# OCTOBER 23, 2014 EBOLA UPDATE

Insights
10.24.14

Almost one thousand people attended Thursday's webinar on Ebola in the workplace. Our platform presented technical challenges, and we appreciated the patience of our listeners.About 700 are scheduled for Friday.

I tend to agree with our President's statement that he is *"cautiously more optimistic"* that we may be turning the corner in the fight against Ebola.Both of the Dallas nurses' conditions have been upgraded, and it appears that they are on their way to recovery.Two Americans and several Europeans are cured.Countries such as Nigeria and Senegal have been declared *"free of Ebola transmission."*Moreover, the dozens of people who came into contact with the Dallas Ebola patient, Thomas Eric Duncan, have not yet gotten the virus, and do not appear likely to do so.Similarly, we are hearing no reports of infection resulting from the second nurse's flights to Ohio and back to Dallas, and no reports about outbreaks at airports in Europe through which many West Africans travel.One article even noted that the nurse's dog, Bentley, had tested negative for the virus and is doing well.

Unless a number of Americans develop Ebola, we can shift from a purely reactive posture to one of aggressive preparation and modification of our approach as we learn from each experience.

I wish that the news from Africa was as positive.Mali has reported a case, and may have more challenges in containing the virus.There are reasons that most African travelers from affected countries are unlikely to enter the states.However, in our interconnected world, it is impossible to simply isolate entire countries.Desperate people do desperate things to escape.

Our first step is to continue to deal with the *"unreasonable"* concerns.By now, you have read the articles about schools sending teachers home who had traveled in Tanzania and other countries which have had no Ebola outbreaks and are unlikely to do so.As one commentator wryly observed, we now have an additional crisis because Americans obviously cannot read maps.While there will be less non-humanitarian travel to affected countries, we will continue to have a great deal of travel between the U.S. and Africa.You need to prepare to respond to both reasonable and unreasonable concerns raised by coworkers.

As we learn more about the disease, regulators may treat it as presenting less of a direct threat.Employers should be wary about automatically employing a "*better safe than sorry*" approach.If an employer takes adverse action which is more rigorous than recommended by the

CDC, it is likely that the EEOC will determine that the employer cannot justify its adverse actions because the employee allegedly presented a direct threat to safety.If a traveler is released after the newly enhanced CDC traveler evaluation, it may be difficult for an employer to justify sending the same employee home for 21 days.

We have found the CDC's advice to clinicians to be useful because it allows one to better understand and explain the risks of transmission.These guidelines group individuals into three categories based upon where they have traveled and what they have done while traveling.These guidelines also define *"direct contact"* and the guidelines do not treat merely flying on the same flight with an Ebola sufferer or walking past them as constituting direct contact.

We have not resolved all of the issues, and this outbreak is far from over, but we are progressing to somewhat more concrete guidelines.

Howard

**Recent News**

Excellent New York Times article on the limited number of cases outside of West Africa.

Article about the NYC physician who tested positive for Ebola after returning from humanitarian efforts in West Africa.

October 23 CDC Statement about NYC physician.

## *Related People*

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