Annex E. Active Monitoring, Isolation, and Quarantine

Purpose
The Active Monitoring annex will detail the Alaska-specific guidance on active monitoring for people with potential exposure to Ebola Virus Disease (EVD).

Situation
The Alaska Department of Health and Social Services is working with hospitals, healthcare providers, and other key partners statewide to ensure that Alaska is prepared for the possibility of a traveler developing symptoms of EVD while in Alaska. DHSS is prepared to conduct active monitoring with anyone in Alaska who has recently been in one of the West African countries that is currently experiencing widespread transmission of EVD (i.e., Guinea, Sierra Leone, and Liberia). This monitoring will consist of a minimum of twice-daily temperature and symptom screening on these individuals, and may include restrictions to allowed activities (e.g., travel, work, etc.), to be determined on a case-by-case basis, according to their exposure risk. EVD-related restrictions or monitoring is not warranted for travelers coming from other countries in Africa that are not experiencing an EVD outbreak (or elsewhere in the world).

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

Assumptions
The Alaska Section of Epidemiology (SOE) is the lead agency conducting follow-up of persons who may have had exposure to Ebola virus. As appropriate, partner agencies (e.g., CDC) may be asked to assist with monitoring.

Procedures
Monitoring guidance is based on the CDC-recommended risk categorization and monitoring procedures.1 All persons with recent travel to the EVD-affected regions are screened multiple times prior to arrival in the U.S. and will be routed through only five ports of entry. We do not expect many travelers to reach Alaska as their final destination, but we will receive names of these travelers from federal authorities and will implement the below protocols to monitor the health of those persons.

General Principles for Monitoring
- Persons will be educated about symptoms of EVD (e.g., fever, diarrhea, vomiting, severe headache, muscle pain, abdominal pain, or bleeding) AND the need to report any symptoms of EVD immediately to SOE via a 24/7 telephone number.
- SOE will communicate with the exposed person at least once a day either in person or electronically (e.g., phone call, email or text message). The frequency and nature of this active monitoring will be
determined on a case-by-case basis, depending on the person’s exposure history and EVD risk (see below).

- SOE will provide the person with the Section of Epidemiology’s 24/7 phone number to call if symptoms develop in-between the active monitoring calls/visits.
- SOE will develop a plan (with the person and the healthcare facility) as to how and where the person will seek healthcare if symptoms develop.
  - Part of this plan will require the person being monitored to contact SOE immediately if any symptoms arise.
  - If patient care is warranted, SOE will notify the patient care facility (e.g., hospital, emergency department, etc.) prior to patient transport to the facility.
  - The Section of Emergency Programs will facilitate patient transport to the appropriate health care facility, if warranted.
- Plans for monitoring of exposed persons will be developed by SOE (in partnership with the exposed person’s employer, if appropriate; see the table on the next page for additional details).
- Public health quarantine orders will be invoked, if necessary, to ensure compliance with monitoring requirements and other quarantine restrictions that SOE deems necessary to protect the public’s health.

Definitions of Monitoring

- **Active**: public health workers are responsible for checking at least once a day to see if people in these risk levels have a fever or other symptoms of Ebola. In addition, people being monitored must take their temperature twice daily, watch themselves for symptoms, and immediately tell public health workers if they have a fever or other symptoms. Active monitoring must take place until 21 days after the last possible exposure and can occur on a voluntary basis or be required by public health order by public health departments.
- **Direct Active**: as above, but in-person visits must occur at least once daily from public health staff to assess health status, plus a second contact in person or by phone, text, or other electronic means of assessing health status.

Safety for Follow-up Teams Doing Home Visits

For home visits, it is important for monitoring personnel to take these safety measures before and during a visit:

- Call the person just before entering the residence to ask about symptoms (e.g., fever, diarrhea, vomiting, severe headache, muscle pain, abdominal pain, bleeding).
  - Ask whether they have a dedicated thermometer for taking their temperature; if so, ask them to take their temperature and relay the result.
  - If during this call, they report fever or other symptoms, tell them to remain in place and telephone SOE (269-8000) to activate the plan for transport to a healthcare facility.
- If the person does not report symptoms or a fever, re-assess for symptoms in the doorway.
  - If the person does not have their own thermometer, provide them with one and ask them to take their own temperature and show you, or use a no-touch temperature system.
- Use disposable gloves if you must take the person’s temperature directly.
- Avoid direct physical contact, such as shaking hands or hugging.

