Wyoming Department of Health Policy on Monitoring Persons Potentially Exposed to Ebola

Updated November 1, 2015

This document provides the updated Wyoming Department of Health (WDH) policy on monitoring and travel restrictions of persons who may have been exposed to Ebola virus. This policy is based on the current epidemiological evidence and recommendations from CDC. If conditions change WDH will update this policy as needed. The goal of monitoring is to ensure that immediate actions are taken if these persons develop symptoms consistent with Ebola illness. These actions include immediate notification of the public health authority, ensuring the individual receives medical care as necessary, and implementing proper isolation and quarantine procedures as needed to protect others. The level of monitoring and of restrictions of the individual as well as others will depend on the person's exposure level as described below. This policy is based on the Centers for Disease Control and Prevention (CDC) Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure, updated October 9, 2015, with some adaptation. WDH is the lead public health authority for ebola monitoring and response policy in Wyoming. It is imperative that local public health authorities and healthcare providers immediately contact WDH when situations arise that require action as directed in this policy. WDH may be contacted by calling 1-888-996-9104.

Definitions used in this document and associated public health actions

Countries are classified as/as having "Widespread transmission", "Former widespread transmission and current, established control measures", "Cases in urban settings with uncertain control measures", "Cases in urban settings with effective control measures", or "Previously affected".

Categories of monitoring and observation

Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on people to self-monitor (check themselves for fever and other symptoms) and report symptoms if they develop. **Direct active monitoring** means the public health authority conducts active monitoring through direct observation. The purpose of active (and direct active) monitoring is to ensure that, if people with epidemiologic risk factors become symptomatic, they are identified as soon as possible after symptom onset so that they can be rapidly isolated and evaluated. Active (and direct active)

monitoring can be conducted on a voluntary basis or compelled by legal order. Active (and direct active) monitoring and prompt follow up should continue without interruption if the person travels out of the jurisdiction. Inter-jurisdictional transfer of monitoring oversight may be needed for people under active (or direct active) monitoring who travel interstate; notification of the ministry of health in the destination country is recommended for those who travel internationally during the monitoring period. CDC requests notification prior to inter-jurisdictional transfer of travelers for whom CDC recommends controlled movement.

Active monitoring should consist of, at a minimum, daily reporting of measured temperatures and symptoms consistent with Ebola (including severe headache, fatigue, muscle pain, weakness, diarrhea, vomiting, abdominal pain, or unexplained bruising or bleeding) by the person to the public health authority. Temperature should be measured using a Food and Drug Administration-regulated thermometer (such as oral, tympanic or noncontact). People being actively monitored should measure their temperature twice a day, monitor themselves for symptoms, report as directed to the public health authority, and immediately notify the public health authority if they develop fever or other symptoms. Initial symptoms might be nonspecific such as fatigue.

For **direct active monitoring**, a public health authority directly observes the person at least once a day to review symptom status and monitor temperature; a second follow-up per day may be conducted by telephone in lieu of a second direct observation. For persons under direct active monitoring there should be a discussion about plans to work, travel, take commercial or public transportation, or be present in congregate settings before those activities occur. Depending on the nature and duration of these activities, they may be permitted if the person has been consistent with direct active monitoring (including recording and reporting of a second temperature reading each day), has a normal temperature and no symptoms and can ensure uninterrupted direct active monitoring by a public health authority.

Wyoming Department of Health can delegate the responsibility for active or direct active monitoring of healthcare workers to the healthcare facility's occupational health program or the hospital epidemiologist. The occupational health program or hospital epidemiologist would report daily to the public health authority.

Clinical criteria for immediate isolation and clinical assessment to determine if medical evaluation at a healthcare facility is needed have been defined according to exposure level (see Table). Medical

evaluation may be recommended for lower temperatures or nonspecific symptoms based on exposure level and clinical presentation.

Self-monitoring means that people check their own temperature twice daily and monitor themselves for other symptoms. People who develop symptoms while under self-monitoring should immediately self-isolate (separate themselves from others) and notify the designated public health authority.

