Lauren Ancel Meyers is a professor of Integrative Biology at the University of Texas at Austin, and a member of the External Faculty and Scientific Advisory Board of the Santa Fe Institute. She was trained as a mathematical biologist at Harvard and Stanford Universities, and her research foci include network epidemiology, optimization of infectious disease surveillance and control, and translational tools for public health.

Ask A UT Professor: Ebola and Travel

As the Ebola virus has become a major news story in recent months, anxiety about the spread of the disease has heightened, especially among travelers. With conflicting information on the disease and its transmission being disseminated across every media platform, leading only to more questions, we turned to UT professor of integrative biology, Lauren Ancel Meyers for some answers.

Q: Should travelers be concerned about trips to Tanzania, South Africa, or any other parts of Africa besides West Africa?
I think if you’re not traveling to West Africa, there’s no reason to be concerned.

Q: So your risk isn’t heightened unless you’re going to West Africa?
There’s not going to be a heightened risk unless you’re going to a heightened area. Anywhere on the globe where there’s international travel from the infected areas, there’s always a chance that Ebola will come. Just like it has come to Dallas and New York in the last few weeks. Even in that case it’s very unlikely that as a tourist in a city you would encounter any one of these few cases of the infection. There’s no reason to not go to another area of Africa.

Q: I know there’s been some debate about the spread of Ebola via air vs. via bodily fluids. Is there any concern that you could catch something on an airplane?
To the best of our knowledge, Ebola only spreads via contact of bodily fluids of seriously ill cases. If you think about what’s happened in the United States, it’s the well-publicized case of [Eric] Duncan in Dallas. He came into casual contact with many people even after he had a fever and other initial symptoms and the only transmission that occurred were to nurses caring for him in a hospital and he was very, very sick. Even when people are living in the same household, it rarely leads to transmission unless the other people in the household are around the patient after they become very ill and are vomiting and bleeding.

Q: How likely do you think it is that Ebola could spread in the United States?
I think it’s incredibly unlikely that we would see an epidemic here. We may see more instances of scenarios of the one we saw in Dallas, where a case appears and you may see one or two, but I think it’s exceedingly unlikely that a scenario like that would spiral into a large epidemic in the U.S., because Ebola is much more controllable than other infectious diseases that we deal with around the globe.

Q: Is there any sort of timetable for when this outbreak could be more under control or eradicated?
When this epidemic will subside really hinges on how quickly and effectively we’re able to bring resources and better strategies for controlling the diseases to West Africa. The forecasts that were published by the CDC and WHO several weeks ago suggested that we’re still going see this epidemic continue to climb in the coming months if things don’t change on the ground, so we may continue if we see cases rise into January. I don’t want to put a date on when this epidemic will subside, but typically, with these kinds of diseases, if they’re left to spread without any control measures they at some point in time they do peak and they do begin to subside.

Q: What if you were to come across someone exhibiting symptoms?
If you’re sitting next to someone on an airplane who is ill, and you realize that they have recently been to an affected area, you should certainly follow up with healthcare professionals. The CDC and WHO websites are really up-to-date and really good sources of situation updates about Ebola.
Q: If a traveler wants to minimize their risk, what would you recommend, if anything?
The point is that the risk is so small if you’re traveling somewhere outside the affected area that there’s really not much you can do. You’re lowering it from almost zero to almost zero.

For more information on the Ebola outbreak and travel, visit: http://wwwnc.cdc.gov/travel/diseases/ebola