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

Revised January 7, 2015


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.
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)

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 Duty Officer at (916) 328-3605.

5. Instruct the traveler to remain isolated at home if they have temperature of 99.6 or greater, and to contact the local health department if any of the following develop:
   a. Persistently elevated temperature (99.6 or greater) for a period of 24 hours, or,
   b. Single oral temperature of ≥100.4°, or,
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c. Other symptoms suggestive of Ebola such as severe headache, muscle
   pain, weakness, diarrhea, vomiting, abdominal pain, unexplained
   hemorrhage.

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

6. Call CDPH Duty Officer at (916) 328-3605 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.