

**Risk assessment, education, and monitoring of asymptomatic travelers
returning to your local jurisdiction from Ebola outbreak-affected areas
October 17, 2022**



As of October 11, 2022, the U.S. Centers for Disease Control and Prevention (CDC) began screening of travelers to the United States who have returned from Ebola outbreak-affected areas (currently limited to parts of Uganda, Africa). The CDC and Department of Homeland Security started funneling air passengers into 5 airports: Atlanta (ATL), Chicago (ORD), Newark (EWR), New York (JFK) and Washington DC (IAD).

Any California resident or visitor identified by the CDC as having traveled to Uganda within the past 21 days will be referred to CDPH for follow up. The CDPH Infectious Diseases Branch (IDB) will forward the names and contact information of these travelers to their respective local health departments (LHDs) for follow up, including 1) conducting an initial risk assessment, 2) providing health education, and 3) providing post-arrival management recommendations for asymptomatic travelers (see [CDC's Guidance on Risk Assessment and Management of Persons with Potential Ebola Virus Exposure](#)). These notifications will be forwarded to involved LHDs Monday - Saturday every week (no notifications will go out on Sunday). Please contact the travelers residing in your jurisdiction, fill out the spreadsheet, and send back to CDPH within 48 hours of receipt.

Initial Risk Assessment

Please contact identified travelers returning to your jurisdiction to determine whether they:

- Were present in an [Ebola outbreak area](#);
- Had any potential exposure to Ebola virus or persons with Ebola virus disease (EVD) including high-risk exposures (see below);
- and used personal protective equipment and other recommended infection control measures during any potential exposure.

High-risk Exposures

A person can only spread Ebola to other people after they develop signs and symptoms of EVD. Ebola virus spreads through direct contact (and is not considered airborne). Therefore, high risk exposures are exposure to Ebola virus or a person with EVD, as a caregiver, healthcare provider, laboratory worker, or burial worker. Specific exposures include:

- Percutaneous (i.e., piercing the skin), mucous membrane (e.g., eye, nose, or mouth), or skin contact with blood or body fluids of a person with known or suspected EVD.
- Providing healthcare to a patient with known or suspected EVD without use of recommended personal protective equipment (PPE).
- Experiencing a breach in hospital or associated facility (e.g., laboratory) infection control precautions that results in the potential for percutaneous, mucous membrane, or skin contact with the blood or body fluids of a patient with EVD.
- Direct contact with, or the occurrence of a breach in infection control precautions while

handling, the dead body of a person 1) in an Ebola outbreak area, 2) who died of EVD or an illness compatible with EVD, or 3) who died of unknown cause after any potential exposure to Ebola virus.

- Direct physical contact with (e.g., shaking hands or touching) a person who has known or suspected EVD.
- Living in the same household as a person with symptomatic known or suspected EVD.

Health Education

Please provide health education to ensure travelers know:

- How to monitor themselves for [signs and symptoms](#) of EVD
- To self-isolate immediately if symptoms develop
- How to notify local public health officials should symptoms develop

Post-arrival Management Recommendations for Asymptomatic Travelers

Please see [Table 1](#) for a summary of actions based on risk categorization. LHDs may utilize the CalREDIE “Ebola Contact Tracking” Incident to assist in tracking.

If you identify a returned traveler with a high-risk exposure, please let CDPH know **within 24 hours** by contacting CDPH IDB during business hours (Monday – Friday, 8a-5p PST) at (510) 620-3434 or the CDPH Duty Officer during the weekend at (916) 328-3605.

Individuals with high-risk exposure(s) to Ebola virus (as stated above) should remain in quarantine and not travel until 21 days after their last high-risk exposure. If a returned traveler with high-risk exposure(s) develops a fever and/or other symptoms, they should self-isolate immediately and notify local public health officials. Please let CDPH **know immediately** if you identify a returned traveler who has developed symptoms suggestive of EVD. These patients will be managed in coordination with CDPH and CDC.

Individuals may be classified as [persons under investigation \(PUI\)](#) if they have signs and symptoms of EVD and an epidemiological risk factor (e.g., high-risk exposure, travel to an Ebola outbreak area, etc.). Presence in an outbreak country but not outbreak area would not alone be considered an epidemiological risk factor, however further investigation should be performed to determine risk factors that may not have been identified in the initial risk assessment (e.g., contact with symptomatic travelers who returned from an Ebola outbreak area).

Table 1. Post-arrival Management Recommendations for Asymptomatic Travelers by Exposure Category

Intervention	High-risk	Present in Outbreak Area	Present in Outbreak Country but not Outbreak Area
Initial Risk Assessment	Yes	Yes	Yes
Health education	Yes	Yes	Yes
Symptom monitoring	Daily	At least twice weekly until 21 days after departure from Uganda	At least weekly until 21 days after departure from Uganda
Movement restrictions	Quarantine	None	None
Travel	Not permitted	Advance notification to health department and coordination with destination health department	Advance notification to health department and coordination with destination health department