Ebola Traveler Monitoring Guidelines for Local Health Departments
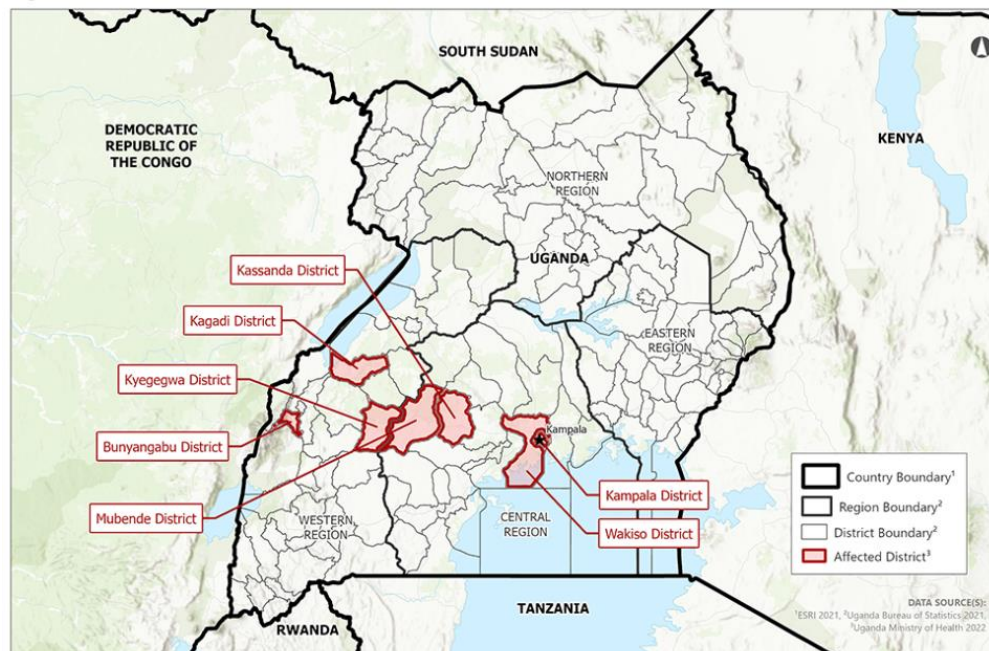
October 31, 2022

On September 20, 2022, the Ministry of Health of Uganda officially declared an outbreak of Ebola virus disease (EVD) due to Sudan virus (species Sudan ebolavirus) in Mubende District, Central Uganda. Cases have been reported in 7 districts (Mubende, Kyegegwa, Kassanda, Kagadi, Bunyangabu, Wakiso and Kampala) in the central and western regions of the country. Local health departments should frequently refer to the CDC outbreak map as changes occur. As of October 31, 2022, a total of 128 confirmed cases and 34 confirmed deaths of EVD have been identified in Uganda. While the risk of importation via international travel is thought to be low, CDC implemented enhanced airport screening on October 11th, 2022, and state and local health departments were asked to assess travelers for Ebola risk factors and conduct symptom monitoring.

As of October 24, 2022, **Ebola outbreak area** is defined as:

Uganda:
- Mubende District
- Kyegegwa District
- Kassanda District
- Kagadi District
- Bunyangabu District
- Wakiso District
- Kampala District

Uganda: Ebola Virus Disease Outbreak 2022

Airport Screening

Travelers from Uganda are being funneled to five U.S. airports (including Newark Liberty International (EWR) and John F. Kennedy International (JFK) starting October 11, 2022. Airlines are collecting and transmitting passenger information to CDC for public health follow-up and intervention for all passengers boarding a flight to the U.S. who were in Uganda within the previous 21 days. For travelers arriving into the U.S. from Uganda, airport staff will:

1. Perform a visual health screening and temperature check;
2. Provide travelers with information about Ebola and informing them that local health authorities will be contacting them to establish symptom monitoring; and
3. Verify the accuracy of traveler contact information provided by the airlines.

Travelers displaying signs of illness will be referred to CDC Division of Global Migration and Quarantine (DGMQ) airport staff for further evaluation.

CDC shares traveler contact information on travelers who list NJ as their final destination with NJDOH/Communicable Disease Service (CDS), who enters the individuals into the Communicable Disease Reporting and Surveillance System (CDRSS).

Traveler Monitoring:

NJDOH requests that local health departments (LHDs):

1. Ensure that LHD response staff have added CDRSS immediate disease notifications for Ebola. As with all immediate disease notifications, LHDs need staff to monitor these 7 days/week.

2. Review the Ebola LHD Investigation chapter and specifically, exposure risk categories and general traveler monitoring guidelines (Section 6 – Controlling Further Spread).

3. Contact the traveler within 24 hours of CDRSS notification[1] and complete the following:
   a. Evaluate Ebola risk using NJDOH Ebola Investigation Worksheet page 2 (including if the traveler was in the Ebola outbreak area – apart from just transiting en route to the airport) and document information in CDRSS (Risk Assessment section). CDS does not need the investigation worksheet as long as information is entered into CDRSS). Be sure to ask specifically if the traveler spent time in the impacted health districts and note this in CDRSS. As of October 24, 2022, there are 7 impacted health districts: Mubende, Kyegegwa, Kassanda, Kagadi, Bunyangabu, Wakiso, and Kampala. Local health departments should frequently refer to the CDC outbreak map as changes occur. If the traveler was transiting the impacted district for air travel only, they may be classified as very low but not zero risk. If any Ebola risk factors are identified apart from travel only, review chapter to assign overall risk level and notify CDS by emailing CDSEVD.Monitoring@doh.nj.gov.
   b. Ask if traveler has Ebola compatible symptoms including a fever (refer to NJDOH Ebola Investigation Worksheet page 1) and document in CDRSS under Risk Assessment. If the traveler does not have a thermometer, the LHD should provide a FDA approved thermometer. If the traveler has EVD compatible symptoms, notify CDS by phone (daytime: 609-826-5864; off-hours: 609-393-2020) for assistance.
   c. Verify contact information and ask if the traveler prefers to be subsequently contacted by telephone, text, or email.

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[1] LHDs should call and/or text all provided phone numbers, including international phone numbers, and send emails in order to reach the traveler. If the LHD cannot reach the traveler within 24 hours of CDRSS notification using telephone, text, and email options, a home visit should be made.

d. Provide traveler with a 24/7 LHD contact number to call if Ebola-compatible symptoms develop. Advise traveler that if symptoms develop, they should isolate immediately, notify the LHD, and if they need medical care to call the healthcare provider in advance to tell them about their travel and/or exposure history. If medically appropriate, the healthcare provider may see the traveler "virtually." Should emergent care be needed, the traveler should call 911 and tell them about their travel and/or exposure history.

e. Educate traveler to self-monitor for fever (greater than or equal to 100.4°F or 38°C) and other Ebola-compatible symptoms for 21 days.

f. Advise traveler that if they plan on leaving NJ to continue their self-monitoring outside of NJ, to notify the LHD and provide the out-of-state address. If the traveler is relocating out-of-state, LHDs should notify CDS and provide the destination address and date of relocation.

4. Based on exposure risk, implement traveler monitoring and document in CDRSS (Traveler Monitoring). Notes:

a. Day 1 is the 24-hour period after the traveler departed the outbreak impacted country. If the LHD reaches the traveler >24 hours after departure, the monitoring would be started on that day, i.e., Day 2 if initially reached at 48 hours after departure.

b. When asking about symptoms on the risk assessment questionnaire, the clinical status should be re-entered as the first monitoring day in the Traveler Monitoring section

c. Symptom monitoring can be conducted by phone, video conferencing, other electronic means (e.g., text message, email, app, web form), or in person. LHDs with access to electronic methods such as web forms, mobile applications, or automated text messaging can consider more frequent monitoring, according to available resources.

Travelers who Develop EVD compatible symptoms:

If a traveler under monitoring notifies the LHD that they are ill, the LHD should collect information on symptoms, onset, severity, and progression, document them in CDRSS and contact CDS by phone for assistance. Symptomatic people with suspected or confirmed EVD should remain in isolation until they have been determined not to have EVD (if suspected) or to be no longer infectious (if confirmed).

If a traveler under monitoring seeks medical care without prior LHD notification, the LHD should use the Ebola Investigation Worksheet to collect information from the healthcare provider/hospital on clinical status and assessment, document in CDRSS and contact CDS by phone for assistance.

Resources:

-   NJDOH Ebola/Viral Hemorrhagic Fevers: https://www.nj.gov/health/cd/topics/vhf.shtml
-   NJDOH Ebola LHD Investigation Chapter: https://www.nj.gov/health/cd/documents/chapters/ebola_ch.pdf
-   NJDOH Ebola Investigation Worksheet: https://www.nj.gov/health/cd/documents/topics/vhf/ebola_form.pdf
-   CDC Ebola: https://www.cdc.gov/vhf/ebola/index.html
-   CDC Current Ebola Outbreaks:
-   CDC Interim Guidance on Risk Assessment and Management of Persons with Potential Ebola Virus Exposure: https://www.cdc.gov/quarantine/interim-guidance-risk-assessment-ebola.html

Uganda Traveler Monitoring (21 days) by Exposure Risk Level (Ebola LHD Investigation Chapter – Section 6 for additional information)**:**

Exposure Risk Level	Definition	LHD Monitoring	Notify CDS?	Traveler Instructions	Movement Restrictions	CDRSS Documentation
High Risk	High-risk Ebola exposure	Once daily, or if/when symptoms develop	YES	Take temperature daily and self-monitor for EVD symptoms for 21 days. Notify LHD if symptomatic. Arrange to check in with the LHD daily for 21 days (by telephone, text or email).	Quarantine for 21 days; no commercial transport	Enter monitoring data daily in CDRSS (Traveler Monitoring
Moderate Risk	Moderate risk Ebola exposure	Once daily, or if/when symptoms develop	YES	Take temperature daily and self-monitor for EVD symptoms for 21 days. Notify LHD if symptomatic. Arrange to check in with the LHD daily for 21 days (by telephone, text or email).	Consult with CDS concerning movement restrictions	Enter monitoring data daily in CDRSS (Traveler Monitoring).
Low Risk	Presence in an Ebola outbreak area* and no known Ebola exposures	Twice weekly or if/when symptoms develop	NO	Take temperature daily and self-monitor for EVD symptoms for 21 days. Notify LHD if symptomatic. Arrange to check in with the LHD twice weekly (every 3-4 days by telephone, text or email).	None, but notify CDS for planned out of state travel so that monitoring can be transferred to the out of state health department	Enter monitoring data twice weekly in CDRSS (Traveler Monitoring).
Very Low, but not Zero Risk	Travel to Uganda, but not to an Ebola outbreak area and no known Ebola exposures	Weekly or if/when symptoms develop	NO	Take temperature daily and self-monitor for EVD symptoms for 21 days. Notify LHD if symptomatic. Arrange to check in with the LHD weekly (by telephone, text or email).	None, but notify CDS for planned out of state travel so that monitoring can be transferred to the out of state health department	Enter monitoring data weekly in CDRSS (Traveler Monitoring).
No known risk	No travel to Uganda	N/A	NO	None	None	Document no travel to Uganda, and close as "Not a Case"

After day 21, and if the traveler remains asymptomatic, close the case in CDRSS as "Not a Case"

*Travelers in the impacted districts for <u>air travel only</u> may be classified as very low but not zero risk.