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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: November 9, 2015

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

Update: The Centers for Disease Control and Prevention (CDC), as of November 10, 2015, has modified its enhanced Ebola entry screening and monitoring program for travelers returning from Sierra Leone. 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 Sierra Leone. Recommendations for active monitoring of returning travelers from Guinea are unchanged.

Effective November 10, 2015, CDPH recommends the active monitoring of travelers from Sierra Leone be stopped. CDPH will continue to notify LHDs of travelers from Sierra Leone arriving in their jurisdictions; however, active monitoring of the traveler is not required. Current active or direct monitoring of travelers from Sierra Leone can be stopped effective November 10, 2015 at 12:00 AM PST.

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

CDPH recommends that local health departments (LHDs) implement a plan for the management of travelers from Ebola-affected countries and U.S. Ebola case contacts. The plan, developed in collaboration with the local Emergency Medical Services (EMS) Agency, hospitals, emergency management partners, and CDPH should include assessment and monitoring of individuals and protocols for the management and delivery of care for persons who develop fever or symptoms of Ebola during the 21-day monitoring period.

1. Monitoring and Assessment of Travelers from Sierra Leone

The letter from CDC recommended that travelers returning from Sierra Leone “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 Sierra Leone who develop these symptoms are advised by CDC to contact the state or local health department.

Important Note: Travelers from Sierra Leone are considered to have extremely low risk of developing Ebola Virus Disease (EVD); however CDC states there is no zero risk. 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, health care providers should implement appropriate infection control procedures depending on the travel history and clinical presentation of travelers returning from Sierra Leone.

The California protocol for Sierra Leone travelers will be implemented as follows:

- CDPH will continue to receive daily CDC Epi-X notifications of travelers returning from Sierra Leone.
 - The CDPH Returning Traveler Epidemiologist (RTE) will email the Epi-X notifications of travelers from Sierra Leone to the appropriate LHD.
 - No LHD active or direct active monitoring of Sierra Leone travelers is expected as per prior CDC and CDPH guidance. However, the LHD may choose to follow up with the traveler.
 - Should the LHD receive a call from a healthcare provider about a traveler from Sierra Leone, the LHD will provide guidance per the routine infectious disease reporting and follow up protocols.
- Travelers from Sierra Leone will watch their health for possible symptoms of illness, including feeling feverish, diarrhea, vomiting, weakness, fatigue, stomach pain, muscle pain, or unexplained bleeding, per instructions provided in the CDC modified “Check and Report Ebola” (CARELite) kit. The CARELite kit will be provided to the Sierra Leone traveler at one of the five East Coast screening airports.

The CARELite kit:

- Has information about how to “watch your health” for 21 days after leaving Sierra Leone;
- Instructs the traveler to call their state or local health department should any symptoms of Ebola appear. The CARELite kit provides phone numbers for all State Health Departments. For California, the CARELite kit contains the phone numbers for the Governor’s Office of Emergency Services (OES) Warning Center (916-845-8911) and for Los Angeles

- County (213-989-7140) as the first point of contact if any symptoms develop.
 - Contains a digital thermometer with instructions on use;
 - Contains a cut-out card that the traveler may show if they seek medical care with instructions to inform the provider of the recent arrival from a country that previously had an Ebola outbreak. The provider is instructed to conduct a travel, Ebola exposure, and health history and implement standard, contact, and droplet precautions as appropriate.
- Travelers from Sierra Leone will have a modified screening at one of the five East Coast screening airports. That assessment includes a temperature and questions of travel history. The modified CARELite kit provided to travelers from Sierra Leone does not contain a cell phone.
 - Travelers who call the Governor's Office of Emergency Services Warning Center will be triaged to the CDPH Duty Officer.
 - CDPH Duty Officer will contact the local health department (LHD).
 - LHD will evaluate and notify Ebola Clinical Consultant, if further consultation is necessary.
 - If unable to reach LHD, the CDPH Ebola Clinical Consultant can be contacted:
 - During business hours, the CDPH Duty Officer will contact the CDPH Communicable Disease Emergency Response Program.
 - After business hours, the DCDC Duty Officer will be paged.
 - Notifications of Sierra Leone travelers moving from state-to-state and from California local health jurisdictions to another California local health jurisdiction.
 - Per CDC recommendations, no state-to-state notification of Sierra Leone travelers is necessary.
 - Should a traveler plan to travel from one local public health jurisdiction to another within California, the originating LHD will notify the LHD where the traveler will travel into, providing appropriate information as deemed necessary by the originating and receiving LHD.
 - The CDPH RTE will not participate in the LHD to LHD or state-to-state notifications of travelers from Sierra Leone.
 - 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 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).
 - ii. If the patient reports travel from **Sierra Leone** and no travel into Guinea in the past 21 days – no Ebola-specific precautions are required.
- When travel and exposure history indicates that person may be a PUI, the healthcare provider will **ISOLATE** the traveler and immediately notify the LHD.
- Healthcare providers should continue to report suspect cases of any potential high-risk infectious disease to the LHD.

