

Protocol for Managing and Documenting Active Monitoring of Persons Exposed to Ebola Virus Disease (EVD) in Utah

[Disclaimer: This document is a work in progress and will continue to be updated as national updates and guidances change.]

Ebola Monitoring Event

An Ebola Monitoring Event (EME) is an asymptomatic person with confirmed or potential exposure to the Ebola virus. This includes all persons returning from one of the countries with widespread Ebola transmission (Liberia, Guinea, Sierra Leone, and Mali), and persons who have exposure to a confirmed case. All EMEs need to be actively monitored for 21 days following their last possible exposure to the Ebola virus disease (EVD). Monitoring will enable public health to rapidly identify, evaluate, and isolate possible Ebola cases. Symptomatic persons with confirmed or potential exposure to the Ebola virus are considered persons under investigation (PUIs) and should be managed according to guidance on the Utah Department of Health (UDOH) website (<http://health.utah.gov/epi/diseases/ebola/>). This document provides information on how the Centers for Disease Control and Prevention (CDC) *Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Infection* (<http://www.cdc.gov/vhf/ebola/pdf/monitoring-and-movement.pdf>) will be implemented in Utah.

Notification

The UDOH will be notified of potential EMEs by the CDC or other state health departments. The CDC's Division of Global Migration and Quarantine (DGMQ) is in charge of screening all travelers from Ebola-impacted countries and distributing Check and Report Ebola (CARE) kits at airports where these travelers enter the United States. Travelers who are identified and pass DGMQ screening will be allowed to travel to their final destination, and the appropriate state health department will be notified to follow up with active monitoring.

UDOH will immediately notify the appropriate local health department (LHD) when an EME is identified in their jurisdiction. The LHD should create an "Ebola Monitoring Event" in Trisano as soon as possible. The information for an EME should include an assessment of risk and documentation of all encounters between public health and the person. Detailed information on TriSano documentation can be found in Attachment 1. If contact with the LHD cannot be made within 15 minutes, UDOH will make initial contact with the EME.

Risk Assessment

Once contact has occurred with the EME, a risk assessment should be conducted to identify the risk level based on the degree of exposure. To assist investigators with this risk assessment, an online decision support tool will soon be available on the UDOH website. An accurate risk assessment is necessary to ensure appropriate public health monitoring and activity restrictions are put in place. Once this information has been determined, it should be entered immediately into the appropriate fields in TriSano. A detailed description of what exposures are included in each of the categories is available in Attachment 2.

Risk Level	Public Health Actions	
	Monitoring	Restrictions
High Risk	Directly Observed Monitoring	Yes
Some Risk	Directly Observed Monitoring	No*
Low Risk	Active Monitoring	No
No Risk	No	No

*In some situations, it may be appropriate for an individual with “some risk” to have some or all restrictions imposed. The local public health authority has discretion for these decisions.

Public Health Actions

Public health actions, which include monitoring and activity restrictions, should be determined based on the EME’s risk assessment. These processes should be clearly discussed with the EME and the importance of compliance should be stressed. Recommended actions based on risk level are defined below:

Monitoring

Public health is responsible for actively making contact with the EME at least once a day during the monitoring period to collect morning and evening temperature readings, determine whether other symptoms of Ebola are present, and to ensure that the EME is compliant with restrictions. Appropriate questions for daily encounters with the EME are available in the encounter tab of TriSano, and should be completed as soon after contact as possible.

- **Active monitoring**
 - Contact can occur by telephone call, email, or personal visit.
- **Directly observed monitoring**
 - Public health must visually observe the person being monitored at least once daily. This can occur through a physical visit or electronic visualization (e.g., Skype or FaceTime). The other daily follow up can occur by other means.

Restrictions

Public health is responsible for ensuring, through orders as necessary, that the EME does not attend any congregate public activities or take any type of public transportation, whether short or long distance, where necessary, according to risk status. These restrictions are important to prevent the potential spread of Ebola in case the monitored traveler develops fever or other symptoms in settings where the potential for exposure to other people is likely.

- **Public activity restrictions**
 - Include, but are not limited to, movies/concerts, school, work, sporting events, shopping, and church/worship services.

- The EME may participate in non-congregate public activities as long as they can ensure 3-foot distance to others (e.g., jogging in the park).
- **Travel restrictions**
 - Include, but are not limited to, travel by bus, airplane, boat/ship/ferry, subway/metro, train, and shuttle.
 - Travel by non-public conveyance, such as a private chartered flight or a private vehicle, may be allowed as long as it is coordinated with public health authorities at both the origin and destination of travel, and monitoring can occur uninterrupted.

