

December 15, 2014



# Wisconsin Ebola Guidance Overview

The Wisconsin Department of Health Services (DHS) follows the current CDC guidance on Ebola. Below is a listing of Centers for Disease Control and Prevention (CDC) and Wisconsin-specific DHS guidance and resources.

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Cover photo courtesy of the National Institute of Allergy and Infectious Diseases, National Institutes of Health, US Department of Health and Human Services.

#### Welcome

This is the Wisconsin Local Health Department Ebola Preparedness Overview Guidance which includes many quick references for Ebola preparedness topics, flow charts for suspect cases and links to guidance documents.

The purpose of this document is to assist Local Public Health Agencies (LPHAs) by providing a central location to access Ebola-related resources to promote safe and efficient responses to potential cases.

For each component of the preparedness activities the appropriate guidance documents are listed within text or with bullet points. Redundancy is intended to minimize guesswork in locating the most appropriate documents for the specific task.

#### Local Public Health Agencies play a vital role in Ebola Response.

LPHAs are at the forefront of early detection of, and response to, situations that may involve persons at risk for Ebola virus disease. Some of the many responsibilities of LPHAs during the response to Ebola virus and associated disease may include:

- Screening returned travelers for clinical signs and symptoms and risk factors
- Monitoring returned travelers who are classified into one of the risk categories
- Collaborating with Emergency Medical Services (EMS) services to develop local transportation plans
- Collaborating with other response partners to develop response and communication plans for Fbola
- Conducting contact tracing in the community in the event of a suspect case
- Assessing the residence of a confirmed patient to determine the need for decontamination
- Writing legal orders

The responsibilities of the Wisconsin Department of Health Services during an Ebola response include:

- Prompt sharing of information with partners
- Developing guidance to assist partners in their readiness efforts
- Providing recommendations regarding movement restrictions for travelers who sustained a risky exposure
- Consulting with LPHAs on any returned travelers to their jurisdictions
- Approving Ebola testing
- Coordinating transfer of confirmed patient(s) to designated Category I Ebola care hospitals
- Identifying decontamination contractors
- Identifying Department of Transportation (DOT) approved waste haulers

Together, LPHAs, DHS, and healthcare providers, can protect the health of Wisconsin residents by preparing to respond to suspected Ebola cases.

Any questions about this document should be addressed to: DHSResponse@wi.gov.

Thank you for all of your hard work.

### **Wisconsin Contact Information**

Below is a table of the Wisconsin phone numbers available for requesting information or reporting a suspected Ebola case.

In addition, the <u>Communicable Disease Ebola Website</u> and the Department of Health Services' <u>Partner Webcasts</u> can provide answers and updates on many Ebola topics.

Number	Description	Who answers the call/question
1-844-684-1064	General public information Ebola help line	211 operators using FAQs and scripts provided by DHS
608-258-0099	24/7 emergency on-call number, for health professionals with suspect patient ( <b>not</b> for the general public)	One assigned on-call communicable disease staff
608-267-9003	Office hours (M-F 7:45 a.m. – 4:30 p.m.) line for health professionals with suspect patient	Communicable disease staff
608-266-1683	DHS Media Number	DHS Secretary's Office communications staff
1-844-WI-EBOLA	For travelers returning from Ebola- affected countries only	Routed to the 608-258-0099 emergency on-call number
DHSResponse@wi.gov	Email box for questions to DHS, should be used by health partners, not the general public	DHS triages to subject matter experts

#### **Overview**

#### **General Information**

Wisconsin DHS is hosting regularly scheduled webcasts for partners to provide information regarding important Ebola preparedness topics, in addition to providing online resources. Archived and upcoming webcasts can be accessed at the link below.

- Wisconsin Webcasts <a href="https://www.dhs.wisconsin.gov/disease/ebola-virus-disease-partner-webcasts.htm">https://www.dhs.wisconsin.gov/disease/ebola-virus-disease-partner-webcasts.htm</a>
- DHS Ebola Website <a href="https://www.dhs.wisconsin.gov/disease/ebola-virus-disease.htm">https://www.dhs.wisconsin.gov/disease/ebola-virus-disease.htm</a>
- CDC National Calls <a href="http://www.phe.gov/Preparedness/responders/ebola/Pages/ebola-calls.aspx">http://www.phe.gov/Preparedness/responders/ebola/Pages/ebola-calls.aspx</a>
- CDC Ebola 101 http://www.cdc.gov/vhf/ebola/hcp/index.html
- CDC Pets and Ebola <a href="http://www.cdc.gov/vhf/ebola/transmission/qas-pets.html">http://www.cdc.gov/vhf/ebola/transmission/qas-pets.html</a>

#### **Preparedness**

Local public health agencies (LPHAs) serve key roles in preparing to coordinate an Ebola response for their communities. Not only do LPHAs do the initial screening and monitoring of returning travelers, they also work with their community partners to plan and drill how a response could unfold locally. Clear communication regarding expectations and roles, determined in advance, is necessary for the successful execution of a response in an actual event.

DHS expects all hospitals and providers to prepare to identify, isolate, report, and safely manage patients suspected of having Ebola until after consultation with DPH and EMS transport is arranged or an Ebola diagnosis is confirmed by laboratory testing. The CDC has provided an algorithm and checklists to help providers prepare for these tasks.

- CDC Algorithm for Emergency Departments Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Who Present with Possible Ebola Virus Disease <a href="http://www.cdc.gov/vhf/ebola/hcp/ed-management-patients-possible-ebola.html">http://www.cdc.gov/vhf/ebola/hcp/ed-management-patients-possible-ebola.html</a>
- CDC Patient care checklist for patients under investigation for Ebola virus disease <a href="http://www.cdc.gov/vhf/ebola/hcp/caring-for-ebola-suspects.html">http://www.cdc.gov/vhf/ebola/hcp/caring-for-ebola-suspects.html</a>
- CDC EMS Ebola Preparedness Checklist <a href="http://www.cdc.gov/vhf/ebola/pdf/ems-checklist-ebola-preparedness.pdf">http://www.cdc.gov/vhf/ebola/pdf/ems-checklist-ebola-preparedness.pdf</a>

#### **Screening**

As of December 9, 2014, all travelers from Ebola-affected West African countries enter the United States at one of five international airports (New York John F. Kennedy; New Jersey Newark Liberty; Washington Dulles; Hartsfield-Jackson Atlanta; and Chicago O'Hare) where enhanced health screening is being conducted by the CDC's Division of Global Migration and Quarantine. Travelers are asked their final destination(s) during the screening. The CDC then sends the passenger's name, address and phone number to the state health department of residence or destination, along with the statement that the passenger passed the screening (i.e., is not currently ill), has been instructed to self-monitor and has

been provided a <u>CDC Ebola Care Kit</u>. When DHS receives such a notification from CDC, staff will notify the LPHA serving the area where the traveler resides or will be staying and ask them to contact the traveler and follow-up as per the Wisconsin protocol (for more information, see Appendix A: *Ebola Traveler Notification: What to Expect*).

By conducting their own screening using the <u>Questionnaire for People with Recent Travel to West Africa</u>, the LPHA will confirm that the asymptomatic individual traveled within one of the affected countries. If so, he/she should be monitored for fever and other Ebola symptoms for 21 days after his/her last day in the affected country. The traveler should also notify the LPHA if they plan to travel out of the jurisdiction during this observation period or if they have pre-scheduled medical/dental appointments. If the traveler reveals any potential exposures to Ebola, the LPHA should notify DPH immediately. (If travel did not occur in one of the Ebola-affected countries or if travel occurred more than 21 days ago, no monitoring is needed.)

For additional information, please see the links below:

- CDC Ebola Care Kit http://www.cdc.gov/media/DPK/2014/Ebola-Care-Kit.html
- DHS Ebola Questionnaire for People with Recent Travel to West Africa http://www.dhs.wisconsin.gov/forms/F0/F01340.docx
- CDC Patient Evaluation Checklist <a href="http://www.cdc.gov/vhf/ebola/pdf/checklist-patients-evaluated-us-evd.pdf">http://www.cdc.gov/vhf/ebola/pdf/checklist-patients-evaluated-us-evd.pdf</a>
- DHS Guidance for LPHA Staff Regarding Direct Active Post-Arrival Monitoring (see Appendix C: Direct Active Monitoring Guidance)

#### **Monitoring**

Based on the answers to the screening questions, LPHAs will determine the <u>risk level</u> for the traveler. This risk level will determine how the traveler will be monitored. Individuals who are determined to be at high risk or some risk in consultation with DHS will receive *direct active monitoring*. Direct active monitoring requires daily, personal observation of the traveler by LPHAstaff while the traveler takes his/her temperature and reports on any symptoms. More information regarding this process is contained in the <u>DHS Guidance Regarding Direct Active Post-Arrival Monitoring</u>. Movement restrictions may be recommended for persons at high or some risk.

Most travelers will be classified into the low risk category and will need only *active monitoring*. Active monitoring requires the LPHA to check in with the traveler by phone daily to get the results of his/her self-monitoring. Detailed information on active monitoring can be found in CDC's <u>Interim Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure</u>.

Monitored individuals must be instructed that if they become symptomatic, they should contact their LPHA **immediately** for assistance (including arrangement of EMS transport, if necessary). They should be instructed **not** to present to a hospital or clinic without first contacting their LPHA.

For additional information, please see the links below:

 DHS Guidance for LPHA Staff Regarding Direct Active Post-Arrival Monitoring – (see <u>Appendix C: Direct Active Monitoring Guidance</u>)  CDC Interim Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html

#### **Transport of Patients**

If an LPHA suspects a person to have Ebola, the agency should immediately call the DPH emergency oncall number at 608-258-0099 (this number is for emergency calls from health professionals only). DPH will then assist in risk assessment, approval of Ebola testing based on patient evaluation, and coordination of patient transfer to appropriate care facility, .

For the purposes of Ebola response, DHS has outlined three categories of Emergency Medical Services (EMS). In brief:

- Category One services are pre-identified services, known to DHS, that will coordinate with the DPH to transport *laboratory-confirmed* Ebola patients.
- Category Two services are those services able and equipped to transport patients *suspected* of having Ebola.
- Category Three services are those services that will screen for potential Ebola patients. If they identify a suspect case or cases, they will notify a Category Two service to respond.

More information on the responsibilities of EMS during the Ebola response can be found in the DHS Emergency Medical Services guidance.

- CDC Ambulatory Care Patient Evaluation <a href="http://www.cdc.gov/vhf/ebola/pdf/ambulatory-care-evaluation-of-patients-with-possible-ebola.pdf">http://www.cdc.gov/vhf/ebola/pdf/ambulatory-care-evaluation-of-patients-with-possible-ebola.pdf</a> (11/5/2014)
- DHS Guidance and Roles of Emergency Medical Services (12/9/14)

#### **Hospital Categories**

Hospitals have also been divided into three categories for the purposes of Ebola Response. In brief:

- Category One hospitals or "designated hospitals" are pre-identified facilities that are prepared to
  care for a laboratory-confirmed Ebola patient. There are three healthcare systems in Wisconsin
  serving in this capacity: UW Health (University of Wisconsin Hospital and the American Family
  Children's Hospital, Madison); Froedtert & the Medical College of Wisconsin (Froedtert Hospital,
  Milwaukee); and Children's Hospital of Wisconsin, Milwaukee.
- Category Two hospitals are those facilities that can care for a potential Ebola patient for the first 72-96 hours while confirmatory testing occurs or transportation is arranged. Key healthcare protocols that must be addressed by Category Two hospitals while preparing for these activities include:
  - o safe transportation
  - o isolation
  - o evaluation
  - o treatment
  - laboratory testing
  - o properly packaging a possible Category A agent for transport

- o infection control
- o healthcare worker protection
- o environmental services
- o waste disposal
- Category Three hospitals must be able screen, identify, isolate, and report a patient with risk factors
  and symptoms of Ebola, but are unable to care for suspect or confirmed Ebola patients. These
  facilities (usually smaller hospitals and clinics) should have a transfer plan in place with a Category
  Two facility and EMS in the event that they identify a suspect patient. This plan should be drilled.

More information on the hospital categories can be found on the Hospital Categorization one-page brief <a href="https://www.dhs.wisconsin.gov/disease/Hospital-Categorization.pdf">https://www.dhs.wisconsin.gov/disease/Hospital-Categorization.pdf</a>. (12/10/14)

#### **Personal Protective Equipment**

The CDC Ebola infection control guidelines apply to all healthcare settings. These include the use of personal protective equipment (PPE), environmental cleaning and disinfection and ability to isolate a patient (until transported). Patients should be evaluated to determine whether transportation by private means (patient's vehicle) is safe or whether transport by EMS should be arranged. All healthcare partners involved in transporting and receiving a potential Ebola patient should be notified **prior** to transport so responders may prepare and use the appropriate PPE.

DHS is aware of nationwide PPE shortages. CDC is working on this with manufacturers, and DHS is also working on solutions through our Strategic National Stockpile. In the event of a confirmed Ebola case, DHS has limited stockpiles of PPE that could be used until larger quantities can be secured.

