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To: Local Health Departments
From: New Jersey Department of Health (NJDOH) Communicable Disease Service (CDS)
Date: November 13, 2014
Subject: Addendum to the Ebola Virus Disease Active Post-Arrival Monitoring Protocol

Following the release of the NJDOH protocol for Active Post-Arrival Monitoring for Travelers from Ebola Virus Disease (EVD) Impacted Countries, sent via LINCSS on October 24, the CDS has received numerous questions from local health departments. The following addendum provides answers to the most frequently asked questions.

INITIAL CONTACT Q&A

Question: How quickly after receiving a report is the local department (LHD) expected to contact a person?

Answer: Within 24 hours of receiving the contact information of a recent traveler (which will appear as an Ebola report on the pending screen in the Communicable Disease Reporting and Surveillance System, or CDRSS), the LHD should initiate contact with the person to evaluate risk, assess their health status, give instructions for active monitoring and provide a phone number where the LHD can be reached 24/7.

Question: What if a LHD is unable to reach a person?

Answer: The LHD should make a minimum of three (3) phone and/or email attempts to reach a person. If the person cannot be reached within 24 hours of the initial attempt, the LHD should visit the home address or temporary residence documented in the Ebola report in CDRSS. If the person cannot be contacted through a home visit, the LHD should notify the Communicable Disease Service (CDS) during business hours and speak to a regional epidemiologist.

Question: What if a person refuses to cooperate with the LHD?

Answer: If a person refuses to speak to or cooperate with public health officials, the LHD should contact the CDS during business hours and speak to a regional epidemiologist.

Question: Is the risk assessment in CDRSS identical to the one used by the Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine (DGMQ)?

Answer: Yes, the risk assessment in CDRSS is the same questionnaire given to the person at the airport when they entered the U.S. In order to be released from the airport, the individual has already answered these questions and denied any risk factor other than travel to West Africa. However, out of an abundance of caution, the CDS is requesting persons be evaluated for risk factors again, at the start of active monitoring. The risk assessment can be found in the Ebola report in CDRSS under the "Epidemiology" tab. The risk assessment includes a nested questionnaire, where additional questions will appear if a person answers "yes" to a risk factor other than travel. If a person answers "yes" to any question other than travel, the local health department (LHD) should contact the CDS immediately and speak to a regional epidemiologist.

Question: What if a person refuses to answer a risk assessment?

Answer: If a person refuses to answer a risk assessment, the LHD should skip the risk assessment and proceed with evaluating the person's health status, including recording any temperature checks performed to date; giving instructions on active monitoring; and providing a 24/7 phone number where the LHD can be reached. After the conversation, the LHD should contact the CDS during business hours and speak to a regional epidemiologist. The

CDS will contact the DGMQ to review the original risk assessment conducted at the airport and determine if additional questioning is necessary.

Question: What if a person denies recent travel to one of the three EVD-affected countries (ie, Sierra Leone, Guinea and Liberia)?

Answer: If a person denies travel to one of the EVD-affected countries, or states their travel was > 21 days ago, the LHD should contact the CDS during business hours and speak to a regional epidemiologist before continuing with the risk assessment and active monitoring. The CDS will contact the DGMQ, review the original Traveler Declaration provided to CBP and determine whether further contact and/or monitoring is needed.

ACTIVE MONITORING Q&A

Question: How frequently should a LHD enter data into CDRSS for a person who is under active monitoring?

Answer: The LHD is expected to enter data from persons under active monitoring for Ebola into CDRSS on a daily basis, including weekends and holidays. CDRSS is a web-based system and can be accessed from any computer that is connected to the internet.

Question: What if a person does not have a thermometer (eg, not given at DGMQ, lost, broken)?

Answer: The LHD is expected to provide the person with a thermometer, if needed. If not possible, continue daily health checks until a thermometer is available.

Question: What kind of thermometer can a person use?

Answer: Persons under active monitoring should use a FDA-approved thermometer. There are many ways to take a temperature, and they all have advantages and disadvantages. For adults, temperature can be taken rectally, orally, tympanic (ear), forehead (temporal scanner), or axillary (armpit). Of these, axillary is least accurate, typically running about 0.5-1.0° F lower than oral, and its use should be discouraged. Rectal temperature readings may run higher than an oral temperature, and also may be a less preferable method of temperature monitoring to travelers. Most travelers will find oral the preferred way to measure. In order to obtain an accurate oral temperature, it is important that traveler has not recently consumed either hot or cold beverage, and that the thermometer be placed under the tongue. For children under the age of four, oral measurement is not recommended; instead, rectal, tympanic, or temporal is recommended. The use of non-FDA approved thermometers and technology such as smart phone apps is not permitted.

Question: How far apart should the twice daily temperature checks occur?

Answer: Persons under active monitoring should take their temperature in the morning and again at night.

Question: Should the LHD tell people to avoid fever-reducing medications (i.e., antipyretics)?

Answer: It is recommended that LHDs do not give advice or instructions in regards to medications, both prescription and over the counter. However, if a person reports feeling ill and does not have an elevated temperature, the LHD should ask if the person recently took any medication, including antipyretics. Additionally, the LHD may request that a person under active monitoring keep a log of all prescription and over the counter medications, so public health staff can review this information. There are a number of brand and generic names for antipyretics, but a short list includes: acetaminophen (Tylenol), aspirin, ibuprofen (Advil), naproxen (Aleve) and many others.

Question: If a person reports an elevated temperature or Ebola-like symptoms, can they drive in a personal vehicle to the hospital?

Answer: If a person reports a fever (subjective or temperature > 100.4 F) and/or Ebola-like symptoms, they should call 9-1-1 for transport by emergency medical services (EMS) to an appropriate hospital.

Question: Should a person with mild symptoms be instructed to call 9-1-1?

Answer: If a person does not have a fever and reports a mild non-specific symptom, such as a mild headache or fatigue, the LHD should gather more information by asking questions such as: Did the person recently take any medication? Is the mild symptom unusual for the person (e.g., do they frequently suffer from headaches)? Could there be an alternate explanation for the mild symptom (e.g., is the person tired because they have been working a

lot)? If the reported non-specific symptom is mild and may have an alternate explanation (such as flu, see <http://www.cdc.gov/vhf/ebola/pdf/is-it-flu-or-ebola.pdf>), the LHD should advise the person to stay home, take their temperature every two hours while awake, and avoid contact with others until the symptom resolves. If the symptom gets more severe or their fever becomes elevated, the person should be advised to call 9-1-1. Note: If the person reports a specific symptom such as vomiting, diarrhea or unexplained bruising, they should be advised to call 9-1-1, even in the absence of a fever.

Question: How should the LHD keep in contact with a person under active monitoring?

Answer: Although a person under active monitoring must take their temperature twice daily, the LHD is only required to communicate with the person once per day. This can be done via email, phone or site visit. During the communication, the LHD should record temperature checks and confirm the absence of Ebola-like symptoms; this information should be entered into CDRSS daily, including weekends and holidays. In addition, the LHD is required to provide the person with a 24/7 phone number, in case the person has questions or urgent concerns.

Question: If there is more than one person being monitored in a home, can one person report the temperature checks for the entire household?

Answer: If the person is reliable, yes.

Question: What if a person is going out of town for a night?

Answer: There are no restrictions on travel for persons under active monitoring. The LHD should remind the person to self-isolate if symptoms develop. The LHD should make arrangements to still have the person report their temperature checks and health status, even if they will be out of town for a night or a few days. If the person is planning to relocate for a longer period of time (e.g., vacation for a week or staying elsewhere for the remainder of their incubation), the LHD should ask the person for specific information on their destination, including the state, town, street address and phone number. The LHD should then call the CDS during business hours and speak to the regional epidemiologist. The CDS will work with the destination health department to temporarily or permanently transfer active monitoring.

PERSONAL PROTECTIVE EQUIPMENT (PPE) AND SOCIAL DISTANCING Q&A

Question: What sort of PPE should we worn by a LHD during a home visit to a person under active monitoring?

Answer: Ebola can only be transmitted through direct contact with blood or other body fluids of an infected and symptomatic person; it is not airborne and asymptomatic persons are not of risk of transmitting Ebola. Persons under active monitoring are considered low risk for Ebola and are able to move about freely in the community, with no restrictions on work and school. Providing a person is asymptomatic, there should be no need for PPE during site visits. In general, public health and support staff should avoid any skin-to-skin contact and maintain a distance of three (3) feet until they can ascertain if the person is still asymptomatic. If, during a home visit, the LHD finds a person has developed symptoms, the LHD should contact 9-1-1 and avoid providing any direct patient care. Further questions on PPE can be found on the NJDOH website at <http://nj.gov/health/cd/vhf/techinfo.shtml>. In addition, the NJDOH has developed interim social distancing guidelines, which have been included as an attachment to this addendum and will be posted on the Ebola website.

NON-COMPLIANCE Q&A

Question: What if a person who was previously being monitored is suddenly unable to be contacted?

Answer: The LHD should make at least three (3) attempts to reach a person, including a home visit if necessary. The LHD may take up to 36 hours to attempt to reach someone, following the time of the first missed communication. If a person cannot be contacted within 36 hours, the LHD should call the CDS during business hours and speak to a regional epidemiologist.

DATA SHARING Q&A

Question: Can a LHD provide the addresses of persons under active monitoring to EMS, law enforcement or other persons in their jurisdiction?

Answer: The names, addresses and other identifying information of persons under active monitoring should not be shared with individuals outside of the LHD, as this is protected health information. Situations requiring the release of information for public health purposes will be evaluated on a case-by-case basis by the LHD and NJDOH.

Question: Can a LHD provide the names of persons under active monitoring to hospitals in their jurisdiction?

Answer: Persons under active monitoring have no restrictions on movement in the community and the number of persons under active monitoring in a given location may change daily. As such, providing a list of names to an area hospital is not a reliable tool for hospital preparedness. Instead, it is recommended that LHDs proactively reach out to the hospitals in their jurisdiction and establish a plan to communicate, should a person under active monitoring present for medical care at an area hospital. At the very least, this plan should include sharing a 24/7 phone number where hospitals can reach LHDs. In addition, LHDs should provide guidance to hospitals on how to search for active monitoring reports in CDRSS, if the hospital wants to cross-reference a person seeking medical care with a person under active monitoring. This can be done by having hospital staff with access to CDRSS (e.g., infection preventionists) search for a person's name, and if they are currently under active monitoring anywhere in NJ, the words "EVD ACTIVE MONITORING" will appear in the demographic information displayed in the search results. To access the report or get additional information, the hospital should contact the LHD.

Question: Can a LHD provide any information to schools or universities?

Answer: For K-12 schools, LHDs are encouraged to provide school nurses with the names of students under active monitoring, along with the date of when the active monitoring will end. This information would enable a nurse to quickly and appropriately triage any students who may present to the nurse's office with fever or Ebola-like symptoms.

For colleges and universities, LHDs are encouraged to provide university health center professionals (e.g., Medical Director, Director of Nursing) with the names of college students under active monitoring, along with the date of when the active monitoring will end. Guidance distributed by CDS to schools and universities instruct these nurses to work with LHDs to communicate about any students under active monitoring. While LHDs are encouraged to work with university health centers, the LHD retains the responsibility to make contact with the traveler, monitor their temperature and health status, provide them with 24/7 contact information, and enter daily active monitoring data into CDRSS.

Note: The LHD should provide these data to the school nurse or university health care provider only, with instructions to keep the protected health information confidential.

Question: What sort of information can a LHD share with the media?

Answer: Specific inquiries about active monitoring should be handled by the LHD in conjunction with the NJDOH Office of Communications. The below paragraph has been approved by the NJDOH CDS and Office of Communications for distribution in regards to general inquiries about active monitoring:

The New Jersey Department of Health (NJDOH) is working with local health departments (LHDs) to actively monitor persons who have visited or traveled from an Ebola-impacted country, currently Liberia, Guinea and Sierra Leone. Under this active monitoring initiative, individuals are screened by federal officials at airports when they arrive in the U.S., where they are evaluated for a fever, symptoms and risk factors for Ebola. Persons who are asymptomatic (i.e., no fever or symptoms) and report no exposure to Ebola, other than travel to an Ebola-impacted country, are considered low risk and are permitted to leave the airport. Contact information for these individuals is shared with public health officials, and LHDs perform active monitoring for 21 days, which is the maximum time when a person who may have been infected with Ebola could develop the disease. During active monitoring, contact between the LHD and individual occurs daily, to record temperature checks done by the person twice a day, and to ensure no symptoms have developed. People under active monitoring have no restrictions on travel and are permitted to move about freely in the community, including going to work and school. These persons are instructed to immediately self-isolate if symptoms begin, and seek medical evaluation at a nearby hospital. As a reminder, Ebola can only be transmitted when a person with Ebola virus disease is symptomatic. In addition, Ebola is not airborne and can only be transmitted through direct, unprotected contact with blood and other body fluids. For more information on Ebola, please refer to the NJDOH website at (<http://www.state.nj.us/health/cd/vhf/index.shtml>) and the CDC website at (<http://www.cdc.gov/vhf/ebola/>).

ADDITIONAL QUESTIONS

Question: How should a LHD close a report when a person’s incubation ends?

Answer: When a person completes their incubation period (i.e., 21 days following their exposure or last date in an EVD-affected area), the LHD should close the report in CDRSS by changing the report status to “LHD Closed.” At this time, the person is no longer required to monitor their temperature, communicate with the LHD or note their travel history to health care providers (such as EMS), as they are no longer at risk for developing symptoms of Ebola.

Question: What if a LHD has additional questions about a person under active monitoring?

Answer: For questions about active monitoring, the LHD should contact the CDS during business hours and speak to a regional epidemiologist. For notification about a person who developed symptoms or a suspect case of Ebola reported from a hospital, the LHD should contact the CDS immediately.

Question: What if a LHD has other questions about Ebola?

Answer: Please use the following list of programs and contact numbers for questions about Ebola. Note: This list is intended for use by LHDs and should not be distributed to the general public. If a LHD is seeking an answer to a question from the public, they should act as a liaison to the appropriate state agency and pass along the information to the caller.

- **NJDOH Communicable Disease Service (CDS): Daytime (609) 826-5964, after hours (609) 392-2020**
 - Symptomatic persons, contact tracing, airport screening, community (active and direct active) monitoring, exposed animals including domestic companion animals (cats and dogs)
- **NJDOH Consumer, Environmental and Occupational Health Services (CEOHS): (609) 826-4920**
 - PPE, handling and disposal of medical waste, decontamination of facilities
- **NJDOH Public Health Infrastructure, Laboratory and Emergency Preparedness (PHILEP)**
 - Office of Local Public Health (609) 633-8350
 - Public Health and Environmental Laboratories (609) 406-6878
 - Hospital operations and preparedness (609) 292-5521
 - Office of Emergency Medical Services (609) 633-7777
- **New Jersey Department of Agriculture: (609) 671-6400**
 - Exposed animals including livestock and animals other than dogs and cats
- **New Jersey Department of Education: (609) 292-1163**
 - School preparedness

ACTIVE MONITORING IN CDRSS Q&A

Process for handling CDRSS Ebola Active Monitoring Reports:

- 1) Notification comes to CDS at via EpiX, and report is created in CDRSS as **Case status: RUI, Report Status: Pending.**
 - a) LHD needs to make contact with reported individual within 24 hours
 - i) If contact is not made upon first try, document all attempts to contact that individual in CDRSS comments,
 - ii) If LHD cannot reach the individual after 3 attempts and a visit to the address, LHD should notify CDS and leave report as **Case Status: RUI, Report Status: Pending.**
- 2) Once LHD department contacts the individual they should change the report to **Case status: RUI, Report Status: LHD Open** and do the following:
 - a) Provide 24/7 contact information for LHD,
 - b) Provide information about what to do if they develop Ebola-like symptoms (i.e., call 9-1-1 and notify LHD),
 - c) Explain process for 21 day active monitoring,
 - d) Conduct the EVD Risk Assessment under the Epidemiology tab in CDRSS:
 - i) Notify CDS if there is any risk factor other than travel.

