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Paper Poster Session
Emerging and pre-emerging viruses

Surveillance of suspected Ebola cases in patients returning from Africa in France: ensuring healthcare workers safety and optimal medical management

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Background: The unprecedented outbreak of Ebola virus diseases (EVD) that occurred in West Africa was revealed in March 2014. In 2014, another outbreak occurred in Democratic Republic of Congo (DRC). Since 23 March 2014, the French Institute for Public Health surveillance has implemented enhanced surveillance together with the national reference laboratory for viral hemorrhagic fevers, the ministry of health and clinicians. The main objective of the surveillance system was the early identification of imported cases to avoid any secondary cases in healthcare workers and in the community.

Material/methods: Travelers presenting with fever on return from an affected country had to report to the national emergency healthcare hotline ("SAMU-centre15"). Patients reporting fever and at-risk exposures during 21 days before onset of fever were defined as possible cases, hospitalized in isolation in specific hospitals with dedicated medical teams, and tested by PCR. Travelers reporting at –risk exposures but no symptoms, as well as possible cases with negative PCR, were included in a follow-up protocol until the 21st day after the last at-risk exposure. The assessment of exposures was conducted by an epidemiologist using a standardized questionnaire. When a patient could not be interviewed, due to critical condition or opposition of the patient, the epidemiologist plus an infectious diseases specialist and a virologist from the National reference center assessed the risk and decided by consensus whether or not to classify the patient as a possible case.

Results: From March 2014 to November 2015, 1064 patients were notified: 1028 were immediately excluded either because they didn't match the notification criteria or didn't have at-risk exposures; 34 were considered possible cases, were tested and excluded following a reliable negative result on PCR. Two confirmed cases were healthcare workers who were contaminated by Ebola virus and diagnosed in West Africa, then evacuated to France under stringent isolation conditions. Patients returning from Guinea (n=512 ; 48%), Mali (n=113; 11%) and DRC (71 ; 7%) accounted for the highest

number of notifications from at-risk countries. 474 (46 %) of those immediately excluded did not match the definition for suspected cases: 278 did not return from an affected country, 285 had no fever, 49 had returned from an affected country for more than 21 days.

Conclusions: No imported case of EVD was detected in France. The criteria for possible cases resulted in a limited number of patients being isolated and tested. We are confident that our surveillance system was able to classify patients properly during the outbreak period. However, recent data about long-term viral shedding have highlighted new risks to be taken into account for future outbreaks.