and a disaster waiting to happen.

## Acknowledgements

None.

## Conflict of interest

The author declares no conflict of interest.

## References

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