2. Monitoring and Assessment of Travelers from **the country of Guinea, which still has Ebola Transmission**

LHDs should:

- Maintain a system to ensure 24/7 telephone access by which the travelers from Guinea and possible case contacts can reach the LHD. This access may require the LHD to provide the traveler/case contact with a phone.
- Conduct an initial assessment of an individual to determine risk level (high, some, low, none).
 - Build a relationship to foster communication and trust.
- Define the conditions of monitoring (direct active, active, none) in keeping with the CDC guidance and recommendations that can be found at <http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>.
 - The CDC recommends direct active, face-to-face daily monitoring of individuals with “some risk” and “high risk” assessments.
 - Determine methods of direct active daily monitoring—this may be in person or an electronic system with video functionality (e.g., FaceTime, Skype).
- Define the conditions of isolation in keeping with the CDC guidance and recommendations that can be found at <http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>
- Issue a local health officer order specifying the conditions of monitoring and isolation, if indicated.

- A local health officer order should be issued for all persons subject to the state quarantine order (persons in the CDC “high risk” and “some risk” categories).
- A local health officer order may be considered for persons in the CDC “low risk” category at the direction of the LHD.
- Provide written instructions to the individual to notify the LHD immediately if fever or other symptoms of Ebola develop that should include:
 - Specific triggers for contacting the LHD, including
 - Elevated temperature.
 - A temperature greater than 99.6°F/37.5°C should trigger more frequent follow up of the individual by the LHD to monitor temperature trends.
 - Persistent elevated temperature over 24 hours should trigger a medical evaluation.
 - A temperature of 100.4°F/38°C may require medical evaluation.
 - Any symptoms of Ebola, including vomiting, diarrhea, abdominal pain, severe headache, weakness, muscle pain, or unexplained bleeding.
 - Isolation where currently located (preferably at home).
 - Instructions for transport to care if directed by the LHD.
 - Transport mode should not be on public conveyance.
 - Response by the 9-1-1 system should be avoided except in life-threatening situations.
- Determine steps to address noncompliance of travelers in isolation and/or quarantine.

3. LHD and CDPH Notifications on Travelers “Lost” to Monitoring

On occasion, a traveler from an Ebola-affected country cannot be contacted to initiate or continue active or direct active monitoring. These travelers are considered “lost” to monitoring. CDPH is required to submit a report to CDC with information on noncompliant travelers or “lost” travelers for every day there is a failure to make contact (greater than 48 hours) until contact is made with the traveler and the issue resolved.

CDPH asks that LHDs contact the CDPH Returning Traveler Epidemiologist (RTE) at 916-437-8166 immediately if contact has not been made with a traveler for 48 hours or longer. The CDPH RTE will offer assistance in locating the lost traveler and will notify the CDC. Once the traveler is located, the LHD will notify the CDPH RTE and the RTE will notify the CDC and update the traveler’s status.

4. LHD and CDPH Consultation on Symptomatic Cases

Local health department Ebola plans should include procedures for consultation with CDPH on travelers returning from countries with 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 CDPH Duty Officer at 916-328-3605 to consult with the CDPH 24/7 Ebola Clinical Consultant immediately of any persons under active or direct active monitoring that develop Ebola-consistent symptoms.
- Confer with CDPH to determine appropriate destination hospital depending on level of risk and clinical/epidemiologic features.

5. Destination and Transportation Management of Monitored Persons from **Guinea**

- 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 suspected/possible Ebola patients;
 - 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 suspected and/or confirmed Ebola patients.
- When transporting a suspected/confirmed Ebola case 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 suspected and confirmed Ebola patients.
 - This includes transportation of person from the scene to an evaluation hospital, or from a local facility to an identified Ebola treatment hospital.
 - 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. When finalized the

documents will be available at www.emsa.ca.gov and at www.cdph.ca.gov.

- 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 CDPH Ebola Clinical Consultant through the CDPH Duty Officer at 916-328-3605.
 - The LHD will contact the LEMSA 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.

EMS Transport for Symptomatic Returning Travelers from **Guinea**

6. CDPH and EMSA Responsibilities

CDPH and EMSA will collaborate with LHDs, LEMSAs, and other response partners to support a statewide strategy for management of travelers from Ebola-affected countries and U.S. Ebola case contacts in accordance with SEMS and the EOM.

- CDPH will maintain 24/7 telephone point of contact, the Ebola Clinical Consultant through the CDPH Duty Officer at (916-328-3605) for LHD consultation, notification, and reporting of suspected/confirmed Ebola cases and contacts.
 - The LHD with a returning traveler who needs evaluation will first contact CDPH.
 - 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 Ebola 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 develop and maintain suggested catchment areas for the UC-identified Ebola treatment hospitals. 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 Ebola assessment and treatment 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 Ebola treatment 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 Ebola treatment hospitals, as needed.