Annex A. Travel Screening

Purpose
This annex provides guidance for healthcare providers in obtaining patient travel histories and gives an overview of travel screening at international ports of exit and national ports of entry.

Situation
Travel screening will occur in several settings, including: exit screening in affected counties, enhanced entry screening in five U.S. airports, and healthcare provider screening of ill patients for recent travel. This travel screening guidance is current as of December 24, 2014.

Partners
This annex was developed in consultation with the U.S. Centers for Disease Control and Prevention (CDC).

Assumptions
The Section of Epidemiology will serve as the first point of contact for healthcare providers who are seeing a patient suspected of having Ebola Virus Disease (EVD).

Procedures
Step 1. Exit Screening at Airports in Affected Areas

- Exit screening is being conducted at airports in the outbreak-affected countries to identify ill travelers or individuals exposed to EVD. These individuals will be prohibited from boarding an aircraft until it is safe for them to travel.
- Exit screening assesses travelers with a temperature check, a visual assessment for signs of potential illness, and a series of questions about their health and exposure history.
- Travelers with signs of illness or an exposure history are separated for further evaluation, which will determine whether they can continue to travel or will be prohibited from air travel and referred to public health authorities for monitoring and follow-up.

Step 2. Entry Screening at U.S. Ports of Entry

- All travelers from the affected countries must enter the United States at the five ports of entry with enhanced screening. These ports of entry are:
  - JFK International Airport – New York, NY
  - Newark Liberty International Airport – Newark, NJ
  - Chicago O’Hare International Airport – Chicago, IL
  - Dulles International Airport – Dulles, VA
  - Hartsfield-Jackson International Airport – Atlanta, GA
- U.S. Customs and Border Protection (CBP) officers, in conjunction with CDC, are assessing travelers for risk of EVD illness/exposure upon arrival at the airport.
Travelers are given a temperature check, a visual assessment for signs of potential illness, and a series of questions about their health and exposure history. They are also provided with a CARE Kit that includes disease-specific information for patients and physicians, as well as a thermometer, a temperature log, and information on what to do if illness develops.

Travelers with a history of EVD exposure or who have signs and symptoms consistent with EVD are referred by CBP to CDC for evaluation. CDC will determine whether the traveler can continue traveling; if they should be transported to a hospital for evaluation, testing, and treatment; or if they should be referred to their local health authority for monitoring and support.

Additionally, CBP is working with appropriate authorities to determine mechanisms to identify travelers who may have extended stop-overs or indirect routings that would otherwise obscure the origination point of travel.

**Step 3. Travel Screening for Healthcare Providers**

- Healthcare providers should routinely obtain a travel history from patients to assess their risk of potential EVD exposure. When performing the travel screening, healthcare workers should ask about the specifics of symptoms, travel dates, and locations.

<table>
<thead>
<tr>
<th>Category</th>
<th>Specifics</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>Fever, subjective or &gt;100.4 F (38.0 C) OR any of the following:</td>
<td>If these symptoms are present and began within 21 days of travel to Guinea, Liberia, or Sierra Leone, contact the Section of Epidemiology (SOE) immediately at: 907-269-8000</td>
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<tr>
<td></td>
<td>• severe headache</td>
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<td>• muscle pain</td>
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<td>• vomiting</td>
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<td>• diarrhea</td>
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<td></td>
<td>• abdominal pain</td>
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<td></td>
<td>• unexplained bleeding or bruising</td>
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<tr>
<td>Travel Location</td>
<td>Guinea, Liberia, Sierra Leone, as of 1/7/2015</td>
<td>If patient did not travel to these countries, work-up the patient for a non-Ebola illness. There is no need to contact SOE.</td>
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<tr>
<td>Travel Dates</td>
<td>Did symptoms occur <strong>within 21 days</strong> of being in a country listed above?</td>
<td>If symptoms occurred outside of the 21 day window, work-up the patient for a non-Ebola illness. There is no need to contact SOE.</td>
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</table>

**Additional Alaska-specific Information:**

- Alaska has no direct flights from the four impacted West African countries.
- DHSS is not aware of anybody in Alaska who has had direct contact with EVD patients in the past 21 days.
- Alaska-specific EVD updates are posted to the Section of Epidemiology website at [www.epi.alaska.gov/id/dod/ebola/default.htm](http://www.epi.alaska.gov/id/dod/ebola/default.htm)