

Local Health Department

Instructions for Monitoring and Follow Up of Returned Travelers

All travelers departing from countries declared by the World Health Organization with current or former widespread Ebola transmission will arrive in the United States via one of the five designated international US airport ports of entry, JFK (New York City, NY), Newark Liberty (NJ), Atlanta Hartsfield Jackson (GA), Dulles (VA), and O'Hare (Chicago, IL). All travelers are screened for signs/symptoms and risk factors for Ebola at the arrival airport.

Travelers from Guinea or Sierra Leone will be provided with a "CARE" (Check and Report Ebola) kit which contains:

- Fact sheet and instructions to self-monitor for signs and symptoms twice daily.
- Thermometer.
- Temperature/symptoms log.
- Contact sheet with the 24/7 phone numbers of the West Virginia Bureau for Public Health (WVBPH) with instructions to contact WVBPH with questions, concerns, or to report becoming symptomatic.
- Cell phone (active for 30 days) to serve as the primary mode of contact with public health for monitoring

WVBPH will be notified by CDC of key information for travelers from Guinea or Sierra Leone who have travel plans continuing to West Virginia. Once WVBPH is notified that a traveler from Guinea or Sierra Leone plans to arrive in WV, WVBPH will contact the LHD of the traveler's final destination immediately for a "some risk" or a "high risk" traveler, or within 24 hours for a "low risk but not zero risk" traveler to provide the traveler's name, contact information, and instructions for monitoring.

Travelers from Liberia (who have not been in Sierra Leone or Guinea) will be given a CARE light kit which contains information on the signs and symptoms of Ebola, and instructions to self-monitor their health for the next 21 days. The CARE light kit contains contact information for all state health departments, and travelers are instructed to contact their state health department if they experience fever or any other symptoms of illness. WVBPH will not receive notification of these travelers from Liberia.

Advance preparations for returned traveler monitoring

Local health departments (LHDs) should:

1. Make certain their 24/7/365 on-call system is fully operational.
2. Make certain that the local health department is fully stocked with unexpired specimen collection kits for influenza and other viral respiratory agents, sterile urine cups and Cary-Blair media.
3. Identify staff to monitor returned travelers.
4. Identify staff responsible for outreach to returned travelers who are lost to follow-up for more than 24 hours.
5. Familiarize yourself with "Resources for returned traveler monitoring," immediately below.

Resources for returned traveler monitoring

1. DIDE resources for Returned Travelers (interview form, health agreements, etc.)
<http://www.dhhr.wv.gov/oeps/disease/zoonosis/other/ebola/pages/traveler.aspx>
2. CDC Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure:
<http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>
3. CDC guidance for frontline, assessment and treatment facilities for Ebola -- "Preparing for Ebola - A Tiered Approach": <http://www.cdc.gov/vhf/ebola/healthcare-us/preparing/index.html>
4. CDC guidance for emergency medical services (EMS): <http://www.cdc.gov/vhf/ebola/healthcare-us/emergency-services/ems-systems.html>
5. CDC "Interim Recommendations for Influenza Vaccination and Post-exposure Chemoprophylaxis to Prevent Influenza Virus Infection in People Being Actively Monitored for Potential Ebola Virus Exposure":
<http://www.cdc.gov/vhf/ebola/exposure/flu.html>
6. Doctors Without Borders/Médecins Sans Frontières (MSF) guidance for returned travelers:
<http://www.doctorswithoutborders.org/article/msf-protocols-staff-returning-ebola-affected-countries>
7. Addressing Needs of Contacts of Ebola Patients During an Investigation of an Ebola Cluster in the United States — Dallas, Texas, 2014; MMWR, 2015 / 64(05);121-123:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6405a2.htm?s_cid=mm6405a2_w
8. CDC "Interim Guidance on Implementing Home Monitoring of People Being Evaluated for Ebola Virus Disease" <http://www.cdc.gov/vhf/ebola/exposure/implementing-home-monitoring-for-people-being-evaluated.html>
9. CDC "Interim Guidance on the Assessment of Persons Under Investigation (PUIs) having Low (but not zero) Risk of Exposure to Ebola—Including Travelers from Countries with Widespread Transmission and Travelers from Countries with Former Widespread Transmission and Current, Established Control Measures" <http://www.cdc.gov/vhf/ebola/healthcare-us/evaluating-patients/persons-under-investigation-low-exposure-ebola.html>
10. Ebola Risk Category and Clinical Infection Control Matrix for Ill Travelers
<http://www.cdc.gov/vhf/ebola/pdf/state-local-health-departments-ebola-risk-category-and-clinical-infection-control-matrix.pdf>