Self-observation means that people should "watch their health" for possible symptoms of illness including feeling feverish, diarrhea, vomiting, weakness, fatigue, stomach pain, muscle pain, or unexplained bleeding or bruising. People who develop any of these symptoms should check their temperature and notify the designated public health authority, or seek healthcare at the earliest sign of illness.

Close and direct contact

For the purpose of this guidance, **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. **Direct contact** is defined as touching a person with Ebola or his/her body fluids, irrespective of PPE use. Direct patient care will involve both close contact and direct contact with a patient.

Congregate settings

For the purpose of this guidance, congregate settings are considered to be situations where people gather and where unrecognized close or direct contact with other people may occur.

Controlled movement

Controlled movement limits the movement of people. For people subject to controlled movement, travel by long-distance commercial or public transportation in the same conveyance as members of the general public (e.g., aircraft, ship, bus, train) should not be allowed. If long-distance travel is allowed, it should be in a conveyance separate from the general public, such as a private chartered flight or private vehicle, in which contact with other people is appropriately limited, and occur with arrangements for uninterrupted active (or direct active) monitoring. Federal public health travel restrictions (e.g., addition to the public health Do Not Board list for commercial air travel) may be used to enforce controlled movement. For people subject to controlled movement, use of local public transportation (e.g., bus, subway, ferry) should be discussed with the public health authority and only

occur with their approval.

Recommendations for Evaluating Ebola Exposure Risk and Appropriate Public Health Actions

At this time, WDH recommends:

1. **Symptomatic people in the high, some, or low (but not zero) risk categories** should be clinically assessed, either in person or by telephone, taking into account the exposure risk and clinical presentation, to determine whether the symptom criteria for the category are met (see Table). For people in the **high risk** category who meet the symptom criteria, medical evaluation should be performed with appropriate infection control precautions in place, preferably at a healthcare facility designated for assessment or treatment of patients with suspected Ebola if feasible. WDH, in coordination with medical facilities and patient transport services, will determine the timing and the means of patient transport, and to which facility the patient will be sent for evaluation. Persons being monitored for possible ebola disease must only be transported under the direction of WDH, unless there are immediate life-threatening circumstances. For those in the **some or low (but not zero) risk** categories, WDH should conduct an assessment of the subject's risk level and symptoms to determine if medical evaluation at a healthcare facility is needed; medical evaluation may be delayed or deferred if suspicion for Ebola is low because symptoms are mild or transient. If it is determined that further medical evaluation is not needed immediately, the person should self-isolate in a location approved by the public health authority, with close monitoring by the public health authority, until symptoms resolve. In some circumstances, self-isolation at home may be adequate.

   Public health orders may be considered if necessary to ensure compliance with isolation and medical evaluation. Federal public health travel restrictions will be issued as needed for people in the high risk category, and may be issued for those in the some risk or low (but not zero) risk categories if there is a reasonable belief that the person poses a public health threat during travel.

   If medical evaluation results in a person's being discharged with a diagnosis other than Ebola, recommendations as outlined for asymptomatic people in the relevant exposure category will continue to apply until 21 days after the last potential exposure.

2. **Asymptomatic people in the high risk category** should undergo direct active monitoring, have restricted movement within the community and not travel on any commercial or public

transportation in the same conveyance as members of the general public, regardless of the duration of the trip, until it is assured that they remain asymptomatic at 21 days after the last potential exposure. Public health orders may be considered if necessary to ensure compliance with direct active monitoring and movement restrictions. Non-congregate public activities while maintaining a 3-foot distance from others may be permitted. These people are subject to controlled movement that will be enforced as needed through federal public health travel restrictions; travel, if permitted, should occur only in conveyances separate from the general public and in which close contact with other people is appropriately limited, with coordination by health departments at origin and destination to ensure transfer of any public health orders and uninterrupted direct active monitoring.

3. **Asymptomatic people in the some risk category** should have direct active monitoring until it is assured that they remain asymptomatic at 21 days after the last potential exposure. People who have had close contact (as defined above) with a person with symptomatic Ebola will be subject to controlled movement consisting, at a minimum, of restrictions on long-distance travel on commercial or public transportation in the same conveyance as members of the general public. For others in this category, no restrictions are recommended provided that they remain asymptomatic and direct active monitoring continues without interruption.

   Wyoming Department of Health may consider additional restrictions (see Table) based on a specific assessment of the person's situation. Factors to consider include the following: intensity of exposure (e.g., daily direct patient care versus intermittent visits to an Ebola treatment unit); point of time in the incubation period (risk falls substantially after 2 weeks following the exposure); complete absence of symptoms; compliance with direct active monitoring; the person's ability to recognize and report symptom onset, self-isolate, and seek medical care immediately; and the probability that a proposed activity would result in exposure to others before the person could be effectively isolated should symptoms develop.

4. **Asymptomatic people in the low (but not zero) risk category**, other than those who have been only ***in countries with former widespread transmission and current, established control measures,*** (also see 5) should be actively monitored until it is assured that they remain asymptomatic at 21 days after the last potential exposure. Direct active monitoring is recommended for healthcare workers in this category (see Table). Self-monitoring may be appropriate in some situations (see Table). People in this category do not require separation from others or restriction of movement within the community. For these people, WDH recommends

that travel, including by commercial or public transportation, be permitted, provided that they remain asymptomatic and active (or direct active) monitoring continues without interruption.

5. **Asymptomatic people in the low (but not zero) risk category** who have been only in ***countries with former widespread transmission and current, established control measures*** during the previous 21 days are recommended to self-observe for 21 days after they have departed that country. People in this category do not require travel restrictions unless indicated because of a diagnosis of or exposure to a communicable disease of public health concern for which isolation, monitoring or travel restrictions might be indicated for cases or contacts; recent examples have included Lassa fever and Middle East Respiratory Syndrome. Healthcare workers from countries with former widespread transmission and current, established control measures who might, in rare instances, have provided direct care to patients with Ebola while wearing appropriate personal protective equipment (PPE) should have direct active monitoring when they arrive in the United States.
6. **People in the no identifiable risk category** do not need monitoring or restrictions unless these are indicated because of a diagnosis of or exposure to a communicable disease of public health concern for which isolation, monitoring or travel restrictions might be indicated for cases or contacts; recent examples have included Lassa fever and Middle East Respiratory Syndrome.

Requirements for monitoring and restrictions on movement for people in the high or some risk categories whose monitoring period extends beyond 21 days after the last high or some risk exposure should be downgraded to the appropriate exposure category for the remainder of the monitoring period.

Recommendations for specific groups and settings

Healthcare workers and others at risk of occupational exposure

Regardless of country, workers at risk of exposure to Ebola include healthcare workers (doctors, nurses, physician assistants, ambulance personnel, and other healthcare staff) and any other health responders, as well as cleaning staff, burial team members, and morticians who have direct contact with persons with Ebola, living or dead, or their body fluids. In addition, others (such as nonclinical staff or observers) who enter into the treatment area of a patient with Ebola before completion of cleaning and disinfection of the room would be considered to be potentially at risk of exposure to body fluids. Providing care to a patient with Ebola without wearing appropriate PPE or in a household setting is considered a high risk exposure.

Healthcare workers in countries with widespread transmission

The heavy toll of Ebola infections among healthcare workers providing direct care to patients with Ebola in countries with widespread transmission suggests that there are multiple potential sources of exposure for healthcare workers in these countries. Possible risks may include unrecognized breaches in PPE, inadequate decontamination procedures, and unrecognized exposures in patient triage areas or other healthcare settings. Because of this higher risk, healthcare workers who provide direct patient care to patients with Ebola and others who enter a patient care area of an Ebola treatment unit—even while wearing appropriate PPE—as well as healthcare workers who provide patient care in any healthcare setting in these countries, are classified in the **some risk** category for whom additional precautions may be recommended upon their arrival in the United States (see Table). Healthcare workers who have no direct patient contact and no entry into patient-management areas in an Ebola treatment unit, including epidemiologists, contact tracers, and airport screeners, are not considered to have an elevated risk of exposure to Ebola, i.e., are considered to be in the low (but not zero) risk category.

Healthcare workers in the United States or countries other than those with widespread transmission

Healthcare workers who provide direct care to patients with Ebola in U.S. facilities or facilities in countries other than those with widespread transmission while wearing appropriate PPE and with no known breaches in infection control are considered to have **low (but not zero)** risk of exposure, with no restrictions on travel or other activities. However, because of the rare possibility of unrecognized breaches in infection control, these people should also have direct active monitoring. As long as these healthcare workers have direct active monitoring and are asymptomatic, there is no reason for them not to continue to work in healthcare settings. There is also no reason for them to have restrictions on travel or other activities. Review of work, travel, use of commercial or public transportation, or attendance at congregate events for the purpose of approval is not indicated or recommended for such healthcare workers, except to ensure that direct active monitoring continues without interruption.

Healthcare workers taking care of patients with Ebola in a U.S. facility or other healthcare setting where another healthcare worker has been diagnosed with confirmed Ebola, but there has been no identified breach in infection control, would be considered to have a higher level of potential exposure (exposure level: high risk). A similar determination would be made if an infection control

breach were identified retrospectively during investigation of a confirmed case of Ebola in a healthcare worker. This higher classification is made because the failure to identify a breach at the time it occurred may suggest insufficient infection control measures on a broader scale. These people would be subject to restrictions, including controlled movement and the potential use of public health orders, until 21 days after the last potential unprotected exposure.

In U.S. healthcare facilities or other healthcare settings where an unidentified breach in infection control has occurred, the following procedures should be conducted: (1) assessment of infection control practices, (2) remediation of any identified deficiencies, and (3) training of healthcare workers in appropriate infection control practices. Following remediation and training, asymptomatic, potentially exposed healthcare workers may be allowed to continue to take care of patients with Ebola, but care of other patients should be restricted to prevent potential exposure to these patients. For these healthcare workers, the last potential unprotected exposure is defined as the last contact with the patient with Ebola before remediation and training; at 21 days after the last unprotected exposure, they would return to the low (but not zero) risk category under direct active monitoring. Healthcare workers whose first activities caring for patients with Ebola occur after remediation and training are considered to be in the low (but not zero) risk category.

Healthcare workers in countries with cases in urban settings with uncertain control measures who have NOT provided direct care to patients with Ebola during the previous 21 days are considered to have low (but not zero) risk of exposure and are recommended to have direct active monitoring without restrictions on travel or other activities.

Healthcare workers in countries with former widespread transmission and current, established control measures who have NOT provided direct care to patients with Ebola during the previous 21 days are considered to have low (but not zero) risk of exposure and are recommended to self-observe for symptoms, without restrictions on travel or other activities. This recommendation is based on active surveillance systems in place in these countries and the absence of widespread community transmission that indicate no increased risk for general healthcare workers in non-Ebola settings in these countries. Healthcare workers in these countries who might, in rare instances, have provided care to patients with Ebola while wearing appropriate personal protective equipment are classified as low (but not zero) risk and recommended to have direct active monitoring, as detailed in the first paragraph of this section.

Laboratory workers

Workers in clinical or research laboratories who process specimens of patients with Ebola and who wear appropriate PPE and follow biosafety precautions are considered to be in the low (but not zero) risk category; those who have unprotected exposures (i.e., breaches in PPE or containment) while handling Ebola specimens should be considered to be in the high risk category. In the absence of a breach in containment, laboratory workers in biosafety level 4 facilities are considered to have no identifiable risk because of the higher level of infection control precautions (primary barriers and PPE).

Travelers on commercial or public transportation

Crew members

If a crew member on commercial or public transportation, such as an aircraft or ship, is under monitoring due to potential Ebola virus exposure and is not subject to controlled movement, then the crew member is also not subject to occupational restriction and may continue to work during the monitoring period.