- 3) After initial contact is made by LHD:
 - a) If the individual has a thermometer and is compliant in communicating with LHD:
 - i) LHD should monitor individual for 21 days, or the remainder of the incubation, by recording temperatures and other information in CDRSS
 - (1) If individual remains asymptomatic (does not develop fever and/or symptoms) through the active monitoring period, after 21 days the LHD should close the report in CDRSS as **Case status: Not a Case, Report Status: LHD Closed.**
 - (2) If the individual develops fever and/or symptoms,
 - (a) LHD should notify CDS IMMEDIATELY FOR GUIDANCE and change the report in CDRSS to **Case status: Possible, Report Status: LHD Open.**
 - (3) If the individual states the intention to PERMANENTLY relocate out of NJ to another state for duration of the 21 day follow up,
 - (a) LHD should notify CDS with the address that the individual will be relocating to and CDS will notify that state, and the LHD should change the report in CDRSS to **Case status: Out of State, Report Status: LHD Closed.**
 - (4) If the individual states the intention to PERMANENTLY relocate to another jurisdiction within NJ for the duration of the 21 day follow up,
 - (a) LHD should notify CDS with the address that the individual will be relocating to--CDS will notify the new jurisdiction, and that LHD will assume responsibility for monitoring the person and entering data into CDRSS.
 - (5) If the individual states the intention to visit another location for a short period of time, but will return to the jurisdiction for the remainder of their 21 day follow up,
 - (a) IN STATE: LHD should maintain contact with those individuals during their trip and continue to enter data in CDRSS on a daily basis, OR
 - (b) OUT OF STATE: LHD should maintain contact with those individuals during their trip and continue to enter data in CDRSS on a daily basis, and also notify CDS of the intended travel so CDS can notify the state the individuals are visiting.
 - ii) LHD should still communicate with the individual daily during the 21 day period and document general symptom checks until a thermometer is obtained,
 - iii) Follow steps 1-5 as outlined above when a thermometer is obtained.
 - b) If the individual does NOT have a thermometer but is compliant in communicating with LHD:
 - i) LHD should provide the individual with a thermometer to use and begin taking temperatures as soon as possible,
 - ii) LHD should still communicate with the individual daily during the 21 day period and document general symptom checks until a thermometer is obtained,
 - iii) Follow steps 1-5 as outlined above when a thermometer is obtained.
- 4) If the individual states that they have not been to an EVD impacted country in the past 21 days:
 - a) Consult with CDS for guidance,
 - b) If, after consulting with DGMQ, CDS determines the individual has not had travel to an EVD impacted country within the past 21 days, there is no need for active monitoring and the LHD should change the report status to **Case status: Not a Case, Report Status: LHD Closed.**

Risk Factors in CDRSS Ebola Active Monitoring Reports:

New Risk factors have been added to “Ebola risk monitoring” (located in the Epidemiology tab of CDRSS under the “Investigation Information” section) and are as follows:

1. CONTACT INFORMATION INCORRECT
(wrong or not working addresses, emails, or phone numbers)
2. CONTACT INFORMATION WORKED NO RESPONSE
(calls, emails, etc. go through, but no communication occurs after 48 hours)
3. DID NOT HAVE TRAVEL TO EVD COUNTRIES
(either wrong country altogether or outside of 21 day monitoring period)
4. MONITORING BEGAN, HOWEVER FOLLOW UP WAS DISCONTINUED BY INDIVIDUAL

(lost to follow up after communication established)

5. NO THERMOMETER TO TAKE DAILY TEMPERATURES, DAILY SYMPTOM MONITORING STILL ONGOING
(traveler did not receive care kit, thermometer lost or not working)
6. TRANSFERRED BEFORE COMPLETION OF ACTIVE MONITORING TO ANOTHER JURISDICTION IN NEW JERSEY
(this is for within state transfers only, out of state transfers addressed in FAQ below)
7. OTHER

*Note: Other risk factors may be added to this list at any time based on common issues that may be identified with active monitoring.

These risk factors are all **YES/NO** statements and are a tool to document and report follow-up issues. Risk factors that are not an issue for an individual should be answered as **“NO.”** Risk factors that describe an issue for an individual under active monitoring or require an action should be answered as **“YES.”** Active monitoring issues that are not listed should be documented by selecting “other” and including a comment with specific information describing the issue and/or action requested. It is the responsibility of the LHD to complete the risk factor section for all reports under active monitoring. Staff at CDS review active monitoring data on a daily basis, and accurate and timely information is needed to ensure an appropriate response.