

Monitoring Persons Potentially Exposed to Ebola

Wyoming Department of Health

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The June 22 update is to reflect changes made by the United States government to modify its enhanced Ebola entry screening and monitoring program for travelers from Liberia in Appendix A of this document. On May 9, 2015, the World Health Organization (WHO) declared the end of the Ebola outbreak in Liberia.

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 ensuring the individual receives immediate medical care as well as implementing proper isolation and quarantine procedures 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. Some adaptations have been made by WDH, where necessary to ensure compliance with state law.

Definitions used in this document with corresponding references to state law provisions.

Active monitoring means that public health officials are responsible for checking at least once a day to see if people have a fever or other symptoms of Ebola. People being monitored must take their temperature twice daily, watch themselves for symptoms that could be consistent with Ebola (including severe headache, fatigue, muscle pain, fatigue or weakness, diarrhea, vomiting, abdominal pain, or unexplained bleeding), report as directed to public health officials at least once a day, and immediately tell public health officials if they have a fever or other symptoms. Active monitoring must take place until 21 days after the last possible exposure and can occur on a voluntary basis or be required by legal order. Public health staff must record the reported temperature and presence or absence of symptoms daily. Temperature should be measured using an FDA-approved thermometer (e.g. oral, tympanic or noncontact

Direct active monitoring means that public health officials directly observe the individual at least once a day to

review symptoms and check temperature; a second daily follow-up is also required and can be done by telephone instead of being directly observed. Monitoring must take place until 21 days after the last possible exposure and can occur on a voluntary basis or be required by legal order. Monitoring should include discussion of plans to work, travel, take public transportation, or go to busy public places to determine whether these activities are allowed. Monitoring will include direct visualization of the exposed person at least once a day and questioning regarding symptoms. One of the temperature measurements will be made during the visit; in order to limit direct contact, the exposed person will take his or her own temperature. Public health staff who will be visiting the person being monitored should call ahead to see if person is ill. If the person reports being ill, the staff member should not go to site. Public health staff should not get within 3 feet of the person being monitored. Though personal protective equipment (PPE) is not needed if the person being monitored is not ill, public health staff may consider wearing an N95 respirator, gloves, and a face shield when entering dwelling or getting within 3 feet of patient. The person being monitored will call a public health staff member with the second temperature reading of the day and again report the presence or absence of symptoms at that time.

For healthcare workers who require direct active monitoring, public health authorities can delegate the responsibility for direct active monitoring of those individuals to the healthcare facility's occupational health program or the hospital epidemiologist. The occupational health program or hospital epidemiologist should report the findings of the twice daily monitoring to the public health authority each day.

During the asymptomatic monitoring period the name and residence/location of the person being monitored may not be shared beyond public health officials involved in the monitoring process of that individual. Numbers of asymptomatic individuals being monitored by public health officials may be shared with local response partners involved with the response, transport and medical care of a suspected or confirmed Ebola patient for planning purposes.

Controlled movement limits the movement of people. 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 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 public health authority.

Isolation means the separation of an individual or group who is reasonably believed to be infected with an illness of public health significance from those who are not infected to prevent spread of the disease. An individual could be reasonably believed to be infected if he or she displays the signs and symptoms of the disease of concern.

Quarantine in general means the separation of an individual or group reasonably believed to have been exposed to an illness of public health significance, but who is not yet ill (not presenting signs or symptoms), from others who have not been so exposed, to prevent the possible spread of the disease. State law more specifically defines quarantine at Wyoming Statute § 35-4-115(a)(ii).

For authority and specific state law provisions concerning authority for the above, see generally Wyoming Statutes §§ 35-1-223, 35-1-240, 35-4-103, 35-4-114 and 35-4-115.

Use of Public Health Orders

The WDH has the statutory authority to "establish, maintain and enforce isolation and quarantine, . . . and in pursuance thereof, and for such purpose only, to exercise such physical control over property and over the persons of the people within this state as the state health officer may find necessary for the protection of the public health." Wyo. Stat. Ann. § 35-1-240(a)(iii). This authority may be exercised in cooperation with the county health officer, as provided in Wyoming Statute § 35-4-103.

The general procedures for issuance and enforcement of quarantine and isolation public health orders are found in Wyoming Statutes §§ 35-4-101 through -115. In general, once quarantined, a person may appeal to a district court for release from quarantine. The state health officer must be given seventy-two (72) hours notice prior to the hearing and bears the burden of proving the need for the quarantine. In the event of a "bona fide scientific or medical uncertainty," the court is required to "give deference to the professional judgment of the state health officer, unless the person quarantined proves by a preponderance of the evidence that the quarantine is not reasonably necessary to protect the public health." Wyo. Stat. Ann. § 35-4-112(a).

Wyoming Statutes also require that a person quarantined "shall have the right to communicate by telephone or any other available electronic means, but the state health officer may, in order to protect the public health, deny the quarantined person's right to meet in person with any person not subject to the quarantine, except that a parent or legal guardian may upon request be quarantined with the minor patient." Wyo. Stat. Ann. § 35-

4-112(b).

Specific Actions to Take for Monitoring and Movement of Persons Potentially Exposed to Ebola

See **Tables** on following pages for classification of risk category, clinical criteria for action, and necessary public health action.

See **Appendix A** for general guidance on actions to take if monitoring reveals fever or symptoms that could be consistent with Ebola illness. The actual situation, including the local response plans and availability of resources, may dictate different actions.

Information Sharing

The Wyoming Department of Health has determined that during the asymptomatic monitoring period the name and residence/location of the person being monitored may not be shared beyond public health officials involved in the monitoring process of that individual. Numbers of asymptomatic individuals being monitored by public health officials may be shared with local response partners involved with the response, transport and medical care of a suspect or confirmed Ebola patient for planning purposes.

Recommendations for specific groups and settings:

Healthcare workers

For the purposes of risk of exposure to Ebola, regardless of country, **direct patient contact** includes doctors, nurses, physician assistants and other healthcare staff, as well as ambulance personnel, burial team members, and morticians. In addition, others who enter into the treatment areas where Ebola patients are being cared for (such as observers) would be considered to potentially have patient contact and be at risk. Healthcare workers who have no direct patient contact and no entry into active patient management areas, including epidemiologists, contact tracers, airport screeners, as well as laboratory workers who use appropriate PPE, are not considered to have an elevated risk of exposure to Ebola, i.e., are considered to be in the low (but non-zero) risk category.

Healthcare workers providing direct care to Ebola patients in countries with widespread transmission are at higher risk for exposure to Ebola and becoming ill. These healthcare workers are

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classified in the some risk category, for which additional precautions are recommended upon their arrival in the United States.

Healthcare workers who provide care to Ebola patients in U.S. facilities while wearing appropriate PPE and with no known breaches in infection control are considered to have low (but not zero) risk of exposure. As long as these healthcare workers have direct active monitoring and are asymptomatic, there is no reason for them not to continue to work, including in hospitals and other patient care settings, nor is there a reason for them to have restrictions on travel or other activities. Review and approval of work, travel, use of public conveyances, and attendance at congregate events are not indicated or recommended for such healthcare workers.

Healthcare workers taking care of Ebola patients in a U.S. facility where another healthcare worker has been diagnosed with confirmed Ebola without an identified breach in infection control are considered to have a higher level of potential exposure (exposure level: high risk). A similar determination would be made if an infection control breach is identified retrospectively during investigation of a confirmed case of Ebola in a healthcare worker. These individuals 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 where an unidentified breach in infection control has occurred, assessment of infection control practices in the facility, remediation of any identified deficiencies, and training of healthcare workers in appropriate infection control practices should be conducted. Following remediation and training, asymptomatic potentially exposed healthcare workers may be allowed to continue to take care of Ebola patients, but care of other patients should be restricted. For these healthcare workers, the last potential unprotected exposure is considered to be the last contact with the Ebola patient prior to 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 Ebola patient care activities occur after remediation and training are considered to be in the low (but not zero) risk category.

