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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: June 16, 2015 (FINAL)

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, 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.

Changes to this updated guidance are highlighted in red.

Background and Update: On May 9, 2015, WHO declared the end of the Ebola outbreak in Liberia and on May 13, 2015, the CDC changed the Ebola classification for Liberia to a “country with former widespread transmission and current, established control measures”. As an added precaution, WHO also recommended an additional 90-day enhanced surveillance period to assure Liberia remains free of Ebola transmission.

On June 12, 2015, the Centers for Disease Control and Prevention (CDC) released a letter modifying its enhanced Ebola entry screening and monitoring program for travelers returning from Liberia.

This updated CDPH guidance provides local health departments (LHDs) with important elements of an Ebola plan, **changes in notifications and monitoring of Liberian Travelers**, and outlines the responsibilities of CDPH and the Emergency Medical Services Authority (EMSA) in assisting the LHDs.

1. Monitoring and Assessment of Travelers from Liberia

In the June 12, 2015 letter from CDC about the end of the Ebola outbreak in Liberia, the CDC recommends that travelers returning from Liberia “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 Liberia who develop these symptoms are advised by CDC to contact the state or local health department.

Important Note: Travelers from Liberia are considered to have extremely low risk of developing EVD; however CDC states there is not 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 Liberia.

The CDC will implement the modifications and protocols for the Liberian traveler effective June 17, 2015 at 12:01 AM EST (9:00 PM PST on June 16, 2015). Any Liberian traveler currently under active or direct active monitoring by LHDs can be terminated on June 17, 2015 at 12:01 AM EST (9:00 PM PST on June 16, 2015).

The California protocol for Liberian travelers will be implemented as follows:

- CDPH will continue to receive daily Division of Global Migration and Quarantine (DGMQ) notifications of travelers returning from Liberia.
 - The CDPH Returning Traveler Epidemiologist (RTE) will email the DGMQ notifications of travelers from Liberia to the appropriate LHD.
 - No LHD active or direct active monitoring of Liberian travelers is expected as per prior CDC and CDPH guidance. However, the LHD may choose to follow up with the traveler if the Department so chooses.
 - Should the LHD receive a call from a healthcare provider about a traveler from Liberia, the LHD will provide guidance per the routine infectious disease reporting and follow up protocols.

- Travelers from Liberia 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 Liberian traveler at one of the five East Coast screening airports. The CARELite kit will:
 - Have information about how to “watch your health” for 21 days after leaving Liberia;
 - Instruct 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.
 - Contain 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.

- Liberian travelers will have a modified screening at the 5 East Coast screening airports That assessment includes a temperature and questions of travel history. The modified CARELite kit provided to Liberian travelers does not contain a cell phone or a thermometer.
- Travelers who call the OES Warning center will be triaged to the CDPH Duty Officer and then to the CDPH Ebola Clinical Consultant.
 - **The Ebola Clinical Consultant** will act as a triage point and gather information from the calling traveler, including travel history, symptoms, and contact information. The Ebola Clinical Consultant, if the traveler is not assessed to have Ebola and not be considered a person under investigation (PUI) will:
 - i. Instruct the calling traveler to stay by the phone and wait for a call from the LHD with instructions for care;
 - ii. Call the 24/7 points of contact at the LHD to advise of the Liberian traveler calling to report symptoms. Timely reporting of the symptomatic Liberian traveler to the LHD is essential; and
 - iii. Send a follow up email to the LHD of the Liberian traveler's call and notification of the LHD.
 - If the Ebola Clinical Consultant assesses the situation and determines that the patient should be considered a PUI,
 - i. The calling traveler will be instructed to stay at home and the LHD will be calling for instructions;
 - ii. The LHD will be immediately notified of the Ebola Clinical Consultant's assessment and consult with the LHD. Should the LHD concur that the traveler should be managed as a PUI, CDPH and the LHD will implement the procedure of consultation as outlined in Section Three below; and
 - iii. The LHD will contact the Liberian traveler and advise the patient on care and transport to an Assessment Hospital.
 - **The LHD** will receive the information about the symptomatic Liberian traveler from the Ebola Clinical Consultant and will:
 - i. Contact the Liberian traveler to assess the condition and need for referral to a healthcare provider;
 - ii. Refer the symptomatic Liberian traveler to a healthcare provider as needed and deemed appropriate in the clinical judgement of the LHD.
 - a. Should the LHD determine that the Liberian traveler should be evaluated for Ebola as a person under investigation (PUI), the LHD will not refer the traveler to a healthcare provider but will implement the procedure to consult with CDPH as outlined in Section Three below;

- iii. Contact the receiving healthcare provider to notify of the symptomatic traveler arrival if the LHD refers the traveler to care, and to provide information to the healthcare provider about infection control and care recommendations; and
 - iv. Travelers who call the LHD directly will be assessed by the LHD and refer the traveler to care if deemed necessary and appropriate by the LHD; and Contact the receiving healthcare provider to notify of the symptomatic traveler arrival if the LHD refers the traveler to care and provide information to the healthcare provider about infection control and care recommendations.
- Notifications of Liberian 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 Liberian travelers is necessary.
 - Should a Liberian 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 notifications of Liberian travelers nor in state-to-state travelers.
- Healthcare and Emergency Medical Services (EMS) Providers.
CDC and CDPH recommend that healthcare and EMS providers:
 - Should conduct thorough histories that include:
 - i. Health status;
 - ii. Travel; and
 - iii. Exposures.
 - Should assess travel history for any possible infectious disease exposures (e.g., MERS-CoV, malaria) and not focused only on Ebola-affected countries.
 - Should 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 Liberia and no travel into Guinea and Sierra Leone 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. Assessment and Monitoring (Please note changes to monitoring of travelers from Liberia in Section 1 above)

- Maintain a system to ensure 24/7 telephone access by which the travelers from Ebola-affected countries 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 99.6⁰F/37.5⁰C 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.

3. 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.

4. Destination and Transportation Management of Monitored Persons from Ebola-affected countries, not including Liberia

- 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.
 - i. Identified Ebola **assessment**/treatment hospitals include certain, University of California facilities and **Kaiser Permanente Medical Centers**).

- 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 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 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 Sierra Leone or Guinea

5. 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.