Questions and DIDE point-of-contact for returned traveler monitoring

Answers to most questions should be found in this document; however, please do not hesitate to contact the DIDE Outbreak Team for any questions or concerns. Outbreak team members can be reached at (304) 558-5358, extension 1 (Answering Service (304) 925-9946).

DIDE responsibilities for returned traveler monitoring

The DIDE on-call epidemiologist is responsible for

1. Notifying the local health department, regional epidemiologist, State Epidemiologist, Center for Threat Preparedness, other DIDE epidemiology staff and the State Health Officer when a returned traveler is reported to the State by CDC Division of Global Migration and Quarantine (DHQP).
2. Sharing current guidance and monitoring forms with the local health department.
3. Back-up of outbreak team functions after hours and on weekends and holidays.

The DIDE outbreak team is responsible for:

1. Ongoing monitoring of returned travelers and managing day-to-day issues that arise with travelers.
2. Receiving and reviewing monitoring data from local health departments.
3. Consultation with local health departments on ongoing issues related to traveler monitoring.
4. Compiling weekly monitoring data for reporting to CDC.
5. Reporting transfer of returned travelers to other jurisdictions through Epi-X.
6. Reporting lost-to-follow-up (LTFU) travelers to Center for Threat Preparedness if all means of finding the traveler have been exhausted. Reporting will occur within 48 hours of LTFU or sooner if definitive information is available about traveler status.
7. Reporting LTFU travelers to the CDC Emergency Operations Center within 48 hours of LTFU or sooner if definitive information is available about traveler status.

The DIDE medical epidemiologists are responsible for:

1. Consultation for evaluation and management of symptomatic returned travelers.
2. Consultation for evaluation and management of symptomatic family members or other close contacts of returned travelers.
3. Communication with the Center for Threat Preparedness and the State Health Officer if a symptomatic traveler requires transport to an Ebola Assessment Facility.

Symptomatic returned travelers

Returned travelers are monitored for 21 days. During that time, many common illnesses may occur in returned travelers and their family members, including influenza, norovirus, the common cold, streptococcal pharyngitis, etc. Travel-related illnesses may include malaria, traveler's diarrhea, typhoid fever, dengue, chikungunya and many other illnesses. The process of diagnosing non-Ebola illnesses requires:

- A complete history of illness in the traveler;
- A complete history of illness in household members or other persons in close contact with the returned traveler;
- Laboratory confirmation;
- Consultation with a medical epidemiologist (BPH and/or CDC); and
- Close monitoring of the returned traveler to assure response to therapy and/or expectant management.

In some cases, it is appropriate to monitor a low risk traveler with mild illness at home; however, travelers with symptoms that worsen or do not resolve under observation should be considered for evaluation in an Ebola assessment center. If a traveler develops fever or symptoms during the monitoring period, the local health department should plan to notify DIDE immediately at (304) 558-5358, extension 1 (Answering Service (304) 925-9946). DIDE will work with the Local Health Department, the Center for Threat Preparedness, the State Health Officer, and other partners as needed (e.g., CDC, Office of Laboratory Services, Office of Emergency Medical Services) to manage the situation on a case-by-case basis.

Returned travelers with other medical issues

For non-Ebola related medical issues (e.g., sprained ankle), an afebrile traveler can be evaluated at the nearest medical center. The traveler should notify medical center staff that he/she has recently returned from West Africa.

NIOSH and CDC returned travelers

1. NIOSH travelers are monitored by the CDC's Occupational Health Clinic (OHC) through an automated reporting system. Virtually all CDC assignees are low but not zero risk because they are engaged in surveillance and technical assistance activities (not direct patient care) while overseas. Returned CDC/NIOSH employees are required to report daily temperature and symptoms to the OHC. DIDE will notify the local health department about returned travelers who work at NIOSH.
2. For low risk NIOSH and CDC returned travelers, the local health department should:
 - a. Contact the returned traveler within 24 hours to establish rapport and ensure that the traveler has the local health department emergency contact information. Notify DIDE if the LHD is unable to make contact with the returned traveler.
 - b. Encourage the traveler to contact the CDC's Occupational Health Clinic (OHC) number to initiate monitoring if they have not already done so. Explain that the OHC actively follows the returned traveler on a daily basis, and the local health department and WVBPH are available if problems arise.
 - c. Because the traveler is monitored by the OHC, the LHD does not need to also monitor the traveler daily.
 - d. Encourage the traveler and all household members to obtain the current season influenza vaccine if they have not already done so. Encourage the traveler to notify the local health department immediately if they or a household member develop any signs or symptoms of influenza.
 - e. Ask the traveler to notify the local health department immediately if they or family members develop signs or symptoms of illness.
3. 'Some' and 'high' risk returned travelers will be managed on a case-by-case basis. The CDC OHC can also do direct active monitoring.
4. Notification: If the traveler or household members develop signs or symptoms of any illness including influenza, norovirus, etc., gather information on all ill household members, including age, sex, onset date and signs and symptoms. Contact DIDE immediately with that information at (304)-558-5358, extension 1, (Answering Service (304) 925-9946). DIDE will work with the Center for Threat Preparedness, the State Health Officer, the LHD, local hospital and CDC to evaluate the clinical picture, help obtain appropriate laboratory studies and initiate appropriate public health action.
5. DIDE will follow up with the NIOSH contact weekly and report follow up information to CDC.

US Public Health Service (USPHS) Returned Travelers

1. Medical personnel employed by the USPHS usually return as 'some' risk because they do direct patient care in Ebola treatment facilities in West Africa using full PPE.
2. USPHS has a system for direct active monitoring of returned travelers and they will take care of monitoring their personnel. They notify the state health department before a returned traveler comes to the state. They develop an individual notification plan with each state for management of a returned traveler. For example, the plan documents the name of the EMS unit that would transport the traveler and the hospital where the traveler would go if symptomatic, etc.
3. DIDE will notify the local health department if a USPHS returned traveler will be living or staying in that jurisdiction. The local health department should make contact with the returned traveler for the purposes of establishing rapport. The local health department will not need to monitor the traveler because USPHS monitors their own employees.

4. Most likely USPHS will be the first agency to become aware of symptoms in a returned USPHS employee. If the local health department becomes aware that a returned USPHS employee has developed Ebola symptoms, contact DIDE immediately. DIDE will work with CTP and USPHS and other relevant agencies to transfer the traveler to an Ebola assessment facility.

All other returned travelers

1. **Initial contact:** Make initial contact with traveler(s) to establish rapport. Ensure the traveler understands the 21-day monitoring process.
 - a. CARE cell phone number should be used as the primary means of contacting the traveler.
 - b. LHDs should use multiple methods to contact the traveler including all phone numbers and e-mails provided in the notification (including alternate emergency contact). If those methods do not work, a home visit and internet search should be conducted to locate the traveler. If the traveler cannot be located within 48 hours of arrival, contact DIDE immediately.
 - c. LHDs should notify DIDE immediately through the 24/7/365 on-call system, at 304-558-5358, ext 1 (Answering Service (304) 925-9946) if an individual is lost-to-follow up, including all action taken to find the individual. DIDE will evaluate the situation and determine what additional action should be taken. Agency leadership and CDC will be notified.
2. **Initial interview:** Interview traveler(s) using the “Returned Traveler Active Surveillance Form” (<http://www.dhhr.wv.gov/oeps/disease/zoonosis/other/ebola/documents/ebola-traveller-surveillance.pdf>).
3. **Risk assessment:** Using the completed form, assess risk category and determine the required monitoring level accordingly (Contact DIDE for assistance). The completed form is due to DIDE within 24 hours.
4. **Work and School Restrictions:** Clearly explain any work or school restrictions, if applicable. The following work and school restrictions are recommended:
 - a. **Low but not zero risk:** the returned traveler may attend work or school as long as he/she remains asymptomatic.
 - b. **Some risk:**
 - i. Returned healthcare workers are not permitted to work in a healthcare facility during the 21 day monitoring period. For example, Doctors Without Borders/Médecins Sans Frontières (MSF) recommends that healthcare workers take 21 days to recover from an assignment treating Ebola patients.
 - ii. Work may be permitted in some limited circumstances IF:
 - The local health department checks temperature and symptoms every day immediately before the work shift;
 - Contacts with co-workers are limited by the nature of the work, i.e., the worker works in a cubicle or office with little direct contact with coworkers and no contact with the general public; AND
 - The employer is aware of the health issues and supportive of the work arrangement.
 - b. **High risk:** no school or work attendance is permitted

5. Public Places and Congregate Gatherings: Clearly explain any restrictions. Congregate gatherings include, but are not limited to shopping centers, stores, malls, theatres, churches, etc.
 - a. Low but not zero risk: no restrictions
 - b. Some risk: Encourage the traveler to avoid congregate gatherings. If they must go to a congregate gathering, keep a distance of 3 feet from others. For returning health providers, recommend that they rest and take it easy during the 21 days per MSF guidance (See 'Resources for returned traveler monitoring,' page 1 of this document.). Congregate gatherings may expose the returned traveler to viral respiratory illness which could create unnecessary anxiety. The traveler can go into public places as long as he/she keeps a distance of 3 feet from others, e.g., jogging, hiking, biking, etc. in a park.
 - c. High risk: no congregate gatherings. The traveler may go to public places as long as he/she keeps a distance of 3 feet from others, e.g., jogging, hiking, biking, etc. in a park.

6. Travel Restrictions: Clearly explain travel restrictions.
 - a. ALL overnight travel to another jurisdiction must be cleared with DIDE because monitoring may need to be assumed by another health department during the trip.
 - b. Low but not zero risk: public conveyance (train, bus, trolley, etc.) may be used.
 - c. Some and high risk: exclusion from all public conveyances (train, bus, trolley, etc.)

7. Influenza vaccination: Encourage the traveler and all household members to obtain the current season influenza vaccine if they have not already done so. Encourage the traveler to notify the local health department immediately if they or a household member develop signs or symptoms of influenza.

8. Daily monitoring:
 - a. Ensure that the returned traveler has a working thermometer and understands how to take their temperature, and set a schedule for follow-up with the traveler.
 - b. Use the "Symptom Log for a Returned Traveler" for documentation of daily monitoring:
<http://www.dhhr.wv.gov/oeps/disease/Zoonosis/other/ebola/documents/traveler/ebola-traveler-symptom-log.docx>
 - c. Low but not zero risk: Active Monitoring includes making contact with the traveler(s) once daily by phone, e-mail, in-person or electronic visualization (e.g., Skype or FaceTime) to check on health status. The traveler will check his/her temperature and symptoms a second time during the day in accordance with instructions in the Ebola CARE kit. Record temperature and symptoms on the "Symptom Log for a Returned Traveler."
 - d. Some risk: Direct Active Monitoring includes making contact with the traveler(s) twice daily. One of the two contacts must be in person or by electronic visualization (e.g., Skype or FaceTime) to directly observe the individual and observe them measuring their temperature. The other daily contact may be conducted by phone, e-mail or in-person or by electronic visualization to check on health status. Record temperature and symptoms on the "Symptom Log for a Returned Traveler."
 - e. High risk: High risk travelers also require direct active monitoring, but their temperature and symptoms must be reported to CDC daily. DIDE will work with the local health department to gather the information 7 days a week and report temperature and symptoms to CDC.
 - f. Occupational health recommendations for in-person (home visit) monitoring:
 - i. Call ahead to traveler's residence to determine if the traveler has developed symptoms. If the traveler has developed symptoms, immediately notify DIDE via 24/7/365 on-call system at 304-558-5358, ext 1 (Answering Service (304) 925-9946) and await instructions.

- ii. Before entering the house, confirm that the traveler has not developed symptoms.
- iii. In the household, avoid direct physical contact like shaking hands or hugging.
- iv. Maintain a comfortable distance (> 3 feet) when interviewing, observing and recording temperatures. Have the traveler take his/her temperature and show you the reading. Stand 3 feet away and do not touch the thermometer.
- v. Practice hand hygiene upon leaving the household.
- vi. Alternative strategies include interviewing and observing the returned traveler through a glass storm door.

9. Loss to follow-up (LTFU):

- a. The local health department must designate staff to monitor returned travelers.
- b. The local health department must designate staff to perform outreach to travelers who are lost to follow-up for more than 24 hours.
- c. When a traveler is lost to follow-up, the local health department must exhaust all means of contacting the traveler. This includes calling all numbers listed, calling emergency contacts, internet search and direct outreach to the home or place of employment.
- d. If all means of contacting the returned traveler are exhausted, immediately notify DIDE through the 24/7/365 on-call system, at 304-558-5358, ext 1 (Answering Service (304) 925-9946).

10. Reporting to DIDE:

- a. Symptoms or fever must be reported to DIDE immediately (see “Symptomatic Returned Travelers,” page 2 of this document).
- b. Low and some risk:
 - Use the “Symptom Log for a Returned Traveler” for documentation of daily monitoring: <http://www.dhhr.wv.gov/oeps/disease/Zoonosis/other/ebola/documents/traveler/ebola-traveler-symptom-log.docx>
 - Weekly by Monday at 12 PM: Updates must be sent via fax ((304) 558-8736) or email to dhhrbphepi@wv.gov addressed to “DIDE outbreak team”.
 - At Closure: Complete the temperature/symptom log for the entire 21 day monitoring period, and forward all temperature and symptoms logs to DIDE via fax ((304) 558-8736) or email to dhhrbphepi@wv.gov addressed to “DIDE outbreak team”.
- c. High risk: temperature and symptoms must be reported to DIDE daily because DIDE must report these to CDC daily. DIDE will make arrangements with the local health department to accomplish this.

11. Health Agreements: Health departments should make every effort to establish rapport with returned travelers and maintain a respectful and collaborative relationship with the traveler throughout the 21 days. However, the returned traveler should also be made aware that the monitoring is an extremely important activity that protects the traveler, his/her family and the community. Health agreements are an excellent way to reinforce communication between the local health department and the traveler. Copies of voluntary health agreements are found on the DIDE website. The health agreement should be signed by the traveler and the appropriate health department representative. Copies of the signed agreement should be given to the traveler and maintained at the local health department.

12. Notification of illness: If the traveler or household members develop signs or symptoms of any illness including influenza, norovirus, etc., gather information on all ill household members, including age, sex,

onset date and signs and symptoms. Contact DIDE immediately with that information through the 24/7/365 on-call system, at 304-558-5358, ext 1 (Answering Service (304) 925-9946). DIDE will work with the Center for Threat Preparedness, the State Health Officer, the LHD, local hospital, Office of Laboratory Services, and CDC to facilitate medical and laboratory evaluation of the traveler and/or household members and take appropriate public health action.

13. Overnight travel outside West Virginia: If traveler has further travel plans outside of West Virginia within the 21-day period, notify DIDE. DIDE will notify other state(s) and countries through the CDC Epi-X notification system.