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

Exposure Category	Clinical Criteria	Public Health Actions
<p>High risk includes any of the following:</p> <ul style="list-style-type: none"> • Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic • 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) • Processing blood or body fluids of a person with Ebola while the person was symptomatic without appropriate PPE or standard biosafety precautions • Direct contact with a dead body without appropriate PPE in a country with widespread Ebola virus transmission <p>Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic</p>	<p>Fever (subjective fever or measured temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) OR any of the following:*</p> <ul style="list-style-type: none"> • severe headache • muscle pain • vomiting • diarrhea • stomach pain • unexplained bruising or bleeding <p>Asymptomatic (no fever or other symptoms consistent with Ebola)</p>	<ul style="list-style-type: none"> • Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation • Medical evaluation is required. <ul style="list-style-type: none"> ○ Isolation orders may be used to ensure compliance ○ Air travel is permitted only by air medical transport • If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply <hr/> <ul style="list-style-type: none"> • Direct active monitoring • Public health authority will ensure, through orders as necessary, the following minimum restrictions: <ul style="list-style-type: none"> ○ Controlled movement: exclusion from all long-distance and local public conveyances (aircraft, ship, train, bus, and subway) ○ Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings ○ Exclusion from workplaces for the duration of the public health order, unless approved by the state or local health department (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 to enforce controlled movement • If travel is allowed, individuals are subject to controlled movement <ul style="list-style-type: none"> ○ Travel by noncommercial conveyances only ○ Coordinated with public health authorities at both origin and destination ○ Uninterrupted direct active monitoring

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Exposure Category	Clinical Criteria	Public Health Actions
<p>Some risk includes any of the following:</p> <ul style="list-style-type: none"> In countries with widespread Ebola virus transmission: <ul style="list-style-type: none"> direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic or with the person's body fluids any direct patient care in other healthcare settings Close contact* in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic 	<p>Fever (subjective fever or measured temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) OR any of the following:*</p> <ul style="list-style-type: none"> severe headache muscle pain vomiting diarrhea stomach pain unexplained bruising or bleeding 	<ul style="list-style-type: none"> Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation Medical evaluation is required <ul style="list-style-type: none"> Isolation orders may be used to ensure compliance Air travel is permitted only by air medical transport If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply
<p>*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</p>	<p>Asymptomatic (no fever or other symptoms consistent with Ebola)</p>	<ul style="list-style-type: none"> Direct active monitoring 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"> Controlled movement: exclusion from long-distance commercial conveyances (aircraft, ship, train, bus) or local public conveyances (e.g., bus, subway) Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings Exclusion from workplaces for the duration of a public health order, unless approved by the state or local health department (telework is permitted) Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park) Other activities should be assessed as needs and circumstances change to determine whether these activities may be undertaken Any travel will be coordinated with public health authorities to ensure uninterrupted direct active monitoring Federal public health travel restrictions (Do Not Board) may be implemented based on an assessment of the particular circumstance <ul style="list-style-type: none"> 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

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Exposure Category	Clinical Criteria	Public Health Actions
<p>Low (but not zero) risk includes any of the following:</p> <ul style="list-style-type: none"> • Having been in a country with widespread Ebola virus transmission within the past 21 days and having had no known exposures • 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 • 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 • In countries without widespread virus Ebola transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic • Traveled on an aircraft with a person with Ebola while the person was symptomatic 	<p>Fever (subjective fever or measured temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) OR any of the following:*</p> <ul style="list-style-type: none"> • vomiting • diarrhea • unexplained bruising or bleeding 	<ul style="list-style-type: none"> • Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation • Medical evaluation is required. <ul style="list-style-type: none"> ○ Isolation orders may be used to ensure compliance ○ Air travel is permitted only by air medical transport • If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply
	<p>Asymptomatic (no fever, vomiting, diarrhea, or unexplained bruising or bleeding)</p>	<ul style="list-style-type: none"> • No restrictions on travel, work, public conveyances, or congregate gatherings • Direct active monitoring for: <ul style="list-style-type: none"> ○ U.S.-based healthcare workers caring for symptomatic Ebola patients while wearing appropriate PPE ○ Travelers on an aircraft with, and sitting within 3 feet of, a person with Ebola • Active monitoring for all others in this category
<p>No identifiable risk includes:</p> <ul style="list-style-type: none"> • Contact with an asymptomatic person who had contact with person with Ebola • Contact with a person with Ebola before the person developed symptoms • Having been more than 21 days previously in a country with widespread Ebola virus transmission • Having been in a country without widespread Ebola virus transmission and not having any other exposures as defined above 	<p>Symptomatic (any)</p>	<ul style="list-style-type: none"> • Routine medical evaluation and management of ill persons, as needed
	<p>Asymptomatic</p>	<ul style="list-style-type: none"> • No actions needed

