

Ebola:

Interim Monitoring Guidance for Local Health Departments

Oregon Public Health Division

Current as of June 22, 2015

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Investigative Guidelines for Illness Consistent with Ebola can be found at <http://public.health.oregon.gov/DiseasesConditions/DiseasesAZ/Pages/disease.aspx?did=128> with contact tracing list as last page.

How to Monitor Persons Under Monitoring (PUMs)

Current as of June 24, 2015

PREPARATIONS

Local health department (LHD) staff will be notified of a Person Under Monitoring (PUM) in their jurisdiction by the Acute and Communicable Disease Prevention (ACDP) section. Name, contact information, and initial risk status as identified on preliminary screening will be provided.

Before interviewing anyone who has been potentially exposed to the Ebola virus, LHD staff should be familiar with the following:

- **Definitions**

Active Monitoring: Active monitoring involves daily reporting of temperature and symptoms by the Person Under Monitoring to public health staff without visual contact. Active monitoring is sufficient for persons with low-risk Ebola exposures. Initial contact should be in person and then monitoring may be performed by phone or electronically at the discretion of the LHD. People being monitored must take their temperature twice daily, watch themselves for symptoms, report as directed to public health officials, and immediately tell public health officials if they have a fever or other symptoms.

Direct Active Monitoring: All persons with “some” or “high” risk exposure to Ebola should be monitored **at least** daily by public health for fever and symptoms until 21 days after last potential exposure. Direct active monitoring means there should be visual contact between the Person Under Monitoring and public health staff. Initially, we recommend at least daily in-person monitoring for the first day or two to establish rapport with the individual. After the LHD is comfortable that the Person Under Monitoring can reliably take his/her temperature and report symptoms, subsequent contacts may be performed electronically (e.g., with Skype, Face Time, etc.). During monitoring, daily discussions regarding plans to work, travel, take public transportation, or go to busy public places (congregate settings) should occur, and a determination of whether these activities are allowed will be made. Any development of fever or symptoms requires medical evaluation and isolation pending results of evaluation. For healthcare workers, LHDs may delegate the responsibility for monitoring to a health system occupational/employee health program at their discretion, with a daily report to the LHD.

- Epidemiologic risk factors: www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html

- CDC Monitoring and Movement Guidelines, and local travel & movement restrictions (if you are unsure, discuss with local health officer and ACDP)
www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html

ADDITIONAL CONSIDERATIONS FOR PERSONS AT “SOME” RISK:

- Are there unrecognized high-risk exposures?
 - Intensity of exposures (direct daily contact under extreme circumstances versus infrequent visits to an Ebola treatment unit)
 - Previously undisclosed breach of infection control practices
 - When did they occur?
- How much time has passed since the person’s last exposure? (Risk of developing symptoms decreases after 2 weeks post-exposure)
- What are the policies or considerations that need be taken into account by school or employer of the Person Under Monitoring?
- Is the person adherent with active/direct monitoring? Responsive to public health requests (phone calls, provision of additional information)? Does the person give a consistent history of risk? (Failure to adhere with any of these may result in need for a legal order and/or restrictions on work/ travel.)
- Is the person able to recognize and report symptoms, self-isolate, and seek medical care? (Preschool and school age children may not be able to recognize and respond as quickly as an adult.)
- Is there anything unique about this person that would make it difficult to prevent exposures when symptomatic?

INTERVIEW

LHD staff should perform the following tasks with persons who have potentially been exposed to Ebola virus and are being monitored:

- Contact the PUM within 24 hours of arrival in the jurisdiction. If you are unable to reach the person, call ACDP at 971-673-1111 and report inability to find a PUM.
- Interview the PUM to confirm contact information, determine preferred forms of communication, evaluate and determine risk status (using *Interview Form*, page 7), review symptoms of Ebola, and ensure the PUM is familiar with reporting requirements and any other restrictions.

- Instruct PUM to report symptoms of Ebola immediately to the LHD; provide PUM with a 24/7 contact number.
- Educate the PUM about symptoms of Ebola (fever, diarrhea, vomiting, headache, muscle pain, abdominal pain, or bleeding).
- Ask if PUM is planning any travel during the monitoring period. Review that, even if PUM is at low risk of developing symptoms, we would like to know about any travel so we can coordinate with other jurisdictions. Collect details of travel (dates, locations, methods of travel) and report to ACDP.
- Have a plan regarding where the person will seek health care.
 - The LHD should contact the facility where the person will be sent to ensure appropriate plans for evaluation are in place.
 - The LHD should provide the facility’s name and its 24/7 telephone number to the person.
 - The LHD should also contact the EMS transport agency to ensure appropriate plans are in place to transport the person to the healthcare facility.
- Review the risk level, monitoring plan, and movement restrictions, if any, with the PUM verbally, and, if possible, in writing. You can use the PUM summary letter available on page 16.
- As appropriate, consider sharing copies of *Interim Guidance for Those Living with a PUM*, available on page 18.
- Record risk-factor information and recommendations regarding movement restriction in ORPHEUS (See *Data Entry* section below.)

DATA ENTRY

- Create a new case of “Person Under Monitoring” in Orpheus. Be sure to fill out the identifiers, demographics, and Ebola information (e.g., last exposure date, reason monitored, EMS agency, Tier II hospital, DGMQ ID).
- If a paper interview form was used, please upload as an attachment to Orpheus case under the “More” tab.
- To add the temperature monitoring information, click on “add day”.
- Daily monitoring information should be kept up-to-date in Orpheus.

TRAVEL (*as permitted*)

During initial interview and periodically during monitoring, inquire about any planned travel by the PUM.

- For PUMs who will be traveling to other countries,
 - Advise PUM to contact embassy of the destination country, as the other country might have more stringent monitoring or quarantine requirements,
 - E-mail emily.a.fisher@state.or.us , juventila.liko@state.or.us , melissa.e.powell@state.or.us , Lee.r.schrauben@state.or.us and collette.m.young@state.or.us, or call the epidemiologist on-call. They will need
 - PUM's name and DOB,
 - DGMQ ID,
 - passport number and country that issued it
 - Intended destination (country *and* physical address, if possible)
 - planned dates of travel to and departure from destination
 - CDC exposure risk category, date of last exposure, date completing monitoring, and plans for continued monitoring (if any)
 - Date, time, and results of most recent monitoring check
- For PUMs who will be traveling to other states, either e-mail the folks above, or call the epidemiologist on-call.
- For PUMs who will be traveling to other counties in Oregon, you can either work with the OHA epidemiologist or the other county directly. Be sure to keep good notes in Orpheus, including detailed address information.
- If a PUM from another state is traveling to your jurisdiction, OHA will contact you to work out a plan to ensure continuous monitoring
- If a PUM plans to leave your county for the entire duration of the remaining monitoring period, contact OHA to discuss possible formal transfer of monitoring to the destination jurisdiction.
- If a PUM is coming to your county for the duration of the monitoring period, OHA will contact you to work out a plan for continuous monitoring. If you take this person on, create a new case in Orpheus, and provide PUM with the monitoring plan and contact phone numbers. (No need to re-do entire case interview.)

INSTRUCTIONS FOR FOLLOW-UP TEAMS DOING HOME VISITS

Note: Home visits may be employed by counties for initial interview or if person is unavailable by phone or for other reasons deemed necessary by local health officials.

It is important for monitoring personnel to protect themselves by taking these measures during a visit:

- LHD staff should communicate by telephone with the potentially exposed person to ensure the person has no symptoms before the LHD staff travels to the site of monitoring. When the LHD has arrived at the residence they should re-assess for symptoms in the doorway or just after entering the residence. Where feasible, checking in can be done through audio-visual aid (e.g., Skype, Face Time, Google chat, etc.) as deemed appropriate by the county.
- Take phone numbers for your health officer, the OHA On-Call Epi, and plan on whom to contact in case you find the person to be symptomatic.
- Avoid direct physical contact like shaking hands or hugging.
- When possible, have the person take his/her own temperature and show you, or use a no-touch temperature system. Use disposable gloves if you must take the person's temperature directly.
- If fever or other symptoms are identified at the home visit, immediately leave the residence and arrange for the person to be medically evaluated.
- If no symptoms are identified, verify the time of the next check-in. Review any plans for travel (if permitted), and if so, how monitoring will continue and by whom.
- If any symptoms occur before the next evaluation, instruct the person to go immediately to a private area (e.g., room with a door that can be closed, or car) and telephone the LHD.

