Ebola Virus Disease Risk Assessment and Monitoring

Satellite Conference and Live Webcast Thursday, March 19, 2015 10:00 – 12:00 pm Central Time

Produced by the Alabama Department of Public Health Video Communications and Distance Learning Division

Faculty

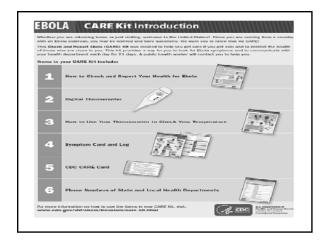
Kelly Stevens, MS Epidemiology Division Director

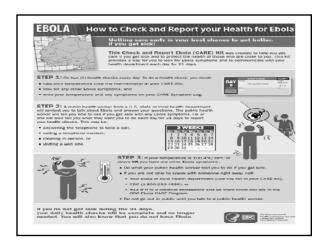
Cindy Lesinger, BS Immunization Division Director

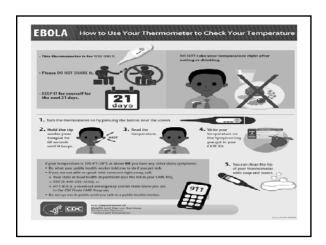
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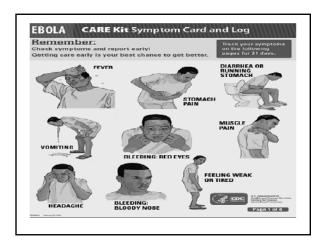
Alabama Department of Public Health

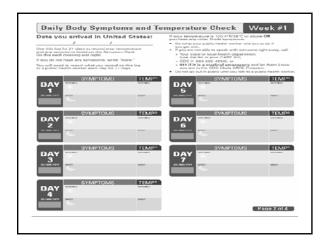
Ebola Virus Disease (EVD) Care Kit











Your 21 Day Health Check

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

- 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/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/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

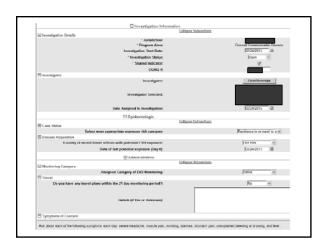
- FSS calls the individual to:
 - Verify they received a monitoring CARE Kit
 - Inquire of plans to travel during their monitoring period
 - Inquire if they have pets, if so FSS will notify Dr. Dee Jones, State Public Health Veterinarian

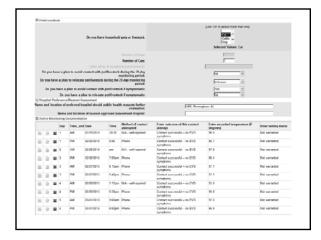
Active Monitoring Process

- 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





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/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. Callindividual 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, <u>celebrex</u>, 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. FaxDAM log to 334-206-3734 or scan and e-mail log to cdfax@adph.state.al.us

Direct Active Monitoring (DAM) Process

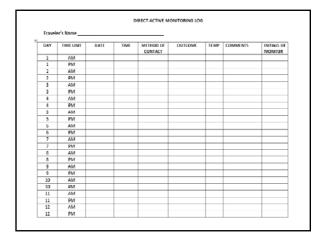
- ADPH employee will follow the DAM process for daily monitoring
- If you attempt to contact the individual and their emergency contact and receive no response within 2 hours of your last attempt, notify the EPI to notify Legal

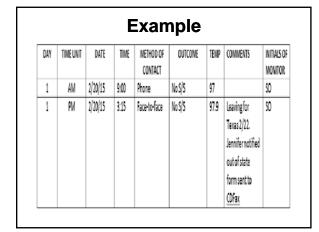
Direct Active Monitoring (DAM) Process

 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





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