Cruise travel

CDC recommends that people under active, direct or self-monitoring for potential Ebola virus exposure should delay cruise travel until they are assured to be asymptomatic at 21 days after the last possible exposure because of the difficulty in facilitating safe evacuation of a person with suspected Ebola from a cruise ship to a medical facility and in properly caring for and evaluating a person with possible Ebola on a cruise ship. This recommendation does not apply to people under self-observation. Note: Because cruise lines may have their own policies, CDC recommends that travelers contact the individual cruise line to understand their boarding policies and make alternative accommodations.

Travelers who were on an aircraft with a person with symptomatic Ebola

If a confirmed case of Ebola is identified in a recent air traveler and the person is determined to have been symptomatic during travel, each traveler seated within 3 feet of the person with Ebola, and any others onboard who may have interacted with this person or been exposed to the person’s body fluids should be assessed individually for potential high or some risk exposures. This assessment should include consideration of the stage of disease, and proximity and duration of exposure. These travelers should be managed according to the risk level, with active monitoring at a minimum for

those seated within 3 feet of the person with Ebola.

All others who were onboard the flight should be notified of the potential exposure and advised to self-monitor and report any symptoms that develop to the public health authority immediately. WDH may choose to conduct daily or intermittent active monitoring of these people.

People with confirmed Ebola virus disease

For people with confirmed Ebola, isolation and movement restrictions are removed upon determination by WDH that the person is no longer considered to be infectious by direct contact.

Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus

The following epidemiologic risk factors should be considered when evaluating a person for Ebola virus disease (EVD), classifying contacts, or considering public health actions such as monitoring and movement restrictions based on exposure.

1. **High risk** includes any of the following:
    a. In any country
        i. Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen1) from a person with Ebola who has symptoms
        ii. Direct contact with a person with Ebola who has symptoms, or the person's body fluids, while not wearing appropriate personal protective equipment (PPE)
        iii. Laboratory processing of blood or body fluids from a person with Ebola who has symptoms while not wearing appropriate PPE or without using standard biosafety precautions
        iv. Providing direct care to a person showing symptoms of Ebola in a household setting
    b. In countries with widespread transmission or cases in urban settings with uncertain control measures
        i. Direct contact with a dead body while not wearing appropriate PPE.
2. **Some risk** includes any of the following:
    a. In any country
        i. Being in close contact2 with a person with Ebola who has symptoms while not wearing appropriate PPE (for example, in households, healthcare facilities, or

community settings)

b. In countries with widespread transmission
    i. Direct contact with a person with Ebola who has symptoms, or the person's body fluids, while wearing appropriate PPE
    ii. Being in the patient-care area of an Ebola treatment unit
    iii. Providing any direct patient care in non-Ebola healthcare settings

3. **Low (but not zero) risk** includes any of the following:
    a. In any country
        i. Brief direct contact (such as shaking hands) with a person in the early stages of Ebola, while not wearing appropriate PPE. Early signs can include fever, fatigue, or headache.
        ii. Brief proximity with a person with Ebola who has symptoms (such as being in the same room, but not in close contact) while not wearing appropriate PPE
        iii. Laboratory processing of blood or body fluids from a person with Ebola who has symptoms while wearing appropriate PPE and using standard biosafety precautions
        iv. Traveling on an airplane with a person with Ebola who has symptoms and having had no identified some or high risk exposures
    b. In countries with widespread transmission, cases in urban settings with uncertain control measures, or former widespread transmission and current, established control measures
        i. Having been in one of these countries and having had no known exposures
    c. In any country other than those with widespread transmission
        i. Direct contact with a person with Ebola who has symptoms, or the person's body fluids, while wearing appropriate PPE
        ii. Being in the patient-care area of an Ebola treatment unit
4. **No identifiable risk** includes any of the following:
    a. Laboratory processing of Ebola-containing specimens in a Biosafety Level 4 facility
    b. Any contact with a person who isn't showing symptoms of Ebola, even if the person had potential exposure to Ebola virus
    c. Contact with a person with Ebola before the person developed symptoms
    d. Any potential exposure to Ebola virus that occurred more than 21 days previously
    e. Having been in a country with Ebola cases, but without widespread transmission, cases in urban settings with uncertain control measures, or former widespread transmission and now established control measures, and not having had any other exposures

f. Having stayed on or very close to an airplane or ship (for example, to inspect the outside of the ship or plane or to load or unload supplies) during the entire time that the airplane or ship was in a country with widespread transmission or a country with cases in urban settings with uncertain control measures, and having had no direct contact with anyone from the community

g. Having had laboratory-confirmed Ebola and subsequently been determined by Wyoming Department of Health to no longer be infectious (i.e., Ebola survivors)

