October 29, 2014

TO: California Local Health Officers
California Health Executives

FROM: Dr. Ron Chapman
Director & State Health Officer,
California Department of Public Health

RE: Guidance for the Evaluation and Management of Contacts to Ebola Virus Disease – Monitoring of Travelers


The California Department of Public Health (CDPH) concurs with CDC recommendations for monitoring travelers from Ebola-affected countries and is providing the attached additional recommendations on how to carry out quarantine of these individuals following their return. Combined, the CDC and CDPH recommendations are consistent with the Order of Quarantine I issued today. In addition, CDPH is providing a travel history data collection instrument to assist you in gathering standardized information from retuning travelers.

If you have any questions about the CDC or CDPH guidance documents, please contact me. Again, thank you for your continued good work and efforts in Ebola preparedness and response.

Sincerely,

Dr. Ron Chapman
Director & State Health Officer
Guidance for the Evaluation and Management of Contacts to Ebola Virus Disease

Part 1: Guidance for the Evaluation and Management of Travelers Returning from Countries with an Ebola Virus Disease Outbreak

October 28, 2014


Mode of Transmission
Ebola virus disease (Ebola) is spread through direct contact (through broken skin or mucous membranes in, for example, the eyes, nose, or mouth) with the following:
- Blood or body fluids (including but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with Ebola; and/or
- Objects (like needles and syringes) that have been contaminated with the virus.

For a more detailed review of human to human transmission of Ebola virus, please see this CDC document: http://www.cdc.gov/vhf/ebola/transmission/human-transmission.html

Incubation Period
From 2 - 21 days (average 8-10 days)

Infectious Period
Persons with Ebola are considered infectious from the day of onset of symptoms until clinically convalescent and no longer viremic based on a negative Ebola virus PCR blood test. Ebola virus has been detected in human semen for up to 3 months.

Returning Traveler definitions
A Returning Traveler is defined as:
- Any person who was present in the last 21 days in a country with an active Ebola outbreak.
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Traveler Screening
Travelers are screened at ports-of-entry by federal Customs and Border Protection (CBP) and CDC’s Division of Global Migration and Quarantine (DGMQ) for travel to a country or region with an active Ebola outbreak. CBP conducts a secondary screening of all returning travelers for fever with a no-touch thermometer. Travelers are queried on recent history of signs and symptoms of Ebola and possible risk exposures. Travelers are either released after secondary screening with a CARE kit (including digital thermometer and fever and symptom log) or referred to CDC for tertiary screening with medical staff.

CDPH receives daily line lists from DGMQ with contact information for all travelers who were screened and whose final destination is California. CDPH disseminates this information the same day to local health departments with jurisdiction over the traveler's final destination.

Returning Traveler Investigation Steps

1. Interview the Returning Traveler with the CDPH Ebola Virus Disease Travel History Form to assess whether the returning traveler definition has been met and assess if exposure may have occurred. If there is indication that an exposure may have occurred, assign a risk category based on CDC guidance [http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html](http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html)

2. If the traveler is at “high risk” or “some risk” of Ebola, issue a health officer order for quarantine that outlines specific isolation requirements based on an individual risk assessment.

3. Implement other public health action, including a system for daily monitoring, based on level of risk.

4. Report interview results and follow-up plan in CalREDIE under the condition “Returning Traveler”. If a traveler is determined to be in the “high risk” or “some risk” category, please alert CDPH staff at 510-427-3769.

5. Instruct the traveler to contact the local health department and remain isolated at home if any of the following develop:
   a. Single oral temperature of $\geq 100.4^\circ$, or,
   b. Other symptoms suggestive of Ebola such as severe headache, muscle pain, weakness, diarrhea, vomiting, abdominal pain, unexplained hemorrhage, or,
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c. Persistently elevated oral temperature between 99.6° F and 100.3° F across at least 8 hours.

(Note: fever reducers such as acetaminophen or ibuprofen may impact temperature)

6. Call CDPH (During business hours call the Ebola clinical consult line: 510 427-3769; after hours call the DCDC Duty Officer) to report a symptomatic traveler immediately. Depending on initial symptoms and risk level, a decision on movement to a healthcare facility and testing will be made in consultation with CDPH and CDC. If symptoms resolve a decision to resume twice daily monitoring may be recommended.

7. Update traveler temperature and symptom data daily in CalREDIE.

Returning Traveler Interviews
CDPH recommends that traveler interviews and daily symptom checks occurs via telephone, Skype, FaceTime, or other real time electronic means to minimize any potential exposure to local public health investigators. If a local public health department prefers to make home visits, it is recommended that staff call ahead to ensure that the contact is not symptomatic; additional training and access to PPE might be recommended.
## I. Interview Information

**Interviewer:**

*Interviewer Name (Last, First): ________________________________*

*State/Local Health Department: ________________________________*

*Business Address: ____________________________________________*

*City: ____________________  State: ________  Zip: __________  County: ____________________*

*Phone number: ____________________  Email address: ____________________*

**Date of interview: MM / DD / YYYY**

## II. Traveler Information

**Traveler:**

*Last Name: ________________________________  First Name: ________________________________  Apt. #: ____________________*