Documentation

All EMEs should have an event created in TriSano as soon as possible. Monitoring of EMEs throughout the 21-day monitoring period should be documented as an encounter in TriSano (see Attachment 1 for detailed instructions). EMEs who become symptomatic are considered Ebola PUIs and should be managed according to that protocol.

Attachment 1: Documenting Ebola Monitoring Events (EMEs) in TriSano

Record Creation

1. EME with no identified case exposure (e.g., travel from an affected country):
 - a. Create a morbidity event and select “Ebola Monitoring Event” as the disease name.
 - b. Route to the appropriate LHD and assign an investigator.
 - c. Complete the Demographic Tab and the exposure information under the Investigation Tab.
 - i. For the question “Type of exposure,” these cases will always be “Travel.”
2. EME with an identified case exposure (e.g., identified through contact tracing):
 - a. Create a contact event from the existing morbidity event.
 - b. Promote to a morbidity event and change the disease name to “Ebola Monitoring Event.”
 - c. Route to the appropriate LHD and assign an investigator.
 - d. Complete the Demographic Tab and the exposure information under the Investigation Tab.

Daily Contact Documentation

1. In the Encounters Tab, click “Add a new encounter,” populate the Investigator, Encounter Date, and Location fields, and click “Save and Continue” at the top of the record.
2. Once the record has been saved, click “Edit Encounter” to the right of the encounter that was just created.
3. Begin by answering the question “Has the patient been contacted today?,” and answer all following questions.
4. When you are done documenting the contact, select either “Save and Continue” or “Save and Exit.”
5. An encounter should be completed everyday throughout the entire monitoring period, even if no contact with the EME occurred.

Attachment 2: Utah Management Categories

Risk Level: High

Exposures include persons that:

- Had exposure to the blood or body fluids (including, but not limited to, feces, saliva, sweat, urine, vomit, and semen) of an Ebola-infected individual without appropriate PPE or biosafety precautions.
 - Exposures can occur through direct skin contact, needle sticks, or mucous membrane exposures (splashes to eyes, nose, or mouth).
 - Persons at risk include, but are not limited to, health care workers, laboratorians, friends/family, airport screeners, decontamination crews, or contact tracers.
- Had direct contact with a dead body (Ebola diagnosis not necessary) without appropriate PPE in a country with widespread Ebola transmission.
- Lived in the immediate household and provided direct care to an Ebola-infected individual.
- Took care of Ebola patients in a U.S. facility where another health care worker has been diagnosed with Ebola, or breaches in infection control practices have been identified.

Risk Level: Some

Exposures include persons who:

- Had close contact (being within 3 feet for ≥ 1 hour), but not direct contact, with an Ebola-infected individual, without wearing PPE.
 - Persons at risk include, but are not limited to, health care workers with no direct patient contact, epidemiologists, or contact tracers.
- Had direct contact with an Ebola-infected individual while wearing PPE in a country with widespread Ebola transmission (e.g., unidentified or inadvertent exposure in the health care setting is likely).
- Had direct contact with a dead body (Ebola diagnosis not necessary) with appropriate PPE in a country with widespread Ebola transmission.

Risk Level: Low

Exposures include persons who:

- Had close contact (being within 3 feet for ≥ 1 hour), but not direct contact, with an Ebola-infected individual, while wearing PPE.
 - Persons at risk include, but are not limited to, health care workers with no direct patient contact, epidemiologists, contact tracers, or airport screeners.
- Were in the same room as an Ebola-infected individual, without close contact.
 - Persons at risk include, but are not limited to, health care workers with no direct patient contact, epidemiologists, contact tracers, or airport screeners.
- Had direct contact with an Ebola-infected individual while wearing PPE in a country without widespread Ebola transmission (e.g., the United States) (e.g., unidentified or inadvertent exposure in the health care setting is unlikely).
- Had brief skin contact (e.g., shaking hands) with an Ebola-infected individual when the person was believed to be not very contagious (e.g., in the first few days of illness when few symptoms were present).
- Handled the blood or body fluids of an Ebola-infected individual in the laboratory setting with appropriate PPE or biosafety precautions.

- Served on an environmental decontamination crew that handled materials contaminated with the blood or body fluids of an Ebola-infected individual while wearing appropriate PPE.
- Traveled on an airplane with an Ebola-infected individual (verified through airline records).
- Were in a country with widespread Ebola transmission within the previous 21 days, but have had no known exposure to Ebola.

Risk Level: None

Exposures include persons who:

- Had contact with an asymptomatic person who had contact with an Ebola-infected individual.
- Had contact with an Ebola-infected individual BEFORE he/she developed symptoms.
- Were in a country with widespread Ebola transmission MORE than 21 days ago.
- Were in a country with no widespread Ebola transmission (e.g., the United States), and had no other exposures to the Ebola virus.