[1] Ebola virus can be detected in semen for months after recovery from the disease. Unprotected contact with the semen of a person who has recently recovered from Ebola may constitute a potential risk for exposure. The period of risk is not yet defined.

[2] Close contact is defined as being within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic for a prolonged period of time while not using appropriate PPE.

Table: Summary of Guidance for Monitoring and Movement of People Exposed to Ebola Virus

Exposure Category	Clinical Criteria	Public Health Actions
High risk (see Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus)	Fever (subjective fever or measured temperature ≥100.4°F/38°C) OR any of the following:* • severe headache • muscle pain • vomiting • diarrhea • stomach pain • unexplained bruising or bleeding	• Symptomatic person should immediately self-isolate and contact the designated public health authority. WDH must be immediately notified. • As directed by WDH, safe transport should be arranged to an appropriate healthcare facility for medical evaluation for Ebola and other potential causes of the person's symptoms with infection control precautions in place. WDH, in coordination with medical facilities and patient transport services, will determine the timing and the means of patient transport, and to which facility the patient will be sent for evaluation. o Public health orders may be used to ensure compliance. o Air travel is permitted only by air medical transport. • Federal public health travel restrictions (Do Not Board) will be implemented as needed to enforce controlled movement. • If medically evaluated and discharged with a diagnosis other than Ebola, recommendations as outlined for asymptomatic people in this exposure category would apply.
	Asymptomatic (no fever or other symptoms consistent with Ebola)	• Direct active monitoring • Public health authority will ensure, through orders as necessary, the following minimum restrictions: o Controlled movement: exclusion from all long-distance and local commercial or public transportation (aircraft, ship, train, bus and subway) in the same conveyance as members of the general public o Exclusion from congregate gatherings (e.g., concerts, movie theaters) o Exclusion from workplaces for the duration of monitoring, unless

Exposure Category	Clinical Criteria	Public Health Actions
		approved by WDH (telework is permitted) • Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park). • Federal public health travel restrictions (Do Not Board) will be implemented as needed to enforce controlled movement. • If long-distance travel is allowed, the conditions of travel should include: o Restriction to transportation in a conveyance separate from the general public in which close contact with other people can be appropriately limited o Coordination with WDH at both origin and destination o Uninterrupted direct active monitoring
Some risk (see Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus)	Fever (subjective fever or measured temperature ≥100.4°F/38°C) OR any of the following:* • severe headache • muscle pain • vomiting • diarrhea • stomach pain • unexplained bruising or bleeding	• Symptomatic person should immediately self-isolate and immediately contact the designated public health authority. WDH must be immediately notified. • WDH should conduct an assessment of the subject's risk level and symptoms to determine whether medical evaluation at a healthcare facility is needed. o If WDH determines that medical evaluation is needed, safe transportation should be arranged to an appropriate healthcare facility for medical evaluation for Ebola and other potential causes of the person's symptoms; public health orders may be considered to ensure compliance. o WDH may delay or defer medical evaluation if concern for Ebola is low because symptoms are mild or transient. o If medical evaluation is deferred, self-isolation should continue with close monitoring by the public health authority until symptoms

Exposure Category	Clinical Criteria	Public Health Actions
		resolve. o Air travel is permitted only by air medical transport; federal public health travel restrictions (Do Not Board) may be implemented to enforce controlled movement. • If medically evaluated and discharged with a diagnosis other than Ebola, or if symptoms resolve, recommendations as outlined for asymptomatic people in this exposure category would apply.
	Asymptomatic (no fever or other symptoms consistent with Ebola)	• Direct active monitoring • For people who have had close contact[+] with a person with Ebola while the person was symptomatic: o Controlled movement consisting, at a minimum, of restrictions on long-distance travel on commercial or public transportation in the same conveyance as members of the general public o If long-distance travel is allowed, the conditions of travel should include: ▪ Restriction to a conveyance separate from the general public in which close contact with other people can be appropriately limited ▪ Coordination with WDH at both origin and destination ▪ Uninterrupted direct active monitoring o Federal public health travel restrictions (Do Not Board) may be implemented to enforce controlled movement. • For people in this category who have not had close contact with a person with Ebola, no movement restrictions are recommended.

