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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 7, 2015**

The California Department of Public Health (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, and emergency management partners, and CDPH should include assessment and active direct 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.

This guidance provides local health departments (LHDs) with important elements of a plan and outlines the responsibilities of CDPH and the Emergency Medical Services Authority (EMSA) in assisting the LHDs.

**1. Assessment and Monitoring**

- Maintain a system to ensure 24/7 telephone access by which the travelers and 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 24hours should trigger a medical evaluation.
      - A temperature of 100.4°F/38°C should trigger immediate 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.

## **2. LHD and CDPH Consultation on Symptomatic Cases**

Local health department Ebola plans should include procedures for consultation with CDPH on Ebola cases 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.

- Communicate with CDPH on the need for medical evaluation and transport of suspected/confirmed cases.
  - Consult with the CDPH 24/7 Clinical Consultant at 916-328-3605 immediately of any persons being monitored that develop Ebola-consistent symptoms.
  - Confer with CDPH to determine appropriate destination hospital depending on level of risk and clinical/epidemiologic features.

### 3. Destination and Transportation Management of Monitored Persons

- Identify hospital(s) to which symptomatic persons and contacts 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.
  - Options for medical evaluation and care should include both of the following:
    - i. A hospital in the local health jurisdiction or the region that can evaluate individuals that do not need immediate referral to an Ebola treatment hospital.
    - ii. An identified Ebola treatment hospital (e.g., University of California facilities).
  - 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,.
  - The LHD will maintain 24/7 contact information for local or regional referral hospitals other than the identified UC treatment hospitals.
- Collaborate with the local EMS agency (LEMSA) in predetermining modes of transport to identified hospitals.
  - It is essential to collaborate with the LEMSA 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](http://www.emsa.ca.gov) and at [www.cdph.ca.gov](http://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 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.

### **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 phone access point of contact for LHD consultation, notification, and reporting of suspected/confirmed Ebola cases and contacts
  - CDPH will act as the initial point of contact to the identified University of California (UC) Ebola treatment hospitals for a possible transfer to the facility. If the decision is made to transport the patient to a non-UC hospital, the LHD will make the hospital contact. CDPH will not act as the point of contact for non-UC Ebola treatment hospitals.

California Department of Public Health  
Planning for and Management of Travelers from Ebola-Affected Countries and U.S.  
Ebola Case Contacts for Local Health Departments  
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- Once the receiving hospital has been determined, the transferring hospital 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 UC Ebola 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.