*Current Street Address: ____________________________________________  City: ____________________  County: _________________  State: _________  Zip: ________________*

*Phone number: ____________________  Email address: ____________________*

*Alternate phone number/email: ____________________________________________*

*Time at current residence: ___________

*Is this the permanent residence: □ Yes  □ No  If No, Please provide permanent address:*

*Street Address: ____________________________________________  City: ____________________  County: _________________  State: _________  Zip: ________________*

*Country: ____________________*

**Who is providing information for this contact?**

- □ Contact (Self)
- □ Other, specify person (Last, First): ________________________________

  *Relationship to contact: ____________________*

  *Reason contact unable to provide information: □ Contact is a minor  □ Other ________________*

*Contact primary language: ____________________ Was this form administered via a translator? □ Yes  □ No*
III. Traveler Demographics

Date of birth: MM / DD / YYYY  Age:

Sex:  □ Male  □ Female  If female, pregnant? □ Yes  □ No

What is your occupation? _________________
What is your occupation setting? _________________

Place of work and address:
_______________________________________________________________________________________
_______________________________________________________________________________________

Do you currently reside in a congregate setting? _________________

IV. Symptoms

Do you currently have any of the following symptoms (note date of onset):
□ No symptoms
 □ Fever ________°F
 □ Chills
 □ Weakness
 □ Fatigue
 □ Headache
 □ Muscle Aches
 □ Abdominal Pain
 □ Diarrhea ____times/day
 □ Vomiting
 □ Unexplained hemorrhage
 □ Other _________________

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V. Exposure History

Which countries outside the United States have you visited in the last 21 days?
__________________________________________________________________________________

Questions specific to travel in Ebola-affected countries (i.e., Guinea, Liberia, Sierra Leone):
What was the purpose of your travel to the region? __________________________________________
What activities did you undertake in the region? ____________________________________________

If travel was for Ebola-response related activities, what was your role? _________________________
Which agency or group did you work with in country? _______________________________________
Which areas of the affected countries did you visit (e.g., county, district, region names)?
___________________________________________________________________________________
What type of setting did you reside in when in the region (e.g., hotel, relative’s home, work lodging)?
___________________________________________________________________________________

1) Were you near anyone in the last 21 days while abroad who was sick with signs of fever, vomiting, diarrhea, OR unexplained bleeding?  □ Yes □ No

2) Were you in a medical facility, clinic, treatment unit, clinical laboratory, or Ebola diagnostic laboratory in the past 21 days while abroad, in any capacity (e.g., seeking care, providing care, accompanying a patient)? □ Yes □ No

3) Did you attend a funeral while abroad in the last 21 days and touch the deceased person or clean or bathe the body? □ Yes □ No

******* If the respondent answers YES to any of question 1, 2, or 3, please administer the appropriate CONTACT INVESTIGATION FORM to further assess exposures and risk.*******
If the respondent answers NO to questions 1, 2, and 3, the interviewer can use discretion in administering CONTACT INVESTIGATION FORM.

VI. Traveler Follow-up

Do you have a thermometer devoted for only your personal use? □ Yes □ No

If yes, what type? □ Oral □ Axillary □ Ear □ Non-touch, ear □ Non-touch, forehead □ Rectal

If no, please provide the traveler with a thermometer and instructions on its use.

Do you have travel planned outside of the county in the next three weeks? □ Yes □ No

If yes, where? __________________________________________________________

Do you have any medical or dental appointments or procedures scheduled in the next three weeks?
Ebola Virus Disease Travel History

SECTION III: SUMMARY

☐ POTENTIAL EXPOSURES BESIDES TRAVEL
☐ DID NOT TRAVEL TO AN AFFECTED COUNTRY OR REGION
☐ TRAVELED TO AN AFFECTED COUNTRY OR REGION

************************
DATE OF LAST DAY IN AFFECTED COUNTRY OR REGION ______________________

FOLLOW-UP ACTIONS

☐ Risk category and exposure history assessed through interview with Contact Investigation Form with ID#_________
☐ No follow-up is needed (ONLY for those who did not travel to an affected country or region)
☐ 21-day fever and symptom monitoring
   Last date of monitoring required: _____________________
   Monitoring to be conducted: □ In-person  □ By phone  □ By email  □ Other, specify:
   _________________________________
   Who at the local health department will be responsible for follow-up?
   Name: ___________________________ Phone Number: _______________ Email: ___________
☐ Will a translator be required? □ Yes  □ No
☐ Is the traveler comfortable with using the thermometer? □ Yes  □ No
☐ Is the traveler considered a flight risk or unlikely to follow public health recommendations? □ Yes  □ No
   If yes, please provide detail _______________________________________________________

NOTES:

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## VII. Contact Symptom Follow-Up Diary

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- [ ] Backache
- [ ] Diarrhea
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- [ ] Unexplained hemorrhage
- [ ] Other

- [ ] Unable to contact

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Ebola Virus Disease Travel History

21 days after last exposure

- No symptoms
- Fever _________ °F
- Chills
- Weakness
- Headache
- Muscle Aches
- Abdominal Pain
- Diarrhea _______ times/day
- Vomiting
- Unexplained hemorrhage
- Other ________________
- Unable to contact

NOTES: