

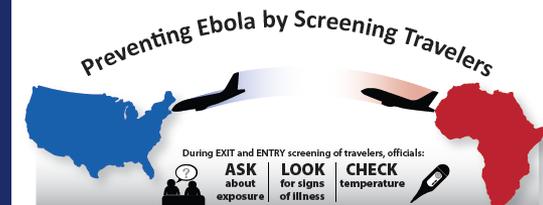
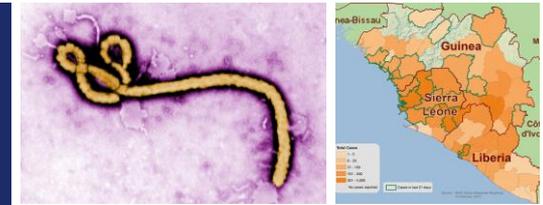
Returned Traveler Monitoring Process

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Regional Ebola Training

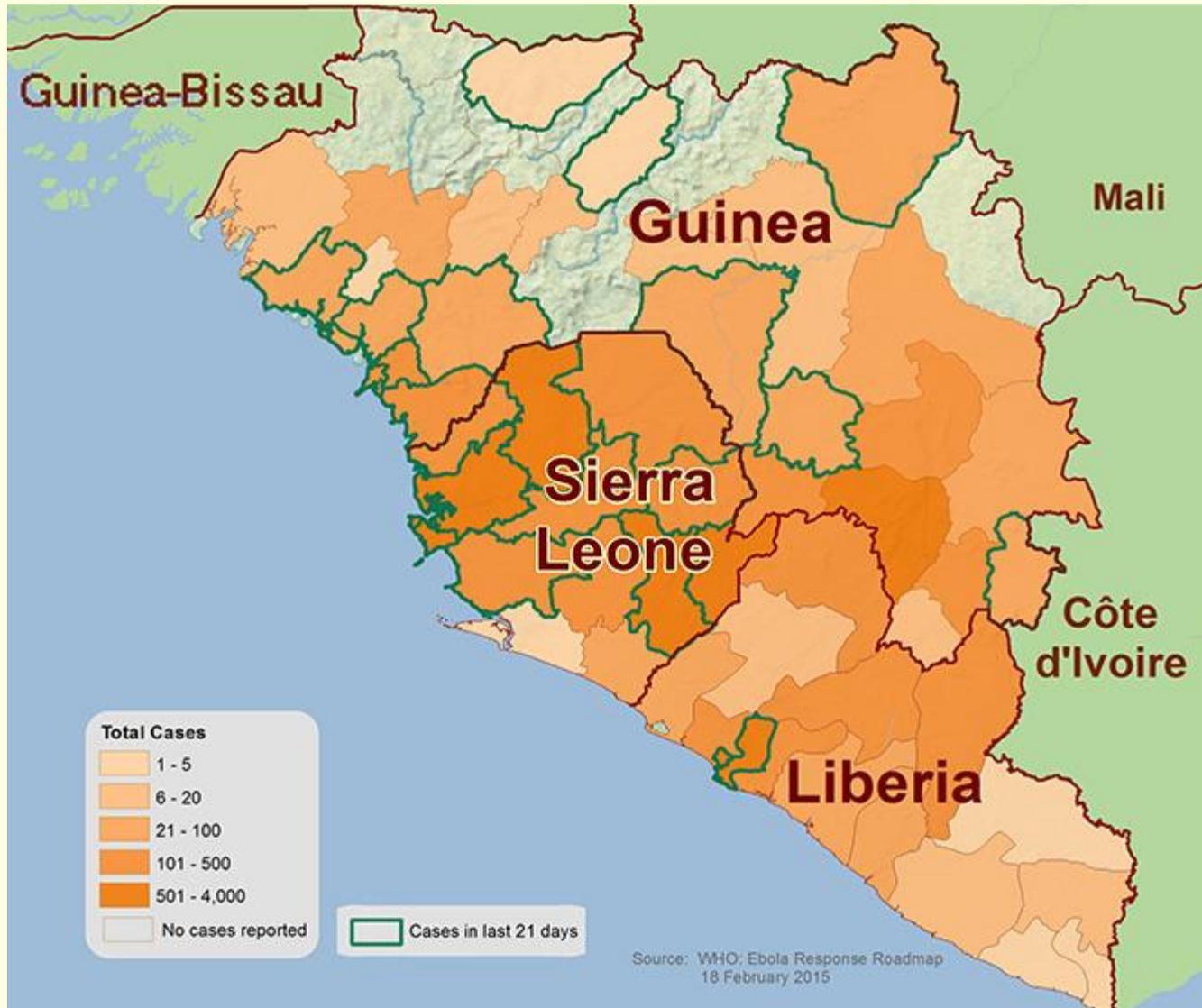
June 25, 2015



Objectives

1. Explain how returned travelers are reported to Public Health in West Virginia.
2. Explain how returned traveler risk is determined.
3. Explain how returned travelers are monitored, including reporting of monitoring results to Centers for Disease Control and Prevention (CDC).
4. Explain how loss to follow-up should be managed, prevented and reported.
5. Explain how legal agreements can be used.

Ebola Impacted Countries



Prior to Leaving Ebola Impacted Country

As part of the exit screening:

- Temperature taken
- Asked questions about their health and Ebola exposure history
- Checked for fever and other Ebola symptoms

Travelers are referred to secondary screening if:

- They exhibit signs/symptoms consistent with Ebola.
- They are determined to be at risk for Ebola exposure.

Five Points of Entry for Travelers



Entry Screening in the U.S.

Step 1

- Traveler is asked questions to determine potential risk of Ebola exposure
- Temperature taken
- Checked for symptoms of Ebola
- Asked to provide contact information for follow-up by a public health worker



Entry Screening in the U.S.

Step 2

Receive a **Check And Report Ebola (CARE) kit** containing:

- Information about Ebola
- Thermometer and temperature/symptoms log
- Cell phone (active for 30 days) to serve as the primary mode of contact with Public Health
- Contact sheet with the 24/7 phone numbers of the West Virginia Bureau for Public Health (BPH)

Traveler cleared to continue their trip if:

- They have no symptoms and have not been exposed to Ebola.
- Traveler is considered to be low risk.

CARE Kit



Entry Screening in the U.S.

Step 3

- Temperature checked again
- Additional questions about exposure

This step determines:

- Their final risk category
- If they can safely continue on their trip
- If they need more follow-up by the local health department
- If they need taken to a hospital for medical evaluation or care

Asymptomatic high risk travelers are not allowed to travel further on public transportation.

Modified Screening for Liberia

As of June 17, 2015, entry screening and monitoring for travelers departing from Liberia has been modified.

- Liberia will continue to screen travelers leaving country
- Travelers will still be routed through the 5 U.S. airports
- Travelers will be screened upon entering the U.S.
- Provided with a version of the CARE kit
 - Self monitor for 21 days and notify health department if they have a fever or symptoms consistent with Ebola
- Travelers from Liberia **will no longer** be monitored by the local health department.

Risk Categories

Low (but not zero) risk

- In an affected country within the past 21 days with no known exposure.
- No direct contact with Ebola patients.
- Traveling on an airplane with a person sick with Ebola.

Some risk

- Close contact (within 3 feet) of a person sick with Ebola for a long time (such as in a household, healthcare facility, or the community) without wearing personal protective equipment (PPE).
- In a country with a large Ebola outbreak or a small outbreak that may be hard to control— AND
 - direct contact with a person sick with Ebola (such as in a hospital) while wearing PPE correctly; OR
 - direct patient care in any other healthcare setting.

High risk

- Contact with body fluids from a person sick with Ebola and showing symptoms through:
 - A needle stick
 - Splashes to eyes, nose, or mouth
 - Body fluids directly on skin
- Touching a dead body while in a country with an Ebola outbreak without wearing proper PPE correctly.
- Living with and taking care of a person sick with Ebola.

What's My Risk Category?

1. Construction worker building Ebola treatment center in Sierra Leone. No contact with any known Ebola patient.

Do you need any additional information?

If so, what information?

Risk Category: _____

What's My Risk Category?

2. CDC employee conducting Ebola surveillance activities in a remote village of Guinea. No contact with any known Ebola patient.

Do you need any additional information?

If so, what information?

Risk Category: _____

What's My Risk Category?

3. National Institute for Occupational Safety and Health (NIOSH) employee training locals of a village in Guinea on use of PPE for burial practices.

Do you need any additional information?

If so, what information?

Risk Category: _____

What's My Risk Category?

4. Physician volunteering with Partners in Health working at an Ebola treatment center in Sierra Leone. Provided direct patient care to Ebola patients.

Do you need any additional information?

If so, what information?

Risk Category: _____

What's My Risk Category?

5. Pharmaceutical company representative visiting healthcare facilities in Sierra Leone to locate facilities to participate in Ebola vaccine trials.

Do you need any additional information?

If so, what information?

Risk Category: _____

Low Risk Travelers

- State receives Epi-X notification
- Local Health Department (LHD) notified within 24 hours
- Provide instruction for monitoring

Some or High Risk Travelers

- State receives Epi-X notification
- State receives phone notification from Division of Global Migration and Quarantine (DGMQ)
- LHD notified immediately
- Provide instruction for monitoring

Steps of the Monitoring Process

- Make initial contact with traveler
- Establish rapport
- Ensure the traveler understands monitoring process
- Determine if traveler is being monitored by another organization
- Determine if traveler intends on leaving West Virginia during the monitoring period

LHD Conducting Monitoring

- Conduct assessment interview and coordinate monitoring details
 - Administer the “Return Traveler Active Surveillance Form.”
<http://www.dhhr.wv.gov/oeps/disease/zoonosis/other/ebola/documents/ebola-traveller-surveillance.pdf>
 - Completed form should be submitted to the Division of Infectious Disease Epidemiology (DIDE) within 24 hours.

Return Traveler Active Surveillance Form

Ebola Virus Disease Returned Traveler Active Surveillance Form

DGMQ ID:



CDC Assigned Risk Category (*obtain from DIDE*): No Risk Low Risk Some Risk High Risk

Interviewer instructions are italicized throughout the document.

A. Interview Information

Date of interview: ___ / ___ / ____ (mm/dd/yyyy)

Interviewer:

Interviewer Name (Last, First): _____

State/Local Health Department: _____

Business Address: _____

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

Phone number: _____ Email address: _____

Who is providing information for this form?

Traveler

Other, specify person (Last, First): _____

Relationship to traveler: _____

Reason traveler unable to provide information: Traveler is a minor Other _____

Traveler primary language: _____

Was this form administered via a translator? Yes No

Next Steps

- Assess risk category
- Determine monitoring level accordingly
- Clearly explain work/school or travel restrictions
- Ensure traveler...
 - Has a working thermometer AND
 - Understands how to take their temperature
- Set a schedule for follow-up with the traveler

Active Monitoring

Used for “low but not zero” risk travelers

Direct Active Monitoring

Used for “some” and “high” risk travelers

Active Monitoring

- Traveler must take temperature twice daily.
- LHD must make contact with traveler once daily by phone, email or in person.
- Record temperature and symptoms on symptom log.

Symptom Log

Symptom Log for a Returned Traveler

Traveler Name: _____

Person Filling in this Form: _____

| Date: | Day 1 | | Day 2 | | Day 3 | | Day 4 | | Day 5 | | Day 6 | | Day 7 | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | / | / | / | / | / | / | / | / | / | / | / | / | / | / |
| Time: | AM | PM |
| Temperature (°F) | | | | | | | | | | | | | | |
| Headache | <input type="checkbox"/> |
| Weakness | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Vomiting | <input type="checkbox"/> |
| Abdominal pain | <input type="checkbox"/> |
| Unexplained hemorrhaging | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> |
| No symptoms | <input type="checkbox"/> |

NOTES: _____

Active Monitoring

- Notify DIDE immediately if traveler reports any fever or symptoms.
- If traveler misses check in...
 - Exhaust all means of contact, including in person or home visit.
 - Notify DIDE immediately.