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

Appendix A

I. Protocol for Elevated Temperature or Other Indications of Illness in Persons Being Monitored Due to Possible Ebola Exposure (Applies to persons being monitored due to possible Ebola exposure. Therefore it has already been determined they are at some risk for Ebola exposure such as travel within 21 days of illness onset to Guinea, Sierra Leone, or some other at risk location).

a) Monitoring reveals temperature of 100.4 F (38 C), or person develops illness that could be indicative of Ebola disease

- Public health staff need to gather as much information about the illness characteristics, onset, names and contact information for other persons in the household and visitors since onset, any place the ill person has been since onset, other ill persons in household.
- Call WDH at 1-888-996-9104, Dr. Tracy Murphy (307-777-7716) or Clay Van Houten (307-777-5596) in the Public Health Sciences Section.
- If person has vomiting or diarrhea, or is otherwise severely ill, have EMS transport person to hospital. EMS staff must wear PPE appropriate for Ebola.
- If person is mildly ill and can transport self to hospital ED, then consideration can be given to having the person drive self to hospital ED without stopping or getting out along the way.
- Public health staff must notify hospital of pending arrival of patient who may have Ebola and notify EMS staff of the possibility of Ebola if EMS is called for transport.

b) Hospital ED work up and Ebola testing of persons being monitored who develop fever or illness c/w Ebola

- Hospital should activate their Ebola plan.-Hospital personnel should isolate person and wear PPE appropriate for Ebola.
- Call WDH to discuss isolated person's condition. Call WDH at 1-888-996-9104, Dr. Tracy Murphy (307-777-7716) or Clay Van Houten (307-777-5596) in the Public Health Sciences Section.
- If the patient has any of the following exposures, Ebola virus testing should be initiated through WDH and recommend admitting and isolating the patient using strict adherence to Ebola infection control and PPE recommendations.

- a. Percutaneous, mucous membrane or direct skin contact with body fluids from a confirmed or suspected Ebola patient without appropriate personal protective equipment.
- b. Laboratory handling of body fluids from a confirmed or suspected Ebola patient without appropriate personal protective equipment or biosafety precautions.
- c. Participation in funeral rites that include direct exposure to human remains in the geographic area where outbreak is occurring without appropriate personal protective equipment.

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- d. Healthcare workers in facilities that have treated confirmed or suspected Ebola patients, **even if they used personal protective equipment.**
- e. Household member to confirmed or suspected Ebola patient.
- f. Any person who reports having been within approximately 3 feet of an Ebola patient or brief physical contact with an Ebola Virus Disease (EVD) patient (e.g., shaking hands) when not wearing personal protective equipment.

-If the patient has no exposures from the list above, and clinical suspicion of Ebola is not high, then evaluation for other causes of illness is recommended. Infection control and PPE for Ebola is still recommended. Patients in this category who remain hospitalized should be kept in isolation using recommendations appropriate for Ebola, until public health (WDH, CDC) determines that Ebola illness is unlikely. If the patient does not need to be hospitalized, then isolation at home may be considered until public health (WDH, CDC) determines that Ebola illness is unlikely. During this time, public health will monitor the patient's status daily.

-WDH will consult with CDC to discuss disposition of person (keep isolated in hospital, isolate at home, no isolation).