

Ebola Virus Disease Risk Assessment and Monitoring

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Ebola Virus Disease (EVD) Care Kit

EBOLA CARE Kit Introduction

Whether you are returning home or just visiting, welcome to the United States! Since you are returning from a country with an Ebola outbreak, you may be worried and have questions. We want you to remain safe and healthy!

This **Check and Report Ebola (CARE) Kit** was created to help you get more at ease if you get sick and to protect the health of those who are close to you. This kit provides a way for you to seek for Ebola symptoms and to communicate with your health department each day for 21 days. A public health worker will contact you to help you.

Items in your CARE Kit include:

- 1** How to Check and Report Your Health for Ebola
- 2** Digital Thermometer
- 3** How to Use Your Thermometer to Check Your Temperature
- 4** Symptom Card and Log
- 5** CDC CARE Card
- 6** Phone Numbers of State and Local Health Departments

For more information on how to use the items in your CARE Kit, visit: www.state.gov/ehc/ebola/returninghome/care_kit.html

EBOLA How to Check and Report your Health for Ebola

Getting sick early is your best chance to get better, if you get sick!

This **Check and Report Ebola (CARE) Kit** was created to help you get care if you get sick and to protect the health of those who are close to you. This kit provides a way for you to seek for Ebola symptoms and to communicate with your health department each day for 21 days.

STEP 1: Do two (2) health checks every day. To do a health check, you must:

- take your temperature once (use the thermometer in your CARE Kit),
- look for any other Ebola symptoms, and
- write your temperature and any symptoms on your CARE Symptom Log.

STEP 2: A public health worker from a U.S. state or local health department will contact you to talk about Ebola and answer your questions. The public health worker will tell you who to call if you get sick with any Ebola symptoms. Use or give your log to help them know what they need you to do each day for 21 days to report your health checks. This may be:

- answering the telephone to take a call,
- calling a telephone number,
- meeting in person, or
- visiting a web site.

STEP 3: If your temperature is 100.4°F/38°C or above OR you have any other Ebola symptoms:

- Do what your public health worker told you to do if you get sick.
- If you are not able to speak with someone right away, call:
 - your state or local health department (use the list in your CARE Kit),
 - CDC (1-800-232-6289), or
 - 911. If it is a medical emergency and let them know you are in the CDC Ebola CARE Program.
- Do not go out in public until you talk to a public health worker.

If you do not get sick during the 21 days, your daily health checks will be complete and no longer needed. You will also know that you do not have Ebola.

EBOLA How to Use Your Thermometer to Check Your Temperature

This thermometer is for YOU ONLY. **DO NOT** take your temperature right after eating or drinking.

Please DO NOT SHARE it.

KEEP IT for yourself for the next 21 days.

- 1.** Turn the thermometer on by pressing the button near the screen.
- 2.** Hold the tip under your tongue for 60 seconds until it beeps.
- 3.** Read the temperature.
- 4.** Write your temperature on the Symptom Log you got in your CARE Kit.
- 5.** You can't clean the tip of your thermometer with soap and water.

If your temperature is 100.4°F/38°C or above OR you have any other Ebola symptoms:

- Do what your public health worker told you to do if you get sick.
- If you are not able to speak with someone right away, call:
 - your state or local health department (use the list in your CARE Kit),
 - CDC (1-800-232-6289), or
 - 911. If it is a medical emergency and let them know you are in the CDC Ebola CARE Program.
- Do not go out in public until you talk to a public health worker.

EBOLA CARE Kit Symptom Card and Log

Remember: Check symptoms and report early! Getting care early is your best chance to get better.

Track your symptoms on the following pages for 21 days.

FEVER
STOMACH PAIN
DIARRHEA OR RUNNING STOMACH
VOMITING
MUSCLE PAIN
BLEEDING: RED EYES
HEADACHE
BLEEDING: BLOODY NOSE
FEELING WEAK OR TIRED

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Daily Body Symptoms and Temperature Check Week #1

Date you arrived in United States: / /

Use this log for 21 days to record your symptoms and any temperature fevers on the Symptom Card. Do this each morning and night.

If you do not have any symptoms, write "none."

You will need to record what you record on the log to a public health worker each day for 21 days.

If your temperature is 100.4°F/38°C or above OR you have any other Ebola symptoms:

- Do what your public health worker told you to do if you get sick.
- If you are not able to speak with someone right away, call your state or local health department.
- Call the toll-free number 1-800-232-4636.
- Call 911 for a medical emergency and let them know you are in the CDC Ebola CARE Program.
- Do not sit out in public and only use a public restroom.

DAY	SYMPTOMS	TEMP	DAY	SYMPTOMS	TEMP
DAY 1			DAY 5		
DAY 2			DAY 6		
DAY 3			DAY 7		
DAY 4					

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Your CARE Card

Your 21 Day Health Check

You were given this card because you recently traveled from a country affected by Ebola.

- 1) Please keep this card available. A public health worker will call to discuss this information with you.
- 2) Each day for the next 21 days, please check:
 - Is your temperature **100.4°F or 38°C** or higher?
 - Do you have any of the symptoms listed on the CARE Kit Symptom Card?

If you develop a fever or other symptoms, please call your public health contact or State Health Department.

A list of State Health Departments is in your CARE Kit.

If you cannot reach your health department, please call CDC-INFO: **1-800-232-4636**

If you are having a medical emergency, call 911. Show this card right away if you seek medical care.

Healthcare Providers: Place this patient in a private room (isolated from others) and notify your health department.

Centers for Disease Control and Prevention

ADPH EVD Website

- <http://adph.org/ebolaresponse>, it will request your LCMS userID and password
 - ADPH Documents
 - Monitoring

Risk Assessment Assigned by CDC

- High
- Some
- Low (but not zero)
- No Identifiable

High Risk Exposure

- 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)

High Risk Exposure

- 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 transmission or cases in urban settings with uncertain control measures

High Risk Exposure

- Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic

Some Risk Exposure

- In countries with widespread transmission or cases in urban settings with uncertain control measures:
 - 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

Some Risk Exposure

- Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic
 - Close contact is defined as being for a prolonged period of time (more than 1 hour) while not wearing appropriate PPE within approximately 3 feet of a person with Ebola while the person was symptomatic

Low (But Not Zero) Risk Exposure

- Low (but not zero) Risk Exposure includes any of the following:
 - Having been in a country with widespread transmission or cases in urban settings with uncertain control measures within the past 21 days and having had no known exposures

Low (But Not Zero) Risk Exposure

- 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 (less than 1 hour), with a person with Ebola while the person was symptomatic

Low (But Not Zero) Risk Exposure

- In countries without widespread transmission or cases in urban settings with uncertain control measures: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic or with the person's body fluids
- Traveled on an aircraft with a person with Ebola while the person was symptomatic

No Identifiable Risk Exposure

- 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 transmission or cases in urban settings with uncertain control measures

No Identifiable Risk Exposure

- Having been in a country with Ebola cases, but without widespread transmission or cases in urban settings with uncertain control measures, and not having any other exposures as defined above

No Identifiable Risk Exposure

- Having remained on or in the immediate vicinity of an aircraft or ship during the entire time that the conveyance was present in a country with widespread transmission or cases in urban settings with uncertain control measures, and having had no direct contact with anyone from the community

No Identifiable Risk Exposure

- Monitoring by Public Health will not be conducted on individuals assessed with no identifiable risk

Monitoring by ADPH

- **High Risk monitoring includes:**
 - **Direct - Active Monitoring (DAM) performed by Local Disease Control (LDC) - Immunization Staff (IMM)**
 - **Contact Tracing performed by LDC - Sexually - Transmitted Disease (STD)**

Monitoring by ADPH

- **Some Risk monitoring includes:**
 - **DAM performed by LDC - IMM**
 - **Contact Tracing performed by LDC - STD**

Monitoring by ADPH

- **Low Risk monitoring includes:**
 - **Active Monitoring (AM) performed by Epidemiology Field Surveillance Staff (FSS) for PBM who did not treat an EVD patient or sit within 3 feet of an EVD patient on an aircraft**
 - **DAM performed by LDC - IMM who treated EVD patients while wearing PPE or sat within 3 ft of an EVD patient on an aircraft**

Active Monitoring

- **Active monitoring means that public health workers check at least once a day to see if the traveler has a fever or other Ebola symptoms**
 - **This check could happen over the phone or during an in - person visit**

<http://www.cdc.gov/vhf/ebola>(<http://www.cdc.gov/vhf/ebola/index.html>)

Active Monitoring

- **Public health workers also will tell the person what to do if he or she develops a fever or Ebola symptoms**
 - **Anyone with symptoms must get medical care right away**

<http://www.cdc.gov/vhf/ebola>(<http://www.cdc.gov/vhf/ebola/index.html>)

Active Monitoring Process

- **Epidemiology (EPI) Surveillance Branch Staff (SBS) will enter:**
 - **Demographics**
 - **Case information**
- **SBS will email the appropriate FSS with pertinent information and follow - up with a telephone call**

Active Monitoring Process

- FSS calls the individual to to:
 - Verify they received a monitoring CARE Kit
 - Inquire of plans to travel during their monitoring period
 - Inquire if they have pets, if so FSS will notify Dr. Dee Jones, State Public Health Veterinarian

Active Monitoring Process

- Inquire if individual is taking antipyretics
- Discuss symptoms to report to FSS
- Instruct to report to FSS a temperature of 100.4 or greater
- Instruct to take their temperature every morning and record on the CARE Kit Symptom Care and Log

Active Monitoring Process

- Provide FSS contact number for individual to call if elevated temperature or symptoms occur
- FSS will arrange a daily call time with the individual and instruct them to take their temperature no earlier than 30 minutes prior to the call time
- FSS enters information in ALNBS daily

Do you have household pets or livestock? Yes No

Do you have a plan to avoid contact with pet/livestock during the 21-day monitoring period? Yes No

Do you have a plan to relocate pet/livestock if symptomatic? Yes No

Name and location of preferred hospital should public health requests further evaluation:

Day	Time	Visit Date	Time	Method of contact attempted	Enter outcome of this contact attempt	Enter recorded temperature (if degree)	Enter testing status
1	AM	02/05/2015	10:30	in-person - contact	Contact successful - no EVD symptoms	96.0	Not reported
1	PM	02/05/2015	6:55	Phone	Contact successful - no EVD symptoms	96.7	Not reported
2	AM	02/06/2015	am	N/A, self-reported	Contact successful - no EVD symptoms	97.8	Not reported
3	PM	02/06/2015	7:00am	Phone	Contact successful - no EVD symptoms	98.8	Not reported
3	AM	02/07/2015	8:00am	Phone	Contact successful - no EVD symptoms	97.1	Not reported
7	AM	02/09/2015	9:40am	Phone	Contact successful - no EVD symptoms	97.4	Not reported
4	AM	02/09/2015	1:40am	N/A, self-reported	Contact successful - no EVD symptoms	95.9	Not reported
4	PM	02/09/2015	6:10am	Phone	Contact successful - no EVD symptoms	96.8	Not reported
4	AM	03/01/2015	9:00am	Phone	Contact successful - no EVD symptoms	97.0	Not reported
4	AM	03/01/2015	9:00am	Phone	Contact successful - no EVD symptoms	96.9	Not reported

Direct Active Monitoring

- DAM means that a public health worker will observe the traveler for fever and other Ebola symptoms every day for 21 days
- This direct observation must be an in-person visit

<http://www.cdc.gov/vhf/ebola>(<http://www.cdc.gov/vhf/ebola/index.html>)

Direct Active Monitoring (DAM) Process

- **SBS will enter:**
 - Demographics
 - Case information
- **IMM will assign a designated employee to conduct DAM based on location and availability**

Direct Active Monitoring (DAM) Process

- **SBS will email the employee and supervisor with pertinent information and follow - up with a call to the supervisor**

Direct Active Monitoring (DAM)

1. Call individual prior to visit and inquire if she/he has experienced any of these symptoms:
 - a. Stomach pain
 - b. Diarrhea or running stomach
 - c. Vomiting
 - d. Bleeding (red eyes or bloody nose)
 - e. Muscle pain
 - f. Headache
 - g. Feeling weak or tired
 - h. Fever (obtain AM temperature and time temperature was taken)
 - i. Inquire if they have taken any antipyretics such as aspirin, Tylenol, celebrex, etc.
2. Make face-to-face visit (follow process)
 - a. Remind individual to let you know if they plan to travel during their monitoring period
 - b. Provide your name and contact phone number (initial visit and if monitor changes)
3. Document information on the DAM log
4. Fax DAM log to 334-206-3734 or scan and e-mail log to cdfax@adph.state.al.us

Direct Active Monitoring (DAM) Process

- **ADPH employee will follow the DAM process for daily monitoring**
- **If you attempt to contact the individual and their emergency contact and receive no response within 2 hours of your last attempt, notify the EPI to notify Legal**

Direct Active Monitoring (DAM) Process

- **If the individual has a temperature of 100.4 or greater or signs and symptoms of Ebola, notify EPI immediately to notify State Epi**

Begin Contact Tracing

- **If the individual has a temperature of 100.4 or greater or signs and symptoms of Ebola notify the EPI immediately**
- **PBM will be assessed for EVD and State Epi will review the EVD Consultation Form**
- **IMM staff will collect list of contacts and send to EPI**

DIRECT ACTIVE MONITORING LOG

Traveler's Name _____

DAY	TIME UNIT	DATE	TIME	METHOD OF CONTACT	OUTCOME	TEMP	COMMENTS	INITIALS OF MONITOR
1	AM							
1	PM							
2	AM							
2	PM							
3	AM							
3	PM							
4	AM							
4	PM							
5	AM							
5	PM							
6	AM							
6	PM							
7	AM							
7	PM							
8	AM							
8	PM							
9	AM							
9	PM							
10	AM							
10	PM							
11	AM							
11	PM							
12	AM							
12	PM							

Example

DAY	TIME UNIT	DATE	TIME	METHOD OF CONTACT	OUTCOME	TEMP	COMMENTS	INITIALS OF MONITOR
1	AM	2/20/15	9:00	Phone	No S/S	97		SO
1	PM	2/20/15	3:15	Face-to-face	No S/S	97.9	Leaving for Texas 2/22. Jennifer notified out of state form sent to CD Fax	SO

Contact Tracing

- STD will notify LCD - STD staff to begin contact tracing
- STD will conduct contact tracing and interviews using the Contact Tracing Forms

Contact Tracing

- State Epi will assess each contact by risk exposure - High, Some, Low, or No Identifiable
- Based on risk exposure all contacts will be monitored as Active or Direct - Active for 21 days

List of Community Contacts* Since Date of Onset

(Use the following as guiding questions to supplement the initial list of contacts generated to those anyone else you may have interacted with at (Restaurant X)? Did you meet with any business partners/colleagues that you do not normally interact with? Did you interact with anyone at your child's school (teacher, classmates, or parents, etc.?)

No	First name	Last name	Sex	Relation to case	Last contact date	Street address	City	State	Phone	Description of interaction
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

*See page 8 for Guidance for Interviewer on Defining Contact.

Ebola Virus Disease Contact Tracing Form

List of Occupational Contacts* of a Confirmed Ebola Virus Disease Case (e.g. Health care Workers, Laboratory Workers, Funeral Home Staff)

No	First name	Last name	Sex	Occupation	Affiliation	Street address	City	State	Phone	Description of interaction
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

*See page 8 for Guidance for Interviewer on Defining Contact.

Ebola Virus Disease Contact Tracing Form

I. 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: _____ Contact: Who is providing information for this form? <input type="checkbox"/> Contact <input type="checkbox"/> Other, specify person (Last, First): _____ Relationship to contact: _____ Reason contactable to provide information: <input type="checkbox"/> Contact is a minor <input type="checkbox"/> Other _____ Contact primary language _____ Was this form administered via a translator? <input type="checkbox"/> Yes <input type="checkbox"/> No
II. Ebola Case Information (Case associated with Contact)
At the time of this report, is the patient? <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Unknown Date of illness onset of patient: MM / DD / YYYY Note: _____

Health Care Worker (HCW) Survey
VII. Healthcare Facility Information
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))? _____
VIII. HCW Exposure History <small>*Question assesses LOW exposure, †Question assesses HIGH exposure, ‡Question assesses casual contact (NOT KNOWN exposure)</small>
1) Did you have any contact with the Ebola patient while he/she was ill? () Yes () No () Unsure If yes, please describe and provide date of first and last contact: _____