For additional information, please see the links below:

- CDC Infection Control Guidelines <a href="http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html">http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html</a>
- CDC PPE Procedures http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html
- CDC PPE Training http://www.cdc.gov/vhf/ebola/hcp/ppe-training/index.html
- Medscape PPE Demonstration <a href="http://www.medscape.com/viewarticle/833907">http://www.medscape.com/viewarticle/833907</a>

#### **Collection and Testing of Specimens**

Inquiries about a suspect case should be directed to DPH at 608-267-9003 (M-F, 7:45 AM – 4:30 PM) or after-hours at 608-258-0099. After consultation and approval from DPH, specimens from suspect patients will be sent directly to the Wisconsin State Laboratory of Hygiene (WSLH). Healthcare facilities will collect 2 whole blood specimens in 4 mL **PLASTIC** EDTA tubes (specimens in glass tubes will **not** be tested). DPH will arrange transport of properly packaged specimens to the WSLH in Madison. The WSLH will test one specimen and send the other to CDC for further testing, if necessary. The WSLH has shared detailed information with hospital and other clinical laboratories regarding specimen collection and shipment. Please remember DPH and CDC must approve all Ebola testing. WSLH will report test results to DPH, the submitting laboratory, and CDC.

Each Category Two hospital should have staff trained in packaging suspected Category A infectious substances along with the packaging materials required for such specimens. Refer to the November 24, 2014 DHS memo (WSLH is Now Approved to Test for Ebola Virus) regarding details on submission of

specimens, including the required forms, and transport of specimens to WSLH by the Wisconsin State Patrol.

For additional information, please see the links below:

- CDC Safe Specimen Management <a href="http://www.cdc.gov/vhf/ebola/hcp/safe-specimen-management.html">http://www.cdc.gov/vhf/ebola/hcp/safe-specimen-management.html</a>
- CDC Specimen Collection, Testing, and Submission <a href="http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html">http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html</a>
- CDC Specimen Submission Guidance <a href="http://www.cdc.gov/ncezid/dhcpp/vspb/specimens.html">http://www.cdc.gov/ncezid/dhcpp/vspb/specimens.html</a>

#### **Decontamination**

In healthcare settings, household bleach (0.5% sodium hypochlorite) should be used at a concentration of 1:10 (1 part bleach to 9 parts water). An EPA-registered hospital disinfectant that is effective against non-enveloped viruses (e.g., norovirus, poliovirus) can also be used. Disinfectant wipes that meet the above criteria are also acceptable.

In the event that a confirmed Ebola patient is identified in Wisconsin, decontamination of residences, offices, schools, jail cells or similar non-healthcare locations where the patient had been present may be required. DHS can assist assessing the need for decontamination and in identifying contractors who can properlyconduct this type of decontamination. Consult the DHS guidance on the <a href="Handling">Handling</a>, Decontamination, Transport, and Disposal of Non-Health Care Setting Ebola-Contaminated Waste.

- CDC Disinfectant List http://www.epa.gov/oppad001/list g norovirus.pdf
- CDC Infection Control Guidance <a href="http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html">http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html</a>
- DHS guidance on the Handling, Decontamination, Transport, and Disposal of Non-Health Care Setting Ebola-Contaminated Waste <a href="https://www.dhs.wisconsin.gov/disease/decon-waste-handling.pdf">https://www.dhs.wisconsin.gov/disease/decon-waste-handling.pdf</a>
- CDC Interim Guidance for Residence Decontamination http://www.cdc.gov/vhf/ebola/hcp/residental-decontamination.html
- DNR Infectious Waste http://dnr.wi.gov/topic/HealthWaste/Infectious.html
- DNR Regional Wastewater Specialists http://dnr.wi.gov/topic/wastewater/PermitsStaff.html

#### Waste

CDC and DHS agree that it is safe to dispose of Ebola patient waste in the sanitary sewer system. As an added precaution, DHS is also recommending pre-treatment of waste in the toilet bowl for at least five minutes with one cup of undiluted bleach prior to flushing. Hospitals and their wastewater treatment facilities should discuss the issue of Ebola patient waste disposal and decide whether pre-treatment of waste with bleach will be required locally. Wastewater treatment facilities in Wisconsin are regulated by the Department of Natural Resources (DNR). If a hospital in your county is having difficulty discussing the issue of Ebola patient waste disposal with their waste treatment facility, they should engage their <a href="DNR Regional Wastewater Specialist/Engineer">DNR Regional Wastewater Specialist/Engineer</a> to assist in facilitating this discussion.

DNR regulates medical waste disposal in Wisconsin and has identified an incinerator in Illinois that will accept Ebola patient waste. <u>Stericycle©</u> is currently the only U.S. Department of Transportation (DOT) approved service to pick up Ebola solid waste.

Information relevant to managing waste from a non-healthcare setting can be found in the DHS guidance on the <u>Handling</u>, <u>Decontamination</u>, <u>Transport</u>, <u>and Disposal of Non-Health Care Setting Ebola-Contaminated Waste</u>.

For additional information, please see the links below:

- DHS Ebola Patient Waste Guidance <a href="https://www.dhs.wisconsin.gov/disease/dhs-interim-guidance-safe-disposal.pdf">https://www.dhs.wisconsin.gov/disease/dhs-interim-guidance-safe-disposal.pdf</a>
- DNR Infectious Waste http://dnr.wi.gov/topic/HealthWaste/Infectious.html
- DNR Regional Wastewater Specialists http://dnr.wi.gov/topic/wastewater/PermitsStaff.html
- Interim Guidance for Managers and Workers Handling Untreated Sewage from Individuals with Ebola in the United States http://www.cdc.gov/vhf/ebola/prevention/handling-sewage.html
- U.S. DOT Pharmaceuticals Transportation <a href="http://phmsa.dot.gov/hazmat/phmsa-provides-guidance-for-transporting-ebola-contaminated-items">http://phmsa.dot.gov/hazmat/phmsa-provides-guidance-for-transporting-ebola-contaminated-items</a>
- DHS guidance on the Handling, Decontamination, Transport, and Disposal of Non-Health Care Setting Ebola-Contaminated Waste - <a href="https://www.dhs.wisconsin.gov/disease/decon-waste-handling.pdf">https://www.dhs.wisconsin.gov/disease/decon-waste-handling.pdf</a>

#### **Human Remains**

Wisconsin does not have state-specific guidance. Please refer to CDC guidance.

• CDC Safe Handling of Human Remains Guidance - <a href="http://www.cdc.gov/vhf/ebola/hcp/guidance-safe-handling-human-remains-ebola-patients-us-hospitals-mortuaries.html">http://www.cdc.gov/vhf/ebola/hcp/guidance-safe-handling-human-remains-ebola-patients-us-hospitals-mortuaries.html</a>

### **Appendices**

### **Appendix A: Ebola Traveler Notification -- What to Expect**

How does Wisconsin find out about travelers that might be at risk for Ebola?

Screening is conducted at five designated international airports (New York John F. Kennedy; New Jersey Newark Liberty; Washington Dulles; Hartsfield-Jackson Atlanta; and Chicago O'Hare) by CDC's Division of Global Migration and Quarantine (DGMQ). As part of the Ebola Response, DGMQ is tasked with tracking passengers who have some level of Ebola risk. To do this, DGMQ has developed a document that contains screening information from each traveler.

How does the relevant information get to Wisconsin?

Passengers on board flights originating from West African counties are questioned by the DGMQ for Ebola risk factors at the five major airports receiving these travelers. The information collected is promptly and securely sent to WDHS via Epi-X email. All WDHS on-call epidemiologists receive and watch for these DGMQ notices. An example of the format of the information can be found in Appendix B.

How will local public health be notified?

If a traveler's final destination is within your local public health jurisdiction, a WDHS epidemiologist will call your agency (likely the LPHA Health Officer) and provide the information contained within the notification from DGMQ.

DGMQ notifications received during evening hours during the work week will generally be called to the LPHA the next morning unless the traveler reports high risk exposure. Notifications received during weekends will be forwarded to the LPHA using the <a href="Emergency Call Rank list">Emergency Call Rank list</a> on the PCA Portal.

What actions do I take when I receive a notification?

As a Local Public Health Agency receiving this information, you will be asked:

- If you have the latest CDC and WI guidance for 'traveler monitoring'
- To establish initial contact with the traveler via phone
- To re-screen the traveler to assess risk (errors have been found in the initial DGMQ screening)
- Describe active monitoring requirements and develop a daily monitoring plan with the traveler
- Enter traveler into WEDSS (contact investigation for 'Hemorrhagic Fever, Ebola')
- Update traveler information in WEDSS contact investigation

#### Should I share DGMQ information with my local partners?

Because asymptomatic travelers do not pose a public health threat, DHS recommends protecting their privacy by not sharing information, including traveler counts, locally. (DHS provides a statewide count of travelers to all partners weekly, but does not include information on location.) Unless a traveler returning to your area has had high-risk exposures, DHS believes it is not necessary to share the notification information with EMS, 911, or local hospitals.

If a traveler has had a *high-risk* exposure, the LPHA may decide that EMS, 911, and the Category Two hospital to which that traveler would likely be referred should all be notified that a (unnamed) high risk individual is within their jurisdiction. Again, every effort should be taken to protect the privacy of the traveler.

#### What does the CDC provide to these travelers?

These travelers will also receive an <u>Ebola Care Kit</u> at the initial screening that will prepare them for active monitoring. Included in this kit is information on Ebola and monitoring, a digital thermometer with instructions, and a 30-day cell phone. The number to this phone will be included in the traveler notification information sent by CDC DGMQ to DHS. Other telephone information is also provided in the notification, but you may determine the preferred means of contact with the traveler.

## Appendix B: Example Traveler Notification

Tappenum B. Baumpae Traveler Houseatten	T
DGMQ ID	#####
CARE ID	[#######]
CARE Cell Number	
Arrival Date and Time	11/23/2014 12:54
Arrival City	Chicago
Last Name	#####
First Name	#####
Date of Birth	#####
Gender	F
Passport Country	
Passport Number	
Language Spoken	ENGLISH
Permanent Street Address	
Permanent City	
Permanent State or Country	
Postal Code	
Temporary Street Address 1	
Temporary City 1	
Temporary State 1	
Temporary Postal Code 1	
Temporary Street Address 2	
Temporary City 2	
Temporary State 2	
Temporary Postal Code 2	
Phone Number 1	
Phone Number 2	
Email 1	
Email 2	
Emergency Contact Name	
Emergency Contact Telephone Number	
Emergency Contact Email	
Countries Visited with Widespread Ebola Transmission in Past 21 Days	Mali
Departure Date	11/23/2014
DHS Observed Vomiting, Diarrhea or Bleeding	No
Temperature taken by DHS	97.5F
Fever/Chills in the past 48 hours	No
Vomiting/Diarrhea in the past 48 hours	No
Lived in Same Household or Had Other Contact with a Person Sick with Ebola in Past 21 Days	No
Worked in Health Care Facility or Laboratory in Country with Widespread Ebola Transmission in Past 21 Days	No
Touched Body of Someone who Died in Country with Widespread Ebola Transmission in Past 21 Days	No
DHS Traveler Health Declaration Outcome: Released	Yes
DHS Traveler Health Declaration Outcome: Referred to CDC for Add'l Assessment	No
Disposition of Travelers Referred for CDC Assessment: Released to Continue Travel	N/A
Disposition of Travelers Referred for CDC Assessment: Coordinated Disposition with State Health Dept.	N/A
Disposition of Travelers Referred for CDC Assessment: Referred for Additional Medical Evaluation	N/A
Disposition of Travelers Referred for CDC Assessment: Other	N/A
Final Disposition of Traveler's Medical Evaluation (If applicable)	N/A
Timal Disposition of Traveler's Medical Evaluation (II applicable)	14/7

## **Appendix C: DHS Direct Active Monitoring Guidance**

1 WEST WILSON STREET P O BOX 2659



Scott Walker Governor

Kitty Rhoades Secretary MADISON WI 53701-2659

608-266-1251 FAX: 608-267-2832

dhs.wisconsin.gov

#### Department of Health Services

TO: Directors, Local Health Departments, Tribal Health Agencies

FROM: James Kazmierczak, DVM, MS, State Public Health Veterinarian, Bureau of Communicable

Diseases, Division of Public Health

RE: Guidance for Local Health Department Staff Regarding Direct Active Post-Arrrival Monitoring

(i.e., in-person monitoring) of Travelers from West Africa

DATE: November 14, 2014

The DPH webcast on 10/28 (available at

http://www.dhs.wisconsin.gov/communicable/diseasepages/docs/webcast102814-kazmierczak.pdf) addressed the new CDC guidance about the monitoring of persons who recently traveled to countries in West Africa where Ebola Virus Disease (EVD) is occurring. The purpose of this memo is to provide LHDs with more detailed advice on the direct active monitoring process recently announced by CDC. **This memo supersedes the last DPH guidance on the topic of monitoring dated 10/27/14.** 

To summarize the changes, now that every air traveler from Ebola-affected countries is being screened upon entry in the U.S.:

- 1) DPH will learn about virtually all travelers of interest via the airport screenings and will immediately contact the LHD in which the person will reside.
- 2) Note that Nigeria is no longer considered a country in which Ebola is circulating.
- 3) The monitoring of travelers' health status is now required to be done on a DAILY basis by the local health department. This includes weekends and holidays.
- 4) The traveler should be instructed to notify their LHD if they have plans to travel during their observation period. If travel is planned, please contact the Communicable Disease Epidemiology Section at 608/267-9003 to discuss the advisability of permitting travel and making contact with the jurisdiction to which the person is traveling.
- 5) Health departments are now charged with attempting to locate travelers who fail to check in daily to ensure monitoring continues.
- 6) Because of these changes in guidance, note that the form on page 4 of this memo has changed. Please discard the prior sets of guidance dated 8/19/14, 9/4/14, and 10/27/14 and use this current version.
- 7) The biggest change is a new directive from CDC requiring that persons who have had risky exposures have daily direct active monitoring by the LHD. Direct active monitoring requires that a public health official directly observes the individual at least once a day to review symptoms and check temperature. This direct observation will require in-person visits to the person being monitored, similar to the directly observed therapy performed for TB patients. If mutually agreeable, eyes-on check-ins via electronic means (e.g., Skype, Facetime) are acceptable. Although in-person contact is required once daily, the person under observation should check and record their temperature twice daily, morning and evening.

#### **Specific Guidelines for Direct Active Monitoring**

The DPH has received multiple questions asking for clarification about how this direct active monitoring should be conducted. Following are our recommendations.

- Contact the person by phone. Administer the questionnaire found at <a href="http://www.dhs.wisconsin.gov/forms/F0/F01340.docx">http://www.dhs.wisconsin.gov/forms/F0/F01340.docx</a>. Note that direct active monitoring only needs to be performed if the traveler has a history of a high risk exposure. Persons without risky exposures should be monitored daily by phone.
- 2) If a high risk exposure has occurred, notify DPH.
- 3) Inform the individual about the required direct active monitoring, and re-confirm exposure information (e.g., travel dates and locations, exposures). You can use the form below or the Ebola Risk tab in WEDSS contact investigation module. Answer any questions the individual might have.
- 4) Ensure that the person has a working thermometer for twice-a-day temperature monitoring. If he/she arrived through one of the five designated airport screening sites, the individual should have received an Ebola CARE kit, which contains an FDA-approved digital thermometer.
- 5) Determine a mutually convenient time for the LHD staff to stop by each day (including weekends and holidays). The daily active monitoring visit will be very brief (~5 minutes) and will include an assessment of temperature and signs/symptoms associated with Ebola. Inform the person that LHD staff will call him/her prior to visiting each day to ensure that he/she is asymptomatic and at home. The LHD will also call the person to obtain the second temperature reading of the day.
- 6) Ensure the person has your contact information (daytime and after-hours emergency contact phone number for your LHD) and instruct him/her to call that number immediately if fever or any symptoms develop.
- 7) After the initial interview, written guidance should be mailed to the individual describing the required process of direct active monitoring. This template (currently in development) will be provided to the LHD by DPH).
- 8) Shortly <u>prior to each visit</u>, call the individual to ensure that he/she is asymptomatic and at home, and inform that LHD staff will be making a visit. If the person reports that they are ill, <u>do not</u> proceed with the subsequent home visit. Go to point 14 below.
- 9) If the person is not ill, continue with plans for the home visit. The LHD staffer should keep the home visit brief (~5 minutes). Since you will have already confirmed that the individual is asymptomatic, he/she will not be contagious, even if infected. Nevertheless, you should avoid any direct contact with the person such as shaking hands or hugging. No PPE is necessary when visiting asymptomatic patients.
- 10) During the visit, ask the individual to check his/her temperature in your presence and to show you the reading. Ask the individual about other signs and symptoms, even vague subjective symptoms like fatigue, weakness, and myalgia. Leave a copy of the 21-Day Monitoring Period Chart found at <a href="http://www.dhs.wisconsin.gov/forms/F0/F01418.pdf">http://www.dhs.wisconsin.gov/forms/F0/F01418.pdf</a> with the individual to keep track of daily temperature readings and symptoms.

- 11) Call the person daily for his/her second temperature reading and check for any signs and symptoms.
- 12) LHD staff can use the Ebola Monitoring tab in WEDSS Contact Investigations for "Hemorrhagic Fever, Ebola" to document twice daily temperature readings and clinical signs and symptoms. Alternatively, the 21-Day Monitoring Period Chart may be used and scanned into the WEDSS Contact Investigation's filing cabinet at the end of the monitoring period.
- 13) Throughout the course of the person's daily monitoring, if a need to change direct active monitoring or movement restrictions arises, the LHD should discuss this with DPH. Additional activities may be permitted, depending on the individual's situation. Conversely, additional restrictions or quarantine orders may be needed in other situations.
- 14) If the person develops a fever or symptoms, LHD staff should immediately contact DPH, Communicable Diseases Epidemiology Section staff, at 608-267-9003 during regular business hours or 608-258-0099 for after-hours, weekends, and holidays.

Remember that direct active monitoring only applies to persons who had a high risk exposure in the past 21 days. All other traveler monitoring can be done via telephone.

Thank you for your assistance in this matter. Please direct any questions to the CDES staff at 608/267-9003.

### **Follow up Actions After Completing Interview**

#### IF TRAVELER IS NOT ILL AND HAS NONE OF THE POTENTIAL RISK FACTORS:

- 1) Inform traveler that your agency will need to monitor him/her through 21 days after traveler left the endemic country. This should be done daily via telephone. Instruct the traveler to monitor their temperature twice daily (morning and evening) and to report any fever or illness to your agency immediately.
- 2) Inform traveler that these daily check-ins are not optional and that if your attempts to contact him/her are unsuccessful, you are obligated to make attempts to locate the traveler via workplace, schools, neighbors, etc.
- 3) Instruct traveler that he/she is currently under no movement restrictions, but will need to inform you of any travel plans to ensure that the daily check-ins can continue. If traveler has plans for out of state travel, inform DPH.
- 4) The LHD should document the results of the daily check-ins. This can be done using WEDSS contact investigations for "Hemorrhagic fever, Ebola" (see the "Ebola monitoring" tab) and/or by using a separate tracking sheet which can be found on the last page of this form. This tracking sheet can be scanned into the WEDSS file cabinet.

#### IF TRAVELER IS <u>NOT</u> ILL BUT HAS ANY OF THE POTENTIAL RISK FACTORS:

- 1) Daily direct active monitoring (i.e., in-person) is required. See the detailed instructions on page 2.
- 2) Consult with DPH regarding the need for direct active monitoring and whether any restrictions need to be imposed on the traveler.

#### IF TRAVELER IS ILL:

- 1) Obtain a brief description of the traveler's symptoms, when illness began, and presence of fever.
- 2) Ask traveler where they would go if a medical evaluation was indicated.
- 3) If, in your opinion, the severity of the person's condition constitutes an emergency, let the person know that 911 should be contacted. The LHD should call 911 to ensure that the 911 operator is told that transport is required for a patient with potential Ebola virus disease.
- 4) If emergency transport is not required, instruct the person to remain at home where he will be contacted soon by DPH staff for further instructions.
- 5) Notify the DPH IMMEDIATELY about an ill traveler. Phone 608/258-0099 (24/7 emergency answering service) and ask to speak to the communicable disease person who is on-call. You may be asked to suggest a regional facility at which the traveler can be medically evaluated.

Appendix D: CDC's Identify, Isolate, and Inform Flowchart

## Identify, Isolate, Inform: Emergency Department Evaluation and Management of Patients with Possible Ebola Virus Disease



Identify exposure history:

Has patient lived in or traveled to a country with widespread Ebola transmission or had contact with an individual with confirmed Ebola Virus Disease within the previous 21 days?

NO

NO

Continue with usual triage and assessment

YES

2 Identify signs and symptoms:

Fever (subjective or  $\geq$ 100.4°F or 38.0°C) <u>or</u> Ebola-compatible symptoms: headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage

**A.** Continue with usual triage and assessment

**B.** Notify relevant health department

**C.** Monitor for fever and symptoms for 21 days after last exposure in consultation with the relevant health department

Y

Isolate and determine personal protective equipment (PPE) needed

Place patient in private room or separate enclosed area with private bathroom or covered, bedside commode. Only essential personnel with designated roles should evaluate patient and provide care to minimize transmission risk. The use of PPE should be determined based on the patient's clinical status:

 Is the patient exhibiting obvious bleeding, vomiting, copious diarrhea or a clinical condition that warrants invasive or aerosol-generating procedures (e.g., intubation, suctioning, active resuscitation)? 4

Inform

**A.** IMMEDIATELY notify the hospital infection control program and other appropriate staff

YES

**B.** IMMEDIATELY report to the health department

NO

For clinically stable patients, healthcare worker should at a minimum wear:

- A. Face shield & surgical face mask
- **B.** Impermeable gown
- **C.** 2 pairs of gloves
- If patient's condition changes, reevaluate PPE

YES

A. Use PPE designated for the care of hospitalized patients http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html

**B.** If the patient requires active resuscitation, this should be done in a pre-designated area using pre-designated equipment.

Further evaluation and management

- A. Complete history and physical examination; decision to test for Ebola should be made in consultation with relevant health department
- **B.** Perform routine interventions (e.g. placement of peripheral IV, phlebotomy for diagnosis) as indicated by clinical status
- **C.** Evaluate patient with dedicated equipment (e.g. stethoscope)



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