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TO: Directors, Local Health Departments, and 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-Arrival Monitoring (i.e., in-person monitoring) of Travelers from West Africa
DATE: November 14, 2014

The DPH webcast on 10/28/14 (available at <https://www.dhs.wisconsin.gov/disease/ebola-virus-disease-partner-webcasts.htm>) 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, the Ebola Virus Disease (EVD) Questions for persons with recent travel to West Africa form <https://www.dhs.wisconsin.gov/forms/f0/f01340.docx> has been updated. 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:

- 1) Contact the person by phone. Administer the questionnaire <https://www.dhs.wisconsin.gov/forms/f0/f01340.docx>. 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 the 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 link to the questionnaire above 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 prior to each visit, 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, **do not** 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 <https://www.dhs.wisconsin.gov/forms/f0/f01418.pdf> 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 Action 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 *NOT* 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 illness 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. Telephone 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.