- **If fever or other symptoms are identified at the home visit, immediately leave the residence and telephone SOE (269-8000).**
- If no symptoms are identified, verify the time of the next evaluation.
- If any symptoms occur before the next evaluation, instruct the person to immediately go to a private area (e.g., room with a door that can be closed, or car) and contact SOE immediately (269-8000).
# Alaska Interim Guidance for Monitoring of Potentially Exposed Persons (adapted from CDC\(^1\))

<table>
<thead>
<tr>
<th>Exposure Risk Category</th>
<th>Type of Risk Exposures During Prior 21 Days</th>
<th>Monitoring Type</th>
<th>Restrictions on Work, School and other Public Activities**</th>
<th>Travel Restrictions**</th>
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</table>
| **High**               | • Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with EVD while the person was symptomatic  
  • Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with EVD while the person was symptomatic without appropriate personal protective equipment (PPE)\(^3\)  
  • Processing blood or body fluids of a person with EVD while the person was symptomatic without appropriate PPE\(^3\) or standard biosafety precautions  
  • Direct contact with a dead body without appropriate PPE\(^3\) in a country with widespread Ebola virus transmission\(^2\)  
  • Having lived in the immediate household and provided direct care to a person with EVD while the person was symptomatic                                                                                                                                                                                                 | Direct Active Monitoring for 21 days                  | • Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings  
  • Exclusion from workplaces for the duration of the public health order, unless approved by the State (telework is permitted)  
  • Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park)  
  • Exclusion from all long-distance and local public conveyances (aircraft, ship, train, bus and subway)  
  • Federal public health travel restrictions\(^5\) (Do Not Board) will be implemented to enforce controlled movement  
  • If travel is allowed, individuals are subject to controlled movement  
    o Travel by noncommercial conveyances only  
    o Coordinated with public health authorities at both origin and destination  
    o Uninterrupted direct active monitoring                                                                                                                                                                                                 |                                                                                                                                                                               |
| **Some**               | • In countries with widespread Ebola virus transmission\(^2\): direct contact while using appropriate PPE\(^3\) with a person with EVD while the person was symptomatic or with the person’s body fluids  
  • Close contact in households, healthcare facilities, or community settings with a person with EVD while the person was symptomatic. Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE\(^3\) within approximately 3 feet (1 meter) of a person                                                                                                                                 | Direct Active Monitoring for 21 days                  | Based on specific assessment of the individual’s situation, additional restrictions may be appropriate, including:  
  • Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings  
  • Exclusion from workplaces for the duration of a public                                                                                                                                                                                                 | Based on specific assessment of the individual’s situation, additional restrictions may be appropriate, including:  
  • Exclusion from long-distance commercial conveyances (aircraft, ship, train, bus) or local public conveyances (e.g., bus, subway)  
  • Any travel will be coordinated with public health authorities to ensure uninterrupted direct monitoring                                                                                                                                 |

Last updated on January 7, 2015
| Low (But Not Zero) | having been in a country with widespread Ebola virus transmission within the past 21 days and having had no known exposures | having brief direct contact (e.g., shaking hands), while not wearing appropriate PPE with a person with EVD while the person was in the early stage of disease | brief proximity, such as being in the same room for a brief period of time, with a person with EVD while the person was symptomatic | in countries without widespread Ebola virus, direct contact while using appropriate PPE with a person with EVD while the person was symptomatic | traveled on an aircraft with a person with EVD while the person was symptomatic | Direct active monitoring for: | U.S.-based healthcare workers caring for symptomatic EVD patients while wearing appropriate PPE | travelers on an aircraft with, and sitting within 3 feet of, a person with EVD | active monitoring | Federal public health travel restrictions (Do Not Board) may be implemented based on an assessment of the particular circumstance | For travelers arriving in the United States, implementation of federal public health travel restrictions would occur after the traveler reaches the final destination of the itinerary |
| No identifiable risk | contact with an asymptomatic person who had contact with person with EVD | contact with a person with EVD before the | Last updated on January 7, 2015 | None | None | None | None | None | None | None | None | None |
**On a case by case basis, further restrictions may be implemented.**