COMPLETING THE PROCESS

- Each time after talking with PUMs, and after they complete their 21-day monitoring period, thank them.
- In Orpheus, change the case status to “Completed Monitoring” after entering the last day's symptom and temperature information.

**Person under Monitoring Interview Form
State of Oregon**

Tips for Interviewer:

- Explain why you're calling (CDC guidance for people returning or traveling from Ebola-affected countries)
- Establish a good relationship immediately: welcome the person home or to the U.S., ask how their trip to the U.S. went, ask how they're feeling now.
- Explain that you are going to review some standard questions with them to help determine how best to SUPPORT them during the following 21 days.
- Most patients treated in US healthcare facilities have survived Ebola. Prompt reporting of symptoms to public health will lead to prompt care for them if needed.
- Encourage them to ask questions or contact you later with any questions or concerns.

Interview Checklist:

- Review risk assessment from CDC Quarantine form and confirm it is accurate
- Clearly describe expectations for temperature and symptom monitoring
- Specify any movement/work restrictions while asymptomatic, or confirm that there are none.
- Review what PUM should do if symptoms or fever develop.
- If possible, have Orpheus open to ensure you've captured information for all fields.

I. Interview Information

Date of interview: / /

Interviewer Name/Agency: _____

Who is providing information for this form?

- Ebola PUM (or person under investigation)
- Other, specify person (Last, First): _____

Relationship to PUM: _____

Reason PUM unable to provide information: PUM is a minor Other _____

Contact Information (please confirm this with the PUM)

Last Name: _____ First Name: _____

Address (while under monitoring): _____ Apt. # ____

City: _____ County: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____

Best way to contact: _____

PUM's preferred language: _____

Was interview done via a translator? Yes No

II. Demographics

Date of birth: / / Sex: Male Female **If female, ask:** Currently pregnant? Yes No

Race: White Black Asian Pacific Islander Am. Indian/Am. Native Other Refused

Ethnicity: Hispanic Not Hispanic Refused Nationality: _____

Health Insurance? Yes No **If yes, which?** _____

Where is your primary health care provider? (e.g., Providence system, Kaiser, St. Charles, Samaritan, etc.):

(For those in Portland Area) Do you have a preferred hospital? If so, which? _____

How many people live at home with you? _____

III. Determining Exposure Risk and Case Definition

1) In the past 21 days, did you. . .? *Check all that apply*

- visit an Ebola-affected country for personal reasons
- visit an affected country as a volunteer or aid worker
- visit an affected country as a health care worker
- live in an affected country, then visit or move to the U.S.
- attend a funeral in an Ebola-affected country
- care for sick persons in an Ebola-affected country
- other: _____

2) Which affected countries have you been in during the past 21 days? Guinea Sierra Leone Liberia

3) Are you currently having any of these symptoms (fever, severe headache, muscle pain, weakness, diarrhea, vomiting, stomach pain, unexplained bleeding or bruising)? Yes No

If this person::

- Has no symptoms and didn't provide health care in an affected country → PUM. **Complete Part IV.**
- Has no symptoms & provided health care in an affected country → HCW PUM. **Complete Parts IV and V.**
- Has symptoms, but didn't provide health care → Person under Investigation (PUI). **Complete Parts IV and VI.**
- Has symptoms and provided health care → PUI w Healthcare exposure. **Complete Parts IV, V, and VI.**

Part IV. Person under Monitoring (PUM)

1) What work do you do here in Oregon? Do you provide direct patient health care?

2) What do you plan to do while you are here in the county?

3) What date did you first arrive in an Ebola-affected country? ___/___/___

4) What date did you most recently leave an Ebola-affected country) ___/___/___

5) [Record date monitoring began (*date of (last) exposure + 1*) ___/___/___]

6) [Record date monitoring ends (21 days from first) ___/___/___]

7) Do you plan to travel during the 21-day monitoring period? Yes No

If yes, please describe plans

8) In the past 21 days, while you were in an Ebola- affected country, did you. . . ?

- without gloves, touch a person ill with Ebola get splashed by body fluids from a person ill w Ebola
- live with or take care of a person ill with Ebola get stuck by a needle used for a person ill with Ebola
- without gloves, work in a lab on Ebola samples eat bush meat or have any contact with a bat
- take part in any funeral activities? Did you help prepare the body?
- have sexual relations with someone who had recovered from Ebola

Yes to any of the above puts this person in *High Risk* group

In the past 21 days, did you. . .

- Stay w/in 3 feet of a person with Ebola, without using gloves, gown and mask, but not have any direct contact
- care for or touch someone ill with Ebola while wearing protective gloves, gown, mask, and eye protection, in a country where there has been community spread of Ebola

Yes to either of these questions puts this person in the *Some Risk* group

In the past 21 days, did you. . .

- visit an Ebola-affected country, but have no contact w/ anyone ill or attend a funeral
- briefly visit a person ill with Ebola w/o touching them
- have contact with a person ill with Ebola, while using protective equipment, in a country w/o community spread
- briefly touch a person with Ebola when they were not believed to be very contagious

A “Yes” only to one of these questions puts this person in the *Low (not zero) Risk* group

9) In which risk category is the PUM*? High Some Low No Risk

**For health care workers, complete section V.*

10) *Use the appropriate risk category:*

“Low Risk” - For ongoing monitoring during the 21 days, which option do you prefer?

- Health Dept. calls you daily for temperatures
- You call the Health Dept. daily with temperatures
- You text the Health Dept. daily with temperatures
- You email the Health Dept. daily with temperatures

“Some or High Risk”- For ongoing monitoring (once daily visual contact) during the 21 days, which option do you prefer?

- Face-to-face computer contact (e.g., Skype) with Health Dept.
- You come to the Health Dept.
- Health Dept. comes to your home or work

V. Healthcare Worker (HCW) Risk Assessment

Section1) Healthcare Facility Information

Work in home city:

Facility Name _____ Facility Type _____

Campus/Building _____

Address _____

City: _____ State: _____ Zip: _____ County: _____

Job title: _____

Where is your primary site of work in the facility [e.g., specific ward(s), floor(s), department(s)]?

In Ebola-affected country:

Facility Name _____ Facility Type _____

Campus/Building _____

Address _____

City: _____ County: _____ Country: _____

Job title: _____

Where was your primary site of work in the facility [e.g., specific ward(s), floor(s), department(s)]?

Part V, Section 2) General HCW Exposure History

- 1) Did you have any contact with ill Ebola patients? Yes No Unsure
If yes, please describe and provide dates of first and last interaction:

- 2) Were you within 3 feet of an ill Ebola patient or in patient-care area of an Ebola Treatment Unit for a prolonged period (*with or without personal protective equipment*)?
 Yes No

If yes, what PPE was worn on these occasions? *Check all that apply*

- Gloves Gown (impermeable) Eye protection (goggles or face shield) Facemask
 N95 or other respirator Body suit None
 Other _____

- If any PPE was worn, was donning of PPE witnessed? Yes No Unsure
If any PPE was worn, was patient care witnessed? Yes No Unsure
If any PPE was worn, was doffing of PPE witnessed? Yes No Unsure

Date of last interaction: / /

- Same PPE and PPE monitoring used in all healthcare setting interactions

Part V, Section 3) HCW Exposure History – Casual and Direct Contact

- 3) Did you have any casual contact with an ill patient (meaning a brief interaction, such as walking by him/her or being in the same room for a very short period of time) in which you did not directly touch him/her?
Yes No

If yes, date of last casual contact: MM / DD / YYYY

- 4) Did you have direct contact with any patients (e.g. shaking hands, physical exam) no matter how brief, in an Ebola-affected country?
(This includes while wearing PPE) Yes No (If “No”, skip to Sec. 4)

If yes, what PPE was worn on these occasions? Check all that apply

- Gloves Gown (impermeable) Eye protection (goggles or face shield) Facemask
 N95 or other respirator Body suit None
 Other _____

- If any PPE was worn, was donning of PPE witnessed? Yes No Unsure
If any PPE was worn, was patient care witnessed? Yes No Unsure
If any PPE was worn, was doffing of PPE witnessed? Yes No Unsure

Date of last direct contact: / /

Part V, Section 4) HCW Exposure History – Body Fluid Contact

1) Did you have any direct contact with blood or body fluids from an ill Ebola patient (including contaminated objects or surfaces such as bedding or clothing)? *(This includes while wearing PPE)*

Yes No *(If “No”, skip to Sec. 5)*

If yes, what body fluids were you in contact with? *Check all that apply*

Blood Feces Vomit Urine Sweat

Tears Respiratory secretions (e.g. sputum, nasal mucus) Saliva

Semen or vaginal fluids Other, specify: _____

If yes, what PPE was worn on these occasions? *Check all that apply*

Gloves Gown (impermeable) Eye protection (goggles or face shield) Facemask

N95 or other respirator Body suit None

Other _____

If any PPE was worn, was donning of PPE witnessed? Yes No Unsure

If any PPE was worn, was patient care witnessed? Yes No Unsure

If any PPE was worn, was doffing of PPE witnessed? Yes No Unsure

Date of last blood/bodily fluid contact: / /

Part V, Section 5) HCW Exposure History – Lapses in Infection Control Practices

NOTES: Please describe any lapses in proper infection control practices that may have occurred during any of these contacts, and describe what happened (e.g., inappropriate/ ineffective disinfection; defective gloves, gowns, mask). Include hospital location (outpatient care, acute inpatient, ED, ICU, long-term care, clinical lab, dialysis center, etc.), response to breach, and duration of each occurrence:

Part V. Section 6) HCW Exposure History – Defining Exposure Risk Category

Given the information above, in which risk category is the HCW? High Some Low

Part VI. Symptomatic (*Orpheus disease = Ebola*)

1) Which of these symptoms do you have?: Fever Severe headache Muscle pain Weakness Diarrhea
 Vomiting Stomach pain Unexplained bruising or bleeding Other: _____

2) What day did symptoms start?: MM / DD / YYYY

3) Which symptom started first: Fever Severe headache Muscle pain Weakness Diarrhea Vomiting
 Stomach pain Unexplained bruising or bleeding Other: _____

a. Please describe any contact in the last 21 days with someone who was ill or deceased. (e.g., Details of exposure to known case, travel to affected area, dates and activities):

4) _____

5) Did the ill or deceased person have Ebola infection confirmed by testing? Yes No
Unsure

6) When was the last day you were in contact with an ill or deceased person? MM / DD / YYYY

7) Was the person a Person Under Monitoring before becoming Ebola Case? Yes No Unsure

8) Date lab sent MM / DD / YYYY Lab confirmation date MM / DD / YYYY

9) List of Household Contacts (each will need Tracing Form of their own, and listing in Orpheus)

10) List of Healthcare Providers (each will need Tracing Form of their own, and listing in Orpheus)

11) List of other exposed or potentially exposed persons (each will need Tracing Form sheet of their own, listing in Orpheus, and risk stratification)

Call Supervisor and OPHD Epi On-call 971-673-1111 to arrange for medical evaluation and transport, as needed.

Dear _____:

Date

This letter is to follow up on our recent conversation. It reviews plans, based on the information you shared with us, to help keep you, your family, and the community safe during the time you are monitoring for symptoms of Ebola disease.

To accomplish this goal, it is important that you

- Monitor yourself for any symptoms of illness
- Communicate regularly and honestly about your health status with your public health contact
- Maintain the ability to contact public health at agreed-upon times, and immediately, should you develop symptoms or fever. This means
 - o You need access to a working land line or cell phone throughout the monitoring period
 - o Some remote areas (out of cell phone range) aren't suitable places for persons under monitoring for Ebola
 - o If required by public health as part of monitoring, you'll need to ensure timely access to the internet for virtual face-to-face assessments
- Supply contact information for at least one emergency contact who will always know your whereabouts
- Stay in a place that's readily accessible by ground medical transport

Monitoring yourself for symptoms of Ebola infection is simple. Based on our conversation and your level of risk, we'll plan to check with you:

- In person or by visual connection on the computer By phone, text, or e-mail

Starting today:

- Check your temperature each morning and evening – you can use the table on the back to document it daily. Check your temperature with a digital thermometer the same way every day, at about the same time. Don't let anyone else use the thermometer during this period.
- Your public health contact will need to meet or check with you every day to see how you're doing. See chart on back for a list of symptoms.
- Tell your public health contact about any travel plans during the monitoring period

If your temperature is above 100°F at any time, or you begin feeling ill with any symptoms listed below:

- Avoid direct contact with household members and others.

- Call your public health contact immediately. Tell them you are under monitoring for Ebola and have symptoms. Call LHD phone number
- If you are unable to contact public health, or are very ill, call 911, and inform them that you are at risk for Ebola and have developed symptoms.
- Both your local health department and emergency responders can help arrange safe transportation for you to get treated and keep you and those you love safe.

If you have any questions or concerns, call your local health department at LHD phone number . After 21 days without symptoms, you no longer need to monitor with the health department. In the meantime, we ask you to be vigilant to keep yourself, your family, and your community healthy and safe.

Sincerely,
LHD Health Officer

| Day | Date | Morning Temperature | Evening Temperature | Any symptoms? (Fever, severe headache, muscle pain, weakness, diarrhea, vomiting, stomach pain, unexplained bleeding or bruising) |
|------------|-------------|----------------------------|----------------------------|---|
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This fact sheet explains what you should do if you are living with a person under monitoring for possible Ebola infection who becomes ill during the 21-day monitoring period. It also explains how you can protect yourself from infection if that person becomes sick.

People recently in a country where Ebola virus is spreading should monitor themselves for fever or other signs of illness for 21 days after leaving that country. Monitoring is also important for people who have been in contact with someone sick with Ebola. Monitoring does not mean that your loved one will become sick with Ebola. However, if he or she becomes sick during the monitoring period, he or she needs to see a doctor for medical care.

Persons under monitoring are not contagious to others before they develop symptoms. If the person does become sick, getting him or her to medical care quickly will lower the risk of exposure to others.

How to prepare:

- Keep the phone number of your local public health department, the doctor of the person under monitoring, and at least one emergency contact within easy reach.
- Have a list of any ongoing health conditions and current medicines for the person under monitoring. Share it with the healthcare provider if your family member or friend becomes sick.

If the person under monitoring develops symptoms such as fever, severe headache, muscle aches, vomiting, diarrhea or stomach pain:

- Call your local health department right away. Describe the person's symptoms and tell the health department staff member what time the symptoms started. The public health staff will arrange for prompt evaluation and care for the sick person.
- Avoid touching the sick person.
- Ebola is spread by infected body fluids. If the sick person throws up, has diarrhea (loose or bloody stool), or has any bleeding, avoid contact with these fluids. Public health staff members will help you to arrange for cleaning the area.
- Give the list of health conditions and current medications to the healthcare provider who is examining your sick family member or friend.
- Remain at a safe distance, but close enough that emergency responders and healthcare providers can talk to you. It also may be reassuring to your family member or friend to have you nearby, even though you are not in direct contact with him or her.

