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**Planning for and Management of Travelers from Ebola-Affected Countries
and U.S. Ebola Case Contacts for Local Health Departments**
Updated: January 4, 2016

(Changes to this updated guidance are highlighted in red.)

On December 29, 2015, WHO declared Guinea free of Ebola virus transmission after 42 days (two incubation periods) had passed since the last Ebola patient tested negative. The same day, CDC changed the country classification for Guinea to a country with “former widespread transmission and current, established control measures”. As a result, the CDC has modified the enhanced Ebola port-of-entry screening for travelers coming to the United States from Guinea.

Travelers entering the United States from Guinea will continue to enter through one of the designated U.S. airports conducting enhanced entry screening. However, CDC no longer recommends active monitoring for travelers arriving in the United States from Guinea.

The California Department of Public Health (CDPH) has revised the procedure for monitoring returning travelers, in accordance with the CDC recommendations, and no longer requires active monitoring of travelers from Guinea.

Effective January 4, 2016, CDPH recommends the monitoring of newly arriving travelers from Guinea be stopped. Monitoring of travelers from Guinea who are already in California can also be stopped unless the Local Health Department (LHD) decides to continue the full 21-day monitoring. CDPH will continue to notify LHDs of travelers from Guinea arriving in their jurisdictions during business hours for informational purposes.

CDPH highly recommends that healthcare and emergency medical service providers maintain awareness of travel-related infectious diseases and screen for travel history on all patients, especially those with fever, rash, and/or acute respiratory symptoms

This updated CDPH guidance provides LHDs with important elements of an Ebola preparedness plan, changes in notifications and monitoring of travelers from **Guinea**, and outlines the responsibilities of CDPH and the Emergency Medical Services Authority (EMSA) in assisting the LHDs.



CDPH recommends that local health departments (LHDs) maintain a plan and operational readiness for the management of travelers should there be an emerging or novel infectious disease outbreak or epidemic anywhere in the world as was developed during the response to Ebola in West Africa.

1. Monitoring and Assessment of Travelers from Guinea

Travelers from Guinea are considered to have extremely low risk of developing Ebola Virus Disease (EVD). CDC recommends that, as indicated by clinical judgement, no EVD specific precautions are needed and the traveler may be seen by a regular healthcare provider. As with any patient presenting with symptoms consistent with an infectious disease, health care providers should implement appropriate infection control procedures depending on the travel history and clinical presentation for travelers returning from Guinea.

At this time, travelers returning from Guinea will be routed through three major airports on the East Coast and provided with a modified Care and Report Ebola (CARELite) kit that advises to “watch your health” for possible symptoms of Ebola, including feeling feverish, diarrhea, vomiting, weakness, fatigue, stomach pain, muscle pain, or unexplained bleeding or bruising. Travelers returning from Guinea who develop these symptoms are advised by CDC to contact the state or LHD.

Effective January 4, 2016, CDPH is discontinuing the traveler monitoring program for travelers from Guinea with the following recommendations:

- LHDs may stop current monitoring of any travelers from Guinea. There is no need to continue monitoring through the 21-day period unless the LHD decides to continue the full monitoring of these travelers.
- CDPH will continue to receive the daily CDC Epi-X notifications of travelers from Guinea and will provide this information to LHDs during business hours (holidays and weekends excluded). Notices that are received after hours will be forwarded the next business day.
- The CDPH Returning Traveler Epidemiologist will no longer track or notify of any entity of travelers who move between LHDs and states.
- The state contact number cited the modified CARE sheet (Governor’s Office of Emergency Services (OES) Warning Center (916-845-8911) and for Los Angeles County (213-989-7140) will be maintained.
 - Any traveler from Guinea that calls this number to report symptoms will be routed to the CDPH Duty Officer.

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- The CDPH Duty Officer will contact the LHD. If the CDPH Duty Officer is unable to contact the LHD, the CDPH Ebola Clinical Consultant will be contacted.
- CDPH will maintain the Returning Traveler Epidemiologist Team and the Ebola Clinical Consultant until further notice. These resources are available to LHDs for consultation as needed.
 - The Returning Traveler Epidemiologist can be reached during business hours at (916) 437-8166.
 - The Clinical Consultant can be reached by calling the DCDC Duty Officer.
 - Healthcare providers should be instructed to contact the LHD.

No LHD active or direct active monitoring of Guinea travelers is expected as per CDC and CDPH guidance. However, the LHD may choose to follow up with the traveler. CDC recommendations for monitoring can be found at <http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>.

Should the LHD receive a call from a healthcare provider about a traveler from Guinea, the LHD will provide guidance per the routine infectious disease reporting and follow up protocols.

- If there is any concern for Ebola Virus Disease, the LHD should call the DCDC Duty Officer immediately.
- LHD will evaluate and notify the Ebola Clinical Consultant, if further consultation is necessary.

CDPH and CDC will not provide notifications when travelers from Guinea move between LHDs and states.

- Should a traveler plan to travel from one local public health jurisdiction to another within California, the originating LHD may notify the LHD where the traveler will travel into, providing appropriate information as deemed necessary by the originating and receiving LHD.
- Healthcare and Emergency Medical Services (EMS) Providers.
CDC and CDPH recommend that healthcare and EMS providers should:
 - Conduct thorough histories that include:
 - Health status;
 - Travel; and
 - Exposures.
 - Assess travel history for any possible infectious disease exposures (e.g., MERS-CoV, malaria) and not focused only on Ebola-affected countries.
 - Use clinical judgement to evaluate patients based on those histories and their symptoms.

- Investigate other potential causes of patient's symptoms.
- When travel and exposure history indicates that person is not a person under investigation (PUI), healthcare and EMS Providers should implement standard, contact, and droplet infection control precautions, as appropriate.
 - i. Follow standard protocols for patient care (e.g., medical equipment and procedures, infection control, and laboratory testing).
- When travel and exposure history indicates the person may be a PUI, the healthcare provider will **ISOLATE** the traveler and immediately notify the LHD. CDC guidance for the conditions of isolation can be found at <http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>.
- Healthcare providers should continue to report suspect cases of any potential high-risk infectious disease to the LHD.

2. LHD and CDPH Consultation on Symptomatic Cases

Local health department Ebola plans should include procedures for consultation with CDPH on travelers returning from countries where there has been Ebola transmission that develop Ebola-like symptoms. The purpose of this consultation is to notify CDPH of the existence of symptoms in a returning traveler and to consider whether transport to an Ebola treatment hospital is needed.

- **Call the DCDC Duty Officer to consult** with the CDPH 24/7 Ebola Clinical Consultant immediately of any persons that develop Ebola-consistent symptoms.
 - **Healthcare providers should be instructed to contact the LHD.**
- Confer with CDPH to determine appropriate destination hospital depending on level of risk and clinical/epidemiologic features.

3. Destination and Transportation Management of a **Patient Who May Require Special Isolation**

- Contact CDPH to identify a hospital to which a symptomatic traveler or contact can be referred for evaluation and/or treatment.
 - The identified hospitals may vary, depending on:
 - i. The capability and capacity of the hospital to manage **patients with a suspected/possible high risk infectious disease;**
 - ii. The risk level of the individual and the specific symptoms that develop;
 - iii. The health system to which the individual belongs. Some health systems (e.g., Kaiser Permanente) have identified hospitals within the system that will manage **patients who require special isolation.**
- When transporting a suspected/confirmed **high risk patients** to a hospital, consideration should be given to admit the individual **directly** to the appropriate inpatient room and bypass the emergency department.

- Collaborate with the local EMS agency (LEMSA) in predetermining modes of transport to identified hospitals.
 - It is essential to collaborate with the LEMSAs to pre-identify Infectious Disease Ambulance Response Team (IDART) and/or ambulance crews and first responders that can appropriately **and safely transport patients**.
 - This includes transportation of person from the scene to an evaluation hospital, or from a local facility to **a hospital with a specialized isolation facility**.
 - LHDs and LEMSAs may use the emergency medical services (EMS) guidelines that will include other specifics related to transferring patients, in compliance with CCR Title 8 requirements.
- Notify the appropriate jurisdictional partners if a decision is made to transport the person being monitored or a suspected/confirmed Ebola case.
 - The LHD will contact the **the DCDC Duty Officer**.
 - The LHD will contact the LEMSAs to arrange appropriate transportation (e.g. IDART) of the individual to the determined facility.
 - The jurisdiction should notify/activate the Medical and Health Operational Area Coordinator (MHOAC), in keeping with the Standardized Emergency Management System (SEMS), Emergency Function 8 procedures and the Public Health and Medical Emergency Operations Manual (EOM).
 - The MHOAC may notify the Regional Disaster Medical and Health Specialist (RDMHS) and other necessary jurisdictional partners of the pending transfer, if needed.
 - The RDMHS may assist in coordination and notification of the medical and public health individuals and entities that can assist with/facilitate the transport of the individual across jurisdictions in the region to the identified facility.

4. CDPH and EMSA Collaboration with LHD for a Patient Who May Require Special Isolation

CDPH and EMSA will collaborate with LHDs, LEMSAs, and other response partners to support a statewide strategy for management of **who may require special isolation** in accordance with SEMS and the EOM.

- **LHDs may contact the Ebola Clinical Consultant 24/7 through the DCDC Duty Officer for LHD consultation, notification, and reporting of suspected/confirmed high risk cases and contacts. Healthcare providers should contact the LHD for information or for reporting Ebola-suspected cases or other infectious diseases.**
 - The LHD with a returning traveler who needs evaluation will first contact CDPH.

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- CDPH will contact the LHD where the most appropriate assessment/treatment hospital is located. This LHD will act as the initial point of contact to the identified assessment/treatment hospital for a possible transfer to the facility.
- Once the receiving hospital has been determined, the LHD and LEMSA will communicate with the receiving hospital, including physician to physician communication and case reporting.
- CDPH will notify EMSA of the symptomatic individual and transportation needs early in the decision-making process. EMSA will notify the RDMHS in accordance with the EOM.
- CDPH will maintain suggested catchment areas for **identified hospitals with special isolation facilities**. The catchment areas are only a guide for destination; the identified facility within the catchment area may change due to circumstances within the identified facility.
- CDPH will maintain point of contact information for the **identified hospitals**. Should other hospitals within the local health jurisdiction or region be identified as possible referral hospitals, the LHD will maintain the point of contact information and provide to CDPH on an as needed basis.
- CDPH will monitor numbers of transports to **identified hospitals** and hospital capacity and capability to receive patients.
- CDPH and EMSA will assist in coordinating communications and media messages regarding locations of and patient transfer to any **identified hospitals**, as needed.