Direct Active Monitoring

- Traveler must take temperature twice daily.
- LHD must make contact with the traveler twice daily.
 - One must be in person or video to directly observe the individual take temperature.
 - Other may be conducted by phone, e-mail or in-person.
- Record temperature and symptoms on Symptom Log

Direct Active Monitoring

- Must have hospital and transportation plan identified for traveler.
- Notify DIDE immediately if traveler reports any fever or symptoms.
- If traveler misses check in for more than 24 hours...
 - Exhaust all means of contact, including in person or home visit.
 - Notify DIDE immediately.

Occupational Health Recommendations

- Call ahead to determine if the traveler has symptoms.
- In the household, avoid direct physical contact.
- Maintain a comfortable distance (> 3 feet).
- Practice hand hygiene upon leaving the household.

Reporting for Low and Some Risk Travelers

- Submit symptom log weekly.
 - Fax: 304-558-8736 ATTN: “DIDE Outbreak Team”
 - Email: dhhrbphepi@wv.gov
 - Due each Monday by 12 PM
- DIDE reports traveler status to CDC weekly.
- Forward all documentation to DIDE upon completion of monitoring.

Reporting for High Risk Travelers

- Daily Direct Active Monitoring Report submitted each day for the previous day.
 - Email: dhhrbphepi@wv.gov
 - Due each day by 11 AM
- DIDE reports traveler status to CDC daily by 1 PM.
- Forward all documentation to DIDE upon completion of monitoring.

Traveler Leaving West Virginia For Another U.S. Jurisdiction During 21 Day Monitoring Period

- Notify DIDE as soon as possible.
- Collect full address and contact information of destination.
- Collect exact dates and time traveler will be leaving West Virginia and arriving in other area.
- Make arrangements for final check in prior to leaving West Virginia.
- Send date/time and outcome of final check in to DIDE.
- DIDE will send notification through Epi-X to receiving jurisdiction.

Traveler Leaving the U.S. During 21 Day Monitoring Period

- Notify DIDE as soon as possible.
- Collect the information from the traveler including:
 - Destination country (physical address, email, and phone if known)
 - Date of planned arrival at destination
 - Date of planned departure from destination
- Make arrangements for final check in prior to leaving West Virginia.
- Send date/time and outcome of final check in to DIDE.
- DIDE will send notification through Epi-X to CDC.

Restrictions by Risk Category

During 21 Day Monitoring Period

| | <u>Low (but not zero)</u> | <u>Some Risk</u> | <u>High Risk</u> |
|--|---|--|---|
| Work/School | No restrictions (if asymptomatic) | Healthcare workers are <u>NOT</u> permitted to return to work. All others-in limited circumstances. | Attendance is <u>NOT</u> permitted |
| Congregate gatherings & public places | No restrictions (if asymptomatic) | Should avoid congregate gatherings. If they go, must keep a 3 ft. distance from others. May go to public places but must keep a 3 ft. distance. | No congregate gatherings. May go to public places but must keep a distance of 3 ft from others. |
| Travel (overnight travel must be approved) | Public transportation (train, bus, etc.) may be used. | Exclusion from all public transportation. | Exclusion from all public transportation. |

Health Agreements

- Outlines conditions of monitoring requirements and any restrictions placed on the traveler.
- Documents traveler was informed of requirements.
- Available for all risk categories.
- Highly recommended for “some” or “high” risk travelers.
- Used at the discretion of the Local Health Officer.

Health Agreements

Office of Epidemiology & Prevention Services

[DHHR](#) | [EPH](#) | [Test size](#) | [A](#) | [A](#)

[A to Z List of Diseases](#)
[Resources For Reporting Diseases](#)
[Food and Water-borne Diseases](#)
[Healthcare Associated Infections](#)
[Influenza](#)
[Invasive Bacterial and Vaccine Preventable Diseases](#)
[Outbreaks](#)
[Zoonotic Diseases](#)
[WV eISS](#)
[WV Law Related to Reporting and Confidentiality](#)
[WV Reportable Disease Manual](#)
[Surveillance Data](#)
[Training Resources](#)
[All News and Announcements](#)

[Emergency Contact and Other Information](#)
 Contact Us (24/7/365)
 Phone: (204) 555-5355
 Toll Free: (800) 423-1271 in WV
 Fax:
 Confidential Disease Reports:
 (204) 555-5738
 Other Documents:
 (204) 555-8335
 350 Capitol Street
 Room 125
 Charleston, WV 25301

[WVDHHR - Office of Epidemiology and Prevention Services - Infectious Disease Epidemiology - Zoonotic Diseases - Other Zoonotic Diseases - Ebola](#)

Returned Travelers



Every day, travelers from Ebola-affected countries in West Africa return to the United States through five designated points of entry: JFK International Airport (New York, NY), Newark Liberty International Airport (Newark, NJ), Hartsfield-Jackson Atlanta International Airport (Atlanta, GA), Dulles International Airport (Dulles, VA), and O'Hare International Airport (Chicago, IL). These travelers are assessed for their risk of exposure to Ebola and are monitored accordingly based on CDC recommendations. This is to protect the health of the travelers and all persons with which they may come in contact. The information below can be used by local health departments in managing how returned travelers are monitored.

Documents For Local Health Departments (LHDs)

| Document Title | Description | Date |
|---|--|----------|
| Instructions for Monitoring and Follow-up of Returned Travelers | This document provides information on how to assess and monitor returned travelers. Travelers are assigned to one of three risk groups with specific public health action and recommendations for each group. | 1/8/2015 |
| Returned Traveler Active Surveillance Form (PDF Version) | Used by LHDs to assess the risk of Ebola to a returned traveler from one of the Ebola affected countries. | 1/8/2015 |
| Symptom Log for Returned Travelers (PDF Version) | This log is used to keep track of the health of a returned traveler. The log is maintained for 21 days, the incubation period for Ebola. | 1/8/2015 |
| FAQ on Returned Travelers (PDF Version) | This document provides answers to questions about active monitoring and what to do in the event a returned traveler becomes ill during the 21 day observation period. | 1/8/2015 |
| Health Agreements | Local health departments can use these agreements to explain public health monitoring to returned travelers or persons who have been exposed to Ebola. The agreements explain the 21-day monitoring process, any precautions required, and what to do if you become ill. The agreements can be signed by the local health department and the returned traveler or exposed person. (Click on the respective risk category for the corresponding document for a returned traveler) | 1/8/2015 |

Low Risk Some Risk High Risk

<http://www.dhhr.wv.gov/oeps/disease/zoonosis/other/ebola/pages/traveler.aspx>

Monitoring Statistics – United States

U.S. Entry Screening Data: October 11, 2014 – May 5, 2015

| Country | Total Screened | Tertiary Screenings (%)* | Medical Evaluations (%) |
|--------------|----------------|--------------------------|-------------------------|
| Liberia | 7870 | 990 (13) | 12 (0.2) |
| Guinea | 3280 | 142 (4) | 5 (0.2) |
| Sierra Leone | 3831 | 583 (15) | 11 (0.3) |

*triggered by fever or other symptoms

Monitoring Statistics – United States

Travelers monitored in the U.S

- Low but not zero risk - Nearly 14,000
- Some or high risk - Over 350

*Travelers can be counted more than once if they went to more than one of the 3 countries. Also states can change the risk level, and that is not accounted for.

Monitoring Statistics – West Virginia

As of June 22, 2015

44 returned travelers

- Low but not zero risk – 42
- Some or high risk – 2

14 additional travelers in West Virginia but monitored by another jurisdiction

- CDC Ebola page
 - <http://www.cdc.gov/vhf/ebola/index.html>
- DIDE Ebola page
 - <http://www.dhhr.wv.gov/oeps/disease/Zoonosis/other/ebola/Pages/default.aspx>
- Information for Local Health
 - <http://www.dhhr.wv.gov/oeps/disease/zoonosis/other/pages/vhf.aspx>
- Returned Travelers
 - <http://www.dhhr.wv.gov/oeps/disease/zoonosis/other/ebola/pages/traveler.aspx>

**PLEASE FILL OUT THE
“RETURNED TRAVELER MONITORING
PROCESS” PRESENTATION EVALUATION.**

THANK YOU!

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Bureau for Public Health

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