Local Health Department Phone Number _____

Primary Care Provider Phone Number _____

Medical Conditions of the Person Under Monitoring _____

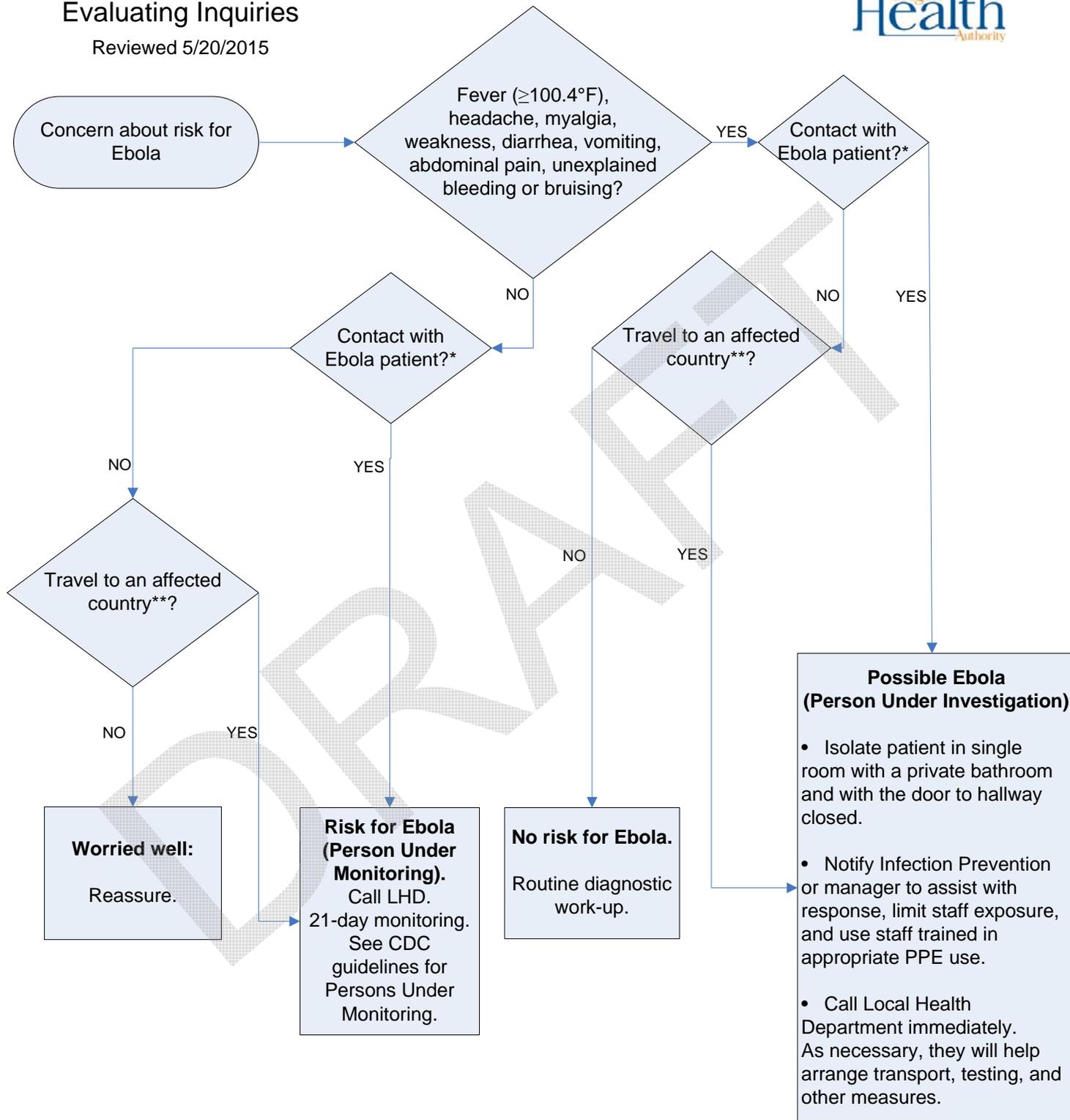
Medications the Person Under Monitoring is Currently Taking:

Allergies _____

Other information:

Ebola Algorithm: Evaluating Inquiries

Reviewed 5/20/2015



*Household member of or direct contact with confirmed or probable Ebola patient; healthcare worker (including processing of blood or tissue specimens) who cared for Ebola patient.

**Complete list of affected areas can be found at: www.cdc.gov/vhf/ebola/outbreaks/index.html