



# EBOLA MONITORING & MOVEMENT

N.C. Monitoring Instructions for the Local Health Department



This document provides guidance for local health department staff for the 21-day period of monitoring and movement restrictions for persons who have had known or possible exposure to Ebola. This guidance applies to community contacts of known or suspected cases as well as travelers and healthcare workers returning from counties designated by CDC as posing a risk for Ebola exposure.

Persons with known or possible exposure will be monitored by the local health department and may have restrictions imposed on their movement depending on their exposure risk classification. CDB [Program Alert #8](#) (updated 11/21/14) and the CDC website (<http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>) provide additional information on exposure risk classifications referenced in this document.

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## 1. EBOLA DESCRIPTION

Ebola is a rare and severe viral illness that can cause fever, vomiting, diarrhea, abdominal pain, muscle pain, headache, rash, and bleeding. Ebola is spread through direct contact with the blood or body fluids of a person with Ebola (e.g., vomit, sweat, urine, or diarrhea). Persons who do not have symptoms cannot spread the disease. The incubation period for Ebola is typically 8-10 days, but can be up to 21 days.

## 2. MONITORING

**A. Overview.** The purpose of active and direct active monitoring is to ensure that an individual with epidemiologic risk factors who becomes ill is identified as soon as possible after symptom onset so s/he can be rapidly isolated and evaluated. Monitoring can be conducted on a voluntary basis or compelled by legal order. Persons identified as having high, some or low (but not zero) risk should be monitored for symptoms of Ebola each day for 21 days after their last possible exposure. This is the longest interval between exposure to Ebola and the development of symptoms.

The table below lists the recommended monitoring types based on the exposure risk classification as determined by the risk assessment interview.

### Type of Monitoring by Exposure Risk Classification

Exposure Risk Classification	Type of Monitoring
Low (but not zero) risk	<ul style="list-style-type: none"> <li>○ Direct active monitoring for travelers on an aircraft seated within 3 feet of a person with Ebola</li> <li>○ Active monitoring for all contacts or other travelers who are considered low risk</li> </ul>
Some risk	<ul style="list-style-type: none"> <li>○ Direct active monitoring</li> </ul>
High risk	<ul style="list-style-type: none"> <li>○ Direct active monitoring</li> </ul>

Most persons identified with low (but not zero) risk will undergo active monitoring. They should be asked to report measured temperatures and the presence or absence of symptoms to the local health department *at least once per day* through phone calls, interactive voice response, internet reporting, or via Skype or other video conferencing, with possible follow-up in-person visits as needed.

Persons with high or some risk or persons with low risk seated within 3 feet of a person with Ebola on an aircraft must undergo direct active monitoring. For direct active monitoring, the local health department nurse should *directly observe* the individual at least once daily to review symptom status and monitor temperature. This direct observation may be done as an in-person visit or, in some cases, by video conferencing. A second follow-up per day may be directly observed or may be a report by telephone. Direct active monitoring should include discussion of plans to work, travel, take public conveyances, or be present in congregate locations.

**B. General Monitoring Instructions.** Twice a day (approximately every 12 hours), the person under monitoring should record his or her temperature and indicate the presence or absence of any symptoms. If the person is under direct active monitoring, one of these checks will be observed by a local health department nurse.

Either the NC-developed 'Ebola Symptom Monitoring Log' or the log provided to returning travelers in the CDC CARE Kit may be used to record the person's temperature and symptoms. Both the person under monitoring and the local health department nurse should keep a copy of the log. Be sure to complete all requested identifying fields on the log (e.g. name, date of last possible exposure, etc.) at the initial visit. Complete the date fields for DAY 1 through DAY 21 based on the last date of possible exposure (DAY 0). If some of the dates have passed (i.e. the person began monitoring later than DAY 1 after the exposure), 'X' out the fields to avoid confusion.

If using the 'Ebola Symptom Monitoring Log' for each symptom, the person should indicate a "Y" for yes, or an "N" for no at each check. No field should be left blank. If using the CDC log, the person should list any symptoms noted or indicate "NONE" if no symptoms are present. No field should be left blank. If using the 'Ebola Symptom Monitoring Log,' enter the time the check is performed in the 'time' field. The local health department nurse should initial his or her copy of the log for any in-person visits or telephone reports and indicate the type of check (either in-person (I), video (V), telephone (P) or self-monitoring (S) if no report is made). If using the CDC log, write this information in the margin.

The person should record if they are taking any fever-reducing medication, such as aspirin, Tylenol® (acetaminophen), Aleve® (naproxen), Motrin® or Advil® (ibuprofen). Temperature readings should be taken before the person's next dose of any such medication.

The health department nurse should clearly instruct the person under monitoring on:

- How to properly take his or her temperature using the provided thermometer,
- How to complete the Ebola Symptom Monitoring Log or CDC CARE Kit log,
- When he or she should expect an in-person visit (if applicable), and
- When he or she should call the local health department nurse to report monitoring information.

Supplies for the monitoring visits may include:

- Required documents (see 'Documents to Provide to the Person Under Monitoring' section below),
- Ebola education materials (e.g. description of the disease, symptoms, etc.),
- Enough digital thermometers to distