Communicable Disease Branch

2014 Program Alert # 8 – *Update*

"Local Health Department Guidance for Evaluation and Management of Travelers Returning from Ebola-affected Areas"

Date: August 25, 2014 ***(replaces version dated August 14, 2014)***

To: Communicable Disease Staff in Local Health Departments

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This Program Alert has been updated to include new CDC criteria for high- and low-risk exposures and new guidance for management of exposed persons.

An ongoing outbreak of Ebola in West Africa has prompted the need for careful evaluation and management of individuals returning from outbreak affected areas (map available at http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html). Local health departments may become aware of these individuals through various channels, such as universities, refugee services, missionary groups, or direct calls from the public.

The guidance below outlines the steps the local health department should take to evaluate and manage returning travelers. This guidance should be used in conjunction with the control measures template and symptom documentation form sent with this program alert.

RISK ASSESSMENT

Local health departments should perform a thorough risk assessment of all individuals identified who have been in an affected area in the past 21 days. This assessment should include a detailed review of the person's activities in the affected region during that time, 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. 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 outbreak affected areas 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 interviews, individuals should be classified into 1 of 3 risk categories described in the table below. The public health management of these individuals is indicated in the table and further described in the next section ("MANAGEMENT OF EXPOSED INDIVIDUALS").

Risk Classification and Management for Persons Exposed to Ebola

Risk Description and Classification		Management
HIGH	• Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of EVD patient • Direct skin contact with or exposure to blood or body fluids of an EVD patient without appropriate personal protective equipment (PPE) • Processing blood or body fluids of a confirmed EVD patient without appropriate PPE or standard biosafety precautions • Direct contact with a dead body without appropriate PPE in a country where an EVD outbreak is occurring	Active Monitoring
LOW	• Household contact with an EVD patient • Other close contact* with EVD patients in health care facilities or community settings. • Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact	Active Monitoring
NO	• Having been in a country in which an EVD outbreak occurred within the past 21 days and having had no exposures	Self-monitoring

MANAGEMENT OF EXPOSED INDIVIDUALS

Individuals identified as having high- or low-risk exposure to Ebola should be assessed for symptoms at initial contact. Symptoms of Ebola include fever >101.5° and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage. If any of these symptoms are noted, follow your established protocol for evaluating, transporting and accessing medical care for a patient with exposure to Ebola.

For asymptomatic exposed individuals, implement control measures as indicated in the above table and the attached control measures template:

A. Active Monitoring. Individuals identified as having had high-risk or low-risk exposures to Ebola must undergo active monitoring for 21 days following the last exposure. If the last date of exposure is unknown, active monitoring should continue for 21 days after the last day in the affected country. Active monitoring requires asymptomatic contacts to 1) measure body temperature and complete a symptom log every 12 hours, and 2) share this information with local health department staff verbally or in writing twice daily. A separate control measures template and symptom documentation form have been provided to assist with this process.

Because individuals may later recall or reveal details of potential exposures that were not disclosed during the initial interview, local health department staff contacting exposed individuals to monitor for symptoms should use these opportunities to inquire about any new concerns or information that could affect the risk status.

If symptoms occur during the 21 days after last exposure, follow your established protocol for transporting and accessing medical care for a patient with exposure to Ebola.

B. Self-monitoring. Individuals who were present in an Ebola-affected country but do not report any high- or low-risk exposures are advised to self-monitor their health for 21 days after departure and to seek healthcare if fever and symptoms develop. They should also be advised to contact the health care facility/provider in advance before seeking healthcare, if possible, so that appropriate precautions can be taken.

ADVANCE PLANNING CONSIDERATIONS

Local health departments should consider their current capacity to properly manage individuals who may be identified with high- or low-risk exposures to Ebola. Advance consideration should be given to:

- The operationalization of risk assessment and active monitoring; and
- The development of a protocol for use if a symptomatic person is identified, including a description of the plans for transport and medical evaluation.

Local health departments should communicate with relevant partners in their jurisdictions as necessary (e.g., healthcare providers, emergency medical services, colleges and universities) to prepare for the safe management of potential cases or exposed persons.

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 at http://epi.publichealth.nc.gov/cd/diseases/hemorrhagic.html or by contacting the epidemiologist on call at 919-733-3419.

*Close contact is defined as

- Being within approximately 3 feet of an EVD patient or within the patient's room or care area for a prolonged period of time (e.g., health care personnel, household members) while not wearing recommended personal protective equipment (i.e., standard, droplet, and contact precautions)
- Having direct brief contact (e.g., shaking hands) with an EVD case while not wearing recommended personal protective equipment.

Attachments:

- Appendix A: Ebola exposure control measures template
- Appendix B: Symptom documentation form