Exposure Category	Clinical Criteria	Public Health Actions
		○ Any travel should be coordinated with WDH to ensure uninterrupted direct active monitoring. • WDH, based on a specific assessment of the person's situation, may determine that additional restrictions are appropriate.
Low (but not zero) risk (see Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus)	Fever (subjective fever or measured temperature ≥100.4°F/38°C) OR any of the following*: • vomiting • diarrhea • unexplained bruising or bleeding Persons being monitored should report any other symptoms as listed for high and some risk, and WDH will assess the significance of such symptoms.	For anyone in this category other than travelers from countries with former widespread transmission and current, established control measures: • Symptomatic person should immediately self-isolate and immediately contact the designated public health authority. WDH must be immediately notified. • WDH should conduct an assessment of the subject's risk level and symptoms to determine whether medical evaluation at a healthcare facility is needed. ○ If WDH determines that medical evaluation is needed, safe transportation should be arranged to an appropriate healthcare facility for medical evaluation for Ebola and other potential causes of the person's symptoms; public health orders may be considered to ensure compliance. ○ WDH may delay or defer medical evaluation if concern for Ebola is low because symptoms are mild or transient. ○ If medical evaluation is deferred, self-isolation should continue with close monitoring by the public health authority until symptoms resolve. ○ Air travel is permitted only by air medical transport; federal public health travel restrictions (Do Not Board) may be implemented to enforce controlled movement. • If medically evaluated and discharged with a diagnosis other than Ebola, or if

Exposure Category	Clinical Criteria	Public Health Actions
		symptoms resolve, recommendations as outlined for asymptomatic people in this exposure category would apply. For travelers from countries with former widespread transmission and current, established control measures: • WDH should conduct a clinical assessment that includes a thorough travel and Ebola virus exposure and health history. • If medical evaluation in a healthcare facility is needed and symptoms are compatible with Ebola: o Patient should be placed in a private room with private bathroom until risk assessment completed. o Routine infection control protocols and diagnostic and treatment procedures based on symptom presentation should be followed. o Following discharge, recommendations as outlined for asymptomatic people in this exposure category would apply.
	Asymptomatic (no fever, vomiting, diarrhea, or unexplained bruising or bleeding)	For anyone in this category other than travelers from countries with former widespread transmission and current, established control measures: • Direct active monitoring for healthcare workers providing direct care to patients with Ebola while wearing appropriate PPE • Self-monitoring for certain travelers who were on an aircraft with a person with symptomatic Ebola • Active monitoring for all others in this category • No restrictions on travel, work, congregate gatherings, or commercial or public transportation (although cruise ship travel is not recommended) For travelers from countries with former widespread transmission and current,

Exposure Category	Clinical Criteria	Public Health Actions
		established control measures: • Direct active monitoring for healthcare workers providing direct care to patients with Ebola while wearing appropriate PPE • All others should self-observe and seek healthcare or notify the public health authority if symptoms develop. • No restrictions on travel, work, congregate gatherings, or commercial or public transportation
No identifiable risk (see Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus)	Symptomatic (any)	• Routine medical evaluation and management of ill persons, as needed
	Asymptomatic	• No actions needed

* The temperature and symptoms thresholds provided are for the purpose of requiring clinical assessment by Wyoming Department of Health or medical evaluation at a healthcare facility. Isolation or medical evaluation may be recommended for lower temperatures or nonspecific symptoms (e.g., fatigue) based on exposure level and clinical presentation.

+ Close contact is defined as being within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic for a prolonged period of time while not wearing appropriate PPE.