

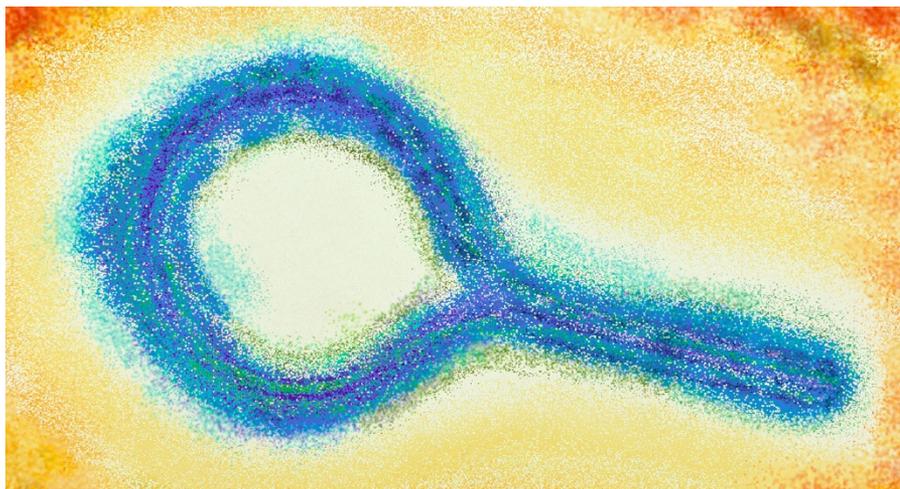
# University travel bans and quarantines may impede Ebola response

Travel to and from West Africa has become increasingly burdensome for researchers and health workers helping to curb the spread of an Ebola outbreak that has killed nearly 5,000 people in the past year. In October, US universities began banning campus-sponsored travel to Liberia, Sierra Leone and Guinea and began strongly discouraging travel to these countries for personal reasons, including volunteer work. As of 29 October, the guidelines set by the US Centers for Disease Control and Prevention advise health officials to monitor the condition of those arriving from Ebola-affected countries for 21 days—the maximum incubation period for the disease. But some institutions are also asking these individuals to stay away from campus during that time, regardless of their exposure to the virus. Although these policies are designed to prevent the spread of Ebola, they may also be hampering the response to the outbreak in West Africa.

“Universities in a time of crisis have historically been able to step up and provide not just research and other resources like that, but really personnel and expertise,” says Phuoc Le, a physician at the University of California, San Francisco (UCSF) who was headed to Liberia on 6 November to work with a nonprofit called Last Mile Health. Whereas UCSF is encouraging doctors and nurses to go to West Africa, Le adds, others are “putting up multiple barriers that are hard for individual faculty or staff to overcome.”

For example, as of early November, when this story went to press, Stanford University School of Medicine is prohibiting Stanford-related travel to the countries affected by Ebola and is adopting the 21-day rule, regardless of whether travelers are symptomatic or came into contact with infected individuals. Columbia University in New York has advised staff and students to avoid traveling to West Africa. Anyone wishing to make the trip must apply for an exception and sign a letter emphasizing that “evacuation of patients with Ebola symptoms may not be achievable.” Travelers must also submit an evacuation plan in case of emergency.

On 27 October, Geneva-based Médecins Sans Frontières (MSF), an organization that relies on health workers from universities and other institutions to staff its Ebola treatment facilities in West Africa, criticized the forced quarantines in a statement published on its website. MSF volunteers already commit to serving four- to six-week assignments, the agency noted, and added, “the risk of being quarantined for 21 days upon completion of their work has already



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**Personnel problem:** Tackling the spread of the Ebola virus may need more boots on the ground.

prompted some people to reduce their length of time in the field. Others will be less inclined to volunteer in the first place.”

## Moving goalposts

Some of these rules have changed dramatically as health officials grapple with how best to protect the public and manage Ebola-related fear. Yale University officials in New Haven, Connecticut initially told two graduate students who returned from Liberia after helping the Ministry of Health develop a surveillance system for Ebola-infected individuals that they should sequester themselves for 21 days despite having had no contact with anyone with Ebola. The university then reversed the decision, saying the “sequestration was unnecessary.” However, a few days after his return, one of the students, Ryan Boyko, developed a fever and diarrhea. Although he tested negative for Ebola, new Connecticut state guidelines enabled officials to order a mandatory quarantine for Boyko, his colleagues and six others who arrived from West Africa. Boyko, whose quarantine was lifted 30 October, was also under 24-hour police surveillance to ensure that he complied with the orders.

“There’s this ever-shifting set of guidelines and rules that is not well defined and that varies state by state,” Boyko told *Nature Medicine*. So those who are considering traveling to West Africa have “no idea what’s going to happen when they get home.” Had Boyko known beforehand that he would be subject to quarantine, he couldn’t have gone to Liberia, he says. “I wouldn’t have been able to get this much time off.”

Other states have also adopted restrictive measures: Connecticut and New York—home to Craig Spencer, the Columbia University Medical Center physician diagnosed with Ebola

after returning from an assignment in Liberia with MSF—are among a growing list of states imposing a mandatory 21-day quarantine for health workers returning from Guinea, Sierra Leone, and Liberia. Four days before the 2 November start of the annual meeting of the American Society of Tropical Medicine and Hygiene in New Orleans, Louisiana health officials sent a letter to the attendees saying that “individuals who have traveled to and returned from the countries of Sierra Leone, Liberia or Guinea in the past 21 days, or have had contact with a known EVD [Ebola virus disease] patient in that time period, should NOT travel to New Orleans to attend the conference.”

Striking the right balance between safety at home and assistance abroad continues to be a challenge for many university administrators. “We don’t want to penalize people for going,” says George Rutherford, director of the Institute for Global Health at UCSF. “We want to support them.” Scientists at UCSF may still travel to the Ebola-affected countries to pursue their research provided they clear the trip with their supervisors and the university’s Ebola response task force. The university also set up a vacation bank that allows employees to donate their paid time off to those who are traveling to West Africa to help with the outbreak. As of late October, more than 600 hours had been donated. When these individuals return, however, they may be asked to stay off campus for 21 days. “It’s a humanitarian crisis, and we have a role to play in it,” Rutherford says. “And we’re trying to do it in a way that minimizes risk all around.”

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