

## Legislation Text

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**File #:** 15-0560, **Version:** 1

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### Ebola Update - Pfister

As of May 14, 2015, the World Health Organization (WHO) reported 26,759 total cases (suspected, probable, and confirmed) of Ebola, including 14,955 laboratory-confirmed cases and 11,080 deaths.

On May 9, 2015, the Ebola virus outbreak in Liberia was declared over as 42 days had elapsed since the burial of the last confirmed case in the country. The country has now entered a three-month period of heightened vigilance with a particular focus on areas that border Guinea and Sierra Leone. Liberia is now classified as “a country with former widespread transmission and current, established control measures.”

As of mid-May and according to WHO, the weekly incidence of Ebola in Guinea and Sierra Leone had declined to the lowest level for the year. However, these two countries remain to be classified as “the countries with widespread transmission” of Ebola.

There have been a total of 868 confirmed healthcare worker infections reported in Guinea, Liberia, and Sierra Leone since the start of the outbreak, with 507 reported deaths. Two imported cases, including one death, and two locally acquired cases in healthcare workers have been reported in the United States.

The LCHD/CHC continues to work on Ebola and other infectious disease preparedness and response with our community partners and colleagues across the region. In accordance with the state protocol, the Communicable Disease program is assigned the role of monitoring travelers returning from Ebola affected countries. The program received eight notifications since October, 2014, including four travelers that required monitoring. Three of the travelers were categorized as “low risk” and one was “some risk” because that individual was a health care worker. These numbers include one traveler who recently came back from Liberia and is currently being monitored as CDC has not yet updated their recommendations for this country.

The Illinois Department of Public Health (IDPH) this year established a protocol that allows local health departments (LHD) to submit their case monitoring expenses (e.g., staff time, monitoring equipment, etc.) for reimbursement at about \$1,500 per case. LCHD has submitted and received \$1,142 to date. In addition, IDPH requested LCHD to submit our estimates for expenses incurred during the entire Ebola preparedness period beginning last fall. The summary of these estimates was to be submitted to CDC for reimbursement consideration.

None, for information only.