



Kentucky Public Health
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GUIDANCE FOR LOCAL HEALTH DEPARTMENTS ON ACTIVE AND DIRECT ACTIVE MONITORING OF PERSONS ARRIVING FROM COUNTRIES WITH WIDESPREAD EBOLA TRANSMISSION

November 14, 2014

BACKGROUND

The Centers for Disease Control and Prevention (CDC) has announced that public health authorities will begin [active post-arrival monitoring](#) of travelers whose travel originates in Liberia, Sierra Leone, or Guinea. These travelers are now arriving to the United States at one of five airports where entry screening is being conducted by Customs and Border Protection (CBP) and CDC. Active post-arrival monitoring means that travelers without febrile illness or symptoms consistent with Ebola will be followed up daily by state and local health departments for 21 days from the date of their departure from West Africa.

Two public health actions, [daily Active Monitoring and daily Direct Active Monitoring](#) for 21 days post-potential-exposure are particularly important to prevent transmission in the U.S. Daily monitoring of health status and fever is essential to rapidly identify potentially ill people and to ensure immediate isolation and rapid referral for medical evaluation.

State and local public health authorities are responsible for establishing regular daily communication with potentially exposed individuals within their jurisdictions to assess the presence of symptom and fever.

NOTIFICATION

The Department for Public Health receives notification from U.S. Customs and Border Protection via CDC's Epi-X application of each person arriving in the U.S. from Liberia, Guinea, or Sierra Leone who claims that Kentucky is their final destination. The Department for Public Health will then notify the local health department in whose jurisdiction the arriving person will reside. The notification will include the arriving person's contact information from the CBP health declaration as well as information about their travel history and possible Ebola exposure. A password-protected spreadsheet containing this information will be sent to the local health department.

PROCEDURES

- **Initial Contact:** As soon as possible after receiving notification from DPH that a person traveling from Liberia, Guinea, or Sierra Leone is expected to have arrived in their jurisdiction, the local health department will attempt to make contact with the person and verify their contact information. If the LHD is unable to make contact with the arriving person, the Department for Public Health should be immediately notified. If it is learned that the arriving person is not residing in Kentucky, is residing in a different local health jurisdiction, or if the contact information received from CBP is otherwise incorrect, the Department for Public Health should be immediately notified.

- **Risk Assessment:** When contact with the person to be monitored is made, the local health department will conduct an assessment to determine the person's Ebola exposure risk category by asking about their [epidemiologic risk factors](#) in the preceding 21 days. The risk factor questions included on the Epi Info 7 EVD Post-Arrival Monitoring Form should serve as a guide for the risk assessment. The person's exposure risk category should be assigned according to the CDC definitions for "High," "Some," and "Low (but not zero) Risk," based on the person's responses to the questions.
- **Active Monitoring:** The vast majority of people who arrive in Kentucky from Liberia, Guinea, or Sierra Leone are expected to be in the "Low (but not zero) Risk" category. People in the "Low (but not zero) Risk" category are subject to Active Monitoring, which means the local health department will be in daily contact with each person being monitored for the duration of their 21 day monitoring periods.
 - Day one of the 21 day monitoring period is the day after the date of the most recent possible exposure (the day of the most recent possible exposure is usually the day the person departed Liberia, Guinea or Sierra Leone); the day of the most recent possible exposure is day zero.
 - The local health department will provide each person being monitored a phone number at which a local health department representative can be reached 24 hours a day every day. All local health departments are required to have 27/7 emergency contact numbers.
 - The local health department will also provide each person being monitored the 24/7 emergency contact number for KDPH, 888-9REPORT, which can be used to report symptoms in case the local health department cannot be reached at their 24/7 contact number.
 - Each person being monitored will be instructed to measure and record their temperature (using an FDA approved thermometer) every morning and evening, to monitor themselves for symptoms such as a fever, headache, fatigue, muscle pain, weakness, diarrhea, vomiting, abdominal pain, or unexplained hemorrhage, and to report any of these symptoms immediately to the local health department.
 - The local health department will contact each person being monitored at least once per day by telephone to record their two most recent temperature readings and to verify that the person has not experienced any symptoms, keeping in mind that initial symptoms can be as nonspecific as "fatigue." At each contact, the health department will also ascertain whether the person being monitored plans to travel, to use public or commercial conveyances or to be in public places or congregate settings in the next 24 hours. Keep in mind that people in the Low (but not zero) Risk category are not prohibited from doing these things.
 - The local health department may contact the person being monitored or may arrange for the person being monitored to contact them, as long as contact is made at least once every 24 hours.
 - If a person being monitored is lost to follow-up, that is, they cannot be contacted or fail to contact the local health department by the arranged time, the local health department will immediately contact the Department for Public Health at 888-9REPORT to inform them and will continue to make attempts to locate the person.
 - If a person being monitored reports an elevated body temperature or experiencing any Ebola-compatible symptoms (e.g. headache, fatigue, muscle pain, weakness, diarrhea, vomiting, abdominal pain, or unexplained hemorrhage), the local health department will immediately:

- Instruct the person to take all reasonable steps to self-isolate and avoid any close contact (i.e. within about 3 feet) with all other people except first responders or healthcare personnel who will provide them transport and care.
 - Contact the Department for Public Health at 888-9REPORT.
 - Facilitate the person's prompt transport to a hospital where they can be isolated, evaluated and provided care in coordination with the Department for Public Health and according to local plans and protocols.
 - Begin the process of identifying and recording contact information for anyone who may have been in close contact with the person since the earliest possible onset of symptoms.
- **Direct Active Monitoring:** People in the "High Risk" and "Some Risk" Categories are subject to direct active monitoring, which means that the local health department will contact each person being monitored twice per day, once in the morning and once in the evening. During one of the twice daily contacts, the local health department will directly observe the person being monitored. The second contact can be by phone.
 - All of the principles of Active Monitoring above also apply to Direct Active Monitoring.
 - At least once each day during the 21 day monitoring period, the local health department will make contact with and directly observe the person being monitored. The person being monitored will take their temperature while being directly observed by the local health department.
 - Direct observation can be an in-person visit or it can be contact using Skype, FaceTime, a TB program video phone (if available), or another similar remote method that allows the local health department to visualize the person being monitored in real time.
 - If an in-person visit is used for direct observation, the local health department should call the person being monitored in advance of the visit to ensure that they are not symptomatic when the monitoring personnel arrive.
 - The use of PPE such as gloves, masks or gowns is not required or recommended for in-person visits with persons being monitored who are asymptomatic. Local health department personnel making the in-person visit should always avoid direct physical contact with person being monitored and maintain a comfortable distance (at least 3 feet) from them. If they report symptoms or if they are visibly ill, the visit should be ended, the Department for Public Health should be immediately notified at 888-9REPORT and local plans and protocols should be followed to ensure the person's prompt transport to a hospital where they can be isolated, evaluated, and provided care.
 - The second daily contact can be by phone.
 - During each of the two daily contacts, the local health department will record the temperature of the person being monitored and verify that the person has not experienced any symptoms, keeping in mind that initial symptoms can be as nonspecific as "fatigue." At each contact, the health department will also ascertain whether the person being monitored plans to travel, to use public or commercial conveyances, or to be in public places or congregate settings in the next 24 hours. People in the High Risk category generally should not be allowed to undertake these activities. People in the Some Risk category may be allowed to do these things on a case-by-case basis. The decision to allow such activities should be made in conjunction with the state Department for Public Health.

- **Health Orders:** Active or Direct Active Monitoring can be conducted on a voluntary basis or it can be compelled by a health order. Health orders may be issued to compel compliance with the conditions of Active or Direct Active Monitoring. They may also be issued to compel persons being monitored to limit their movement or other activities in certain ways.
 - If health orders are to be issued and served on the person to be monitored, they will be issued by the Department for Public Health. The Department for Public Health will coordinate with the local health department to serve any health orders that are issued.
 - If during monitoring, the local health department observes that any of the conditions of a health order issued to a person being monitored have been violated or if, through conversation with the person being monitored, they learn or suspect that the person intends or is likely to violate any of the conditions of a health order, the Department for Public Health should be notified immediately.
 - Enforcement of any health orders will be done through the appropriate Circuit Court by the Department for Public Health in coordination with the local health department.
- **Quarantine:** People in the High Risk or Some Risk categories may be quarantined, either voluntarily or through the use of a health order.
 - People who are quarantined are restricted to their home or some other suitable premises. If an order for quarantine is issued by the Department for Public Health, the Department is responsible to ensure that the person quarantined has access to necessary items such as food, medicine, hygiene supplies and other basic comfort items, as well as to necessary services such as healthcare.
 - Quarantining a person in their home may also displace other household members who then must be provided shelter. If possible, it is recommended that the person being quarantined stay in the home and the other household members be sheltered elsewhere.
 - If quarantine orders are issued, the Department for Public Health, in coordination with the local health department, will work with the local chapter of the American Red Cross to ensure that food and other necessities are available to the person who is quarantined and that food shelter and comfort care is made available to any displaced household members.
- **Data collection:** Data from Active Monitoring and Direct Active Monitoring should be collected by local health departments in a standardized format and transmitted to the Department for Public Health.
 - The Department for Public Health has created a standardized Active and Direct Active Monitoring data collection instrument using Epi Info 7 and distributed copies to all local health departments. The Epi Info database is called *EVD Post-Arrival Monitoring*.
 - Data from Active and Direct Active Monitoring activities should be entered into the *EVD Post-Arrival Monitoring* database by local health departments each day that they monitor one or more people.
 - Demographic data, travel history data, and data from the risk assessment for each person being monitored should be entered in the main form called the *EVD Post-Arrival Monitoring Form*, which will have one record per person monitored.
 - Fever, symptom and other data from daily contacts with monitored individuals should be entered into the *EVD Post-Arrival Monitoring Daily Data Form*, which is a sub-form to the *EVD Post-Arrival Monitoring Form*. At the end of the monitoring period, there will be 21 records in the sub-form for each record in the main form.

- After data is entered into the database each day, the updated data should be transmitted to the Department for Public Health by emailing a [data package created using the data packaging function](#) in Epi Info 7 to chfsdphdoc@ky.gov using the subject line, "Post Arrival Monitoring Data, [LHD Name], mmddyyyy."
- When creating the data package for transport, be sure to encrypt the data with a password. Use the following convention for creating the password: Ebolammddyyyy, where mmddyyyy is the 8-digit date (e.g. 11012014 for Nov 1st, 2014) on which the data package is created and sent.

If questions or concerns relating to active or direct active monitoring arise, the Department for Public Health can be contacted 24/7 for consultation. During business hours (Mon-Fri 8:00 a.m. to 4:30 p.m.), call (502) 564-3261. After hours or on weekends and holidays, call 888-9REPORT (888-973-7678).