Messages to Contacts

Local health jurisdiction (LHJ) staff should educate persons who have potentially been exposed to Ebola virus about the symptoms of the disease and where to go for immediate evaluation if symptoms occur.

Persons being monitored after potential exposure to Ebola should:

1. Be educated about symptoms of Ebola (fever, diarrhea, vomiting, headache, muscle pain, abdominal pain, or bleeding).
2. Instructed to report symptoms of Ebola immediately to the LHJ. The LHJ will provide a 24/7 contact number.
3. Have a plan regarding where the person will seek healthcare. The LHJ should contact the facility where the patient will be sent to ensure appropriate plans are in place to evaluate the person. The LHJ should provide the facility's name and its 24/7 telephone number to the person.

Direct Active Monitoring: All persons with potential exposure to Ebola should be monitored **at least** daily by public health for fever and symptoms until 21 days after last potential exposure. Initially, in high risk persons, we recommend twice daily in person monitoring until a rapport has been established with the individual. After the LHJ is comfortable that the person being monitored is able to reliably take their temperature and report symptoms, then the second contact may be performed electronically (phone, email, or text message) which may be after the first day. While being monitored, daily discussions regarding plans to work, travel, take public transportation, or go to busy public places (congregate settings) should occur and a determination of whether these activities are allowed will be made. Any development of fever or symptoms would necessitate a medical evaluation and isolation pending results of evaluation. For healthcare workers, LHJ's may delegate the responsibility for monitoring to a healthcare facilities occupational/employee health program at their discretion with a daily report to the LHJ.

Active Monitoring: Initial contact should be in person and then monitoring may be performed by phone or electronically at the discretion of the LHJ. People being monitored must take their temperature twice daily, watch themselves for symptoms, report as directed to public health officials, and immediately tell public health officials if they have a fever or other symptoms.

Instructions for Follow-up Teams Doing Home Visits: LHJ staff should communicate with the potentially exposed person before traveling to the site of monitoring to ensure the person has no symptoms. We do not recommend contacting employers or schools without the consent of the person being monitored, however we do encourage all persons in high/some/and low risk categories to communicate with schools or employers if restrictions are in place. As cases are more likely to arise in persons with exposures, it is important for monitoring personnel to take measures to protect themselves by taking these measures during a visit:

1. When possible, use a non-government car to travel to the residence.
2. Call the person before entering the residence to ask about symptoms and re-assess for symptoms in the doorway or just after entering the residence.
3. Avoid direct physical contact like shaking hands or hugging.
4. When possible, have the person 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.
5. If fever or other symptoms are identified at the home visit, immediately leave the residence and arrange for the person to be evaluated.
6. If no symptoms are identified, verify the time of the next evaluation.
7. 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 telephone the LHJ.

Exposure Risk Category	Type of Risk Exposures during the prior 21 days	Public Health Monitoring	Restrictions on Work, School and other Public Activities	Restricted Travel
High risk	**Direct contact** with infected body fluids through: • needle stick, splashes to eyes/nose/mouth • body fluids directly on skin • Handling body fluids, such as in lab without PPE or safety precautions • Touching a dead body without proper PPE • Living with and caring for a person with symptoms of Ebola • Coworker in same US facility unexpectedly becomes sick with Ebola (high risk)	**Yes**-Direct Active Monitoring for 21 days	**Yes**-Public Health Order for Restrictive Movement and implement involuntary home quarantine order if contact refuses to adhere to restrictions.	**Yes** – avoid long-distance commercial conveyances (airplane, ship, long distance bus or train) **Yes**-exclusion from public conveyances (e.g. bus or taxi), congregate settings, and public places (movie theaters, gym, etc.) unless able to maintain a 3 foot space in non-congregate settings **Yes**-exclusion from school and workplace unless approved by LHJ
Some risk	**Close contact** with a person showing symptoms of Ebola • In a household, healthcare facility, or community (no PPE) • In a country with widespread Ebola transmission while wearing PPE	**Yes**-Direct Active Monitoring for 21 days	**Not routinely** unless risk assessment warrants additional restrictions. See guidance for risk assessment. See "some risk" letter template attached for further voluntary restrictions	**Not routinely** unless assessment warrants additional restrictions See "some risk" letter template attached for further voluntary restrictions
Low but not zero risk	**Travel on and airplane** within 3 feet of a person showing symptoms of Ebola Present in same room w/out direct contact with a person showing symptoms of Ebola **Having brief skin contact** with a person showing symptoms of Ebola when the person was in early stage of disease but not in a patient care area. **Travel** in a country with widespread Ebola transmission within the previous 21 days and no known exposures **In countries** w/o widespread Ebola and direct contact with a person showing symptoms of Ebola while wearing PPE	**Yes**-Direct Active Monitoring for US based healthcare workers and aircraft travelers exposed **Yes**-Active Monitoring for all others	**No**	**No**
No risk	**Contact** with a person who is NOT showing symptoms AFTER that person was in contact with a person with Ebola **Contact** with a person with Ebola BEFORE the person was showing symptoms **Travel** to a country with Ebola outbreak more than 21 days ago or to a country with no widespread Ebola transmission, and having no other exposures to Ebola, or a person who remained in the vicinity of an aircraft or ship within	**No**	**No**	**No**

	country with no direct contact with Ebola patients. **Lab Workers** in a biosafety 4 level lab wearing proper PPE.			

Considerations For Risk Assessment Of Persons At "Some Risk"

1. Are there unrecognized high-risk exposures?
    a. Intensity of exposures (direct daily contact under extreme circumstances versus infrequent visits to an Ebola treatment Unit)
    b. Previously undisclosed breach of infection control practices
2. Where is the person in the timeline of post exposure?
    a. Risk is lower after 2 weeks post exposure
3. What is the policy or considerations that should be taken into account by their school or employer?
4. Is the person adherent with direct active monitoring?
    a. Failure to adhere with direct active monitoring
    b. Person will not adhere to public health requests (phone calls , provision of additional information)
    c. Inconsistent history of risk or detail of direct active monitoring requests
5. Is the person able to recognize and report symptoms, isolate themselves, and seek medical care?
    a. Preschool and school age children may not be able to recognize and respond as quickly as an adult
6. Is there anything unique about this person that would make it difficult to prevent exposures when symptomatic?