

# Communicable Disease Branch

## 2014 Program Alert # 8 – Update

“Local Health Department Guidance for Evaluation and Management of Persons with Potential Ebola Virus Exposure”

Date: June 15, 2015 (replaces version dated November 21, 2014)



To: Communicable Disease Staff in Local Health Departments

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***This Program Alert has been updated to include a transition to self-monitoring for travelers from Liberia.***

The purpose of this update is to inform local health departments that Liberia is no longer on the list of countries designated by CDC as posing a risk of Ebola exposure. No new Ebola cases have been identified in Liberia since March 20, 2015. Two incubation periods is the timeframe normally used to characterize the end of an outbreak; Liberia reached that milestone on May 9, 2015.

**Effective June 17, travelers from Liberia will no longer require active monitoring by North Carolina state or local public health.**

Travelers leaving Liberia will continue to be screened for symptoms prior to departure and Liberian traveler information will continue to be collected by U.S. Customs and Border Protection. These travelers will again be screened for exposures and symptoms upon entry at the five designated airports in the U.S. All travelers from Liberia will receive disease information and instructions to monitor and self-report symptoms should they develop. Travelers from Liberia currently under active monitoring by local health departments may be released from active monitoring and instructed to self-report if symptoms develop.

**North Carolina state and local public health will continue to monitor travelers from countries with ongoing Ebola transmission following the guidance in the Program Alert. As of June 15, those countries are Guinea and Sierra Leone.**

The North Carolina Division of Public Health reminds local health departments that clinicians should continue to screen patients for recent international travel. A thorough travel history is essential to identify potential exposures to diseases of concern globally and to direct appropriate laboratory and diagnostic testing.

The guidance below outlines the steps the local health department should take to evaluate and manage travelers from countries designated by CDC as posing a risk of Ebola exposure. Although the focus of this alert is the management of travelers, this monitoring and movement guidance applies to all persons possibly exposed to Ebola. This guidance should be used in conjunction with the additional documentation sent with this program alert.

### **SYMPTOM ASSESSMENT**

Because the possibility exists that exposures may have occurred while in a country designated by CDC as posing a risk of Ebola exposure, even in the absence of known exposure, all travelers from these areas should be assessed for symptoms at initial contact. Symptoms of Ebola may include fever, severe headache, joint or muscle pain, fatigue or weakness, vomiting, diarrhea, abdominal pain, or unexplained bleeding. If any of these symptoms are noted, follow your established protocol for evaluating, transporting and accessing medical care for a patient with possible exposure to Ebola. The patient must be placed in isolation at a health care facility. Isolation orders may be issued by the local health department if necessary to ensure compliance.

### **RISK ASSESSMENT**

Local health departments should perform a thorough risk assessment of all individuals identified who have been in a country designated by CDC as posing a risk of Ebola exposure in the past 21 days or had other potential exposures. This assessment should be conducted in person and should include a detailed review of the person's activities in the affected country, focusing on contact with ill individuals, visiting or working in healthcare facilities, or other activities that could present a risk of exposure. Exact dates for these activities should be collected when possible. Use the provided risk assessment questionnaire to guide this conversation. However, be sure to expand upon topics and comments that may be indicative of an exposure not clearly identified through the questionnaire. It is important that healthcare workers be carefully questioned about their contact with Ebola patients, their use of personal protective equipment (PPE), potential breaches in their use of PPE or any other concerns about unsafe circumstances that may elevate their risk of exposure.

For many reasons, individuals returning from countries designated by CDC as posing a risk of Ebola exposure may not recall or feel comfortable disclosing details of potential exposures during the initial interview. For this reason, questions about exposures should

be readdressed during subsequent contacts and returning travelers should be encouraged to contact the health department if they later recall additional information about their activities while in the affected regions.

Using the information collected during the interviews, individuals should be classified as persons with high risk, some risk, or low (but not zero) risk. *All* travelers who were in a country designated by CDC as posing a risk of Ebola exposure during the past 21 days will fall into one of these three categories. A fourth category, ‘no identifiable risk’ is included for informational purposes, but would not apply to travelers recently returning from affected countries. The table below includes the definitions of these classifications.

### MANAGEMENT OF RETURNING TRAVELERS

The classification and public health management of returning travelers are outlined in the table below. Active monitoring and other identified restrictions should be initiated immediately and remain in place for 21 days following the last day of potential exposure. The guidance outlined in this table represents the *minimum* requirements for persons in these categories. Additional restrictions on movement or activities may be required in some situations- e.g. for persons who fail to adhere to the minimum requirements.

#### Risk Classification and Management for Asymptomatic Persons With Possible Exposure to Ebola (*see definitions below*)

Classification and Criteria	Public Health Management
<p><b>HIGH RISK</b></p> <ul style="list-style-type: none"> <li>• Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic</li> <li>• Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate personal protective equipment (PPE)*</li> <li>• Processing blood or body fluids of a person with Ebola while the person was symptomatic without appropriate PPE* or standard biosafety precautions</li> <li>• Direct contact with a dead body without appropriate PPE* in a country designated by CDC as posing a risk of Ebola exposure**</li> <li>• Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic</li> </ul>	<ul style="list-style-type: none"> <li>• Direct active monitoring</li> <li>• Public health authority will ensure, through orders as necessary, the following minimum restrictions:               <ul style="list-style-type: none"> <li>○ Controlled movement: exclusion from all long-distance and local public conveyances (aircraft, ship, train, bus, and subway)</li> <li>○ Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings</li> <li>○ Exclusion from workplaces for the duration of the public health order, unless approved by the state or local health department (telework is permitted)</li> </ul> </li> <li>• Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park)</li> <li>• Federal public health travel restrictions (Do Not Board) will be implemented to enforce controlled movement</li> <li>• If travel is allowed, individuals are subject to controlled movement               <ul style="list-style-type: none"> <li>○ Travel by noncommercial conveyances only</li> <li>○ Coordinated with public health authorities at both origin and destination</li> <li>○ Uninterrupted direct active monitoring</li> </ul> </li> </ul>
<p><b>SOME RISK</b></p> <ul style="list-style-type: none"> <li>• In countries designated by CDC as posing a risk of Ebola exposure**:               <ul style="list-style-type: none"> <li>○ Direct contact while using appropriate PPE* with a person with Ebola while the person was symptomatic or with the person’s body fluids</li> <li>○ Any direct patient care in other healthcare settings</li> </ul> </li> <li>• Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic               <ul style="list-style-type: none"> <li>○ Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE* within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Direct active monitoring</li> <li>• The public health authority, based on a specific assessment of the individual’s situation, will determine whether additional restrictions are appropriate, including:               <ul style="list-style-type: none"> <li>○ Controlled movement: exclusion from long-distance commercial conveyances (aircraft, ship, train, bus) or local public conveyances (e.g., bus, subway)</li> <li>○ Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings</li> <li>○ Exclusion from workplaces for the duration of a public health order, unless approved by the state or local health department (telework is permitted)</li> </ul> </li> <li>• Any travel will be coordinated with public health authorities to ensure uninterrupted direct active monitoring               <ul style="list-style-type: none"> <li>○ Federal public health travel restrictions (Do Not Board) may be implemented based on an assessment of the particular circumstance</li> <li>○ For travelers arriving in the United States, implementation of federal public health travel restrictions would occur after the traveler reaches the final destination of the itinerary</li> </ul> </li> </ul>
<p><b>NB: Table continues on the next page</b></p>	

## Risk Classification and Management for Asymptomatic Persons With Possible Exposure to Ebola (*continued*)

Classification and Criteria	Public Health Management
LOW (BUT NOT ZERO) RISK	
<ul style="list-style-type: none"> <li>• Having been in a country designated by CDC as posing a risk of Ebola exposure** within the past 21 days and having had no known exposures</li> <li>• Having brief direct contact (e.g., shaking hands), while not wearing appropriate PPE,* with a person with Ebola while the person was in the early stage of disease</li> <li>• Brief proximity, such as being in the same room for a brief period of time, with a person with Ebola while the person was symptomatic</li> <li>• In countries NOT designated by CDC as posing a risk of Ebola exposure: direct contact while using appropriate PPE* with a person with Ebola while the person was symptomatic</li> <li>• Traveled on an aircraft with a person with Ebola while the person was symptomatic</li> </ul>	<ul style="list-style-type: none"> <li>• Direct active monitoring for:               <ul style="list-style-type: none"> <li>○ U.S.-based healthcare workers caring for symptomatic Ebola patients while wearing appropriate PPE</li> <li>○ Travelers on an aircraft with, and sitting within 3 feet of, a person with Ebola</li> </ul> </li> <li>• Active monitoring for all others in this category</li> <li>• No restrictions on work or congregate gatherings</li> <li>• Obtain local health department permission prior to using public transportation or leaving the county</li> </ul>
NO IDENTIFIABLE RISK	
<ul style="list-style-type: none"> <li>• Contact with an asymptomatic person who had contact with person with Ebola</li> <li>• Contact with a person with Ebola before the person developed symptoms</li> <li>• Having been more than 21 days previously in a country designated by CDC as posing a risk of Ebola exposure**</li> <li>• Having been in a country NOT designated by CDC as posing a risk of Ebola exposure and not having any other exposures as defined above</li> <li>• Aircraft or ship crew members who remain on or in the immediate vicinity of the conveyance and have no direct contact with anyone from the community during the entire time that the conveyance is present in a country designated by the CDC as posing a risk of Ebola exposure**</li> </ul>	<ul style="list-style-type: none"> <li>• No monitoring or restrictions recommended</li> </ul>

\*See CDC Guidance (<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>)

\*\* See countries listed at <http://www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html>

### DEFINITIONS

**Active and Direct Active Monitoring.** All individuals in the high risk, some risk, or low (but not zero) risk classifications must undergo either active or *direct* active monitoring for 21 days following the last date of potential exposure. Both types of monitoring require asymptomatic contacts to 1) measure their body temperature and complete a symptom log every 12 hours, 2) share this information with local health department staff at least once daily and 3) keep a log of all visitors to the home and public venues visited.

**Active monitoring:** Active monitoring should consist of, at a minimum, daily reporting of measured temperatures and symptoms consistent with Ebola by the individual to the local health department either by telephone or in person.

**Direct active monitoring:** Persons with high risk or some risk must undergo *direct* active monitoring. For direct active monitoring, the local health department nurse should directly observe the individual at least once daily to review symptom status and monitor temperature; a second follow-up per day may be conducted in person or by telephone. Direct active monitoring should include discussion of plans to work, travel, take public conveyances, or be present in congregate locations. Depending on person's risk classification and the nature and duration of these activities, these activities may be permitted if the individual has been compliant with direct active monitoring (including recording and reporting of a second temperature reading each day), has a normal temperature and no symptoms whatsoever, and can ensure uninterrupted direct active monitoring by a public health authority.

**All persons** who will undergo either type of monitoring should be given control measures both verbally and in writing during an **initial in-person interaction**. A signed copy should be kept by the health department and another copy left with the individual.

If any symptoms are noted in a person being actively monitored, follow your established local health department protocol for evaluating, transporting and accessing medical care for a patient with possible exposure to Ebola.

Controlled movement. For individuals subject to controlled movement, travel by long-distance commercial conveyances (e.g., aircraft, ship, bus, train) should not be allowed; if travel is allowed, it should be by noncommercial conveyance such as private chartered flight or private vehicle, and occur with arrangements for uninterrupted active monitoring. Federal public health travel restrictions (Do Not Board) may be used to enforce controlled movement. For people subject to controlled movement, use of local public transportation (e.g., bus, subway) should be discussed with and only occur with pre-approval of the local and state public health authority.

Documents and forms to assist local health departments with implementation of this guidance are available in the on-line NC DPH Communicable Disease Manual at [http://epi.publichealth.nc.gov/cd/lhds/manuals/cd/ebola/tracing\\_documents.html](http://epi.publichealth.nc.gov/cd/lhds/manuals/cd/ebola/tracing_documents.html).

#### **ADVANCE PLANNING CONSIDERATIONS**

Local health departments, in conjunction with their community partners, should consider their current capacity to properly manage individuals who are returning from affected countries. Advance consideration should be given to:

- The operationalization of risk assessment and active monitoring,
- The development of a protocol for use if a symptomatic person is identified, including a description of the plans for transport and medical evaluation, and
- The development of a protocol for case management of persons who are restricted to their homes or another physical location.

Local emergency management, EMS and law enforcement will be alerted within 24 hours of notification that a traveler in your jurisdiction is being monitored as part of the enhanced Ebola airport screening process. These partners will be asked to contact their local health department to coordinate and prepare for the safe management of any potential case and contacts of this case.

#### **CURRENT INFORMATION**

This is an evolving situation and recommendations are likely to change as new information becomes available. Updated information and guidance are available from the CDC at <http://www.cdc.gov/vhf/ebola>. Updates from the North Carolina Division of Public Health are available <http://www.ncdhhs.gov/ebola> or by contacting the epidemiologist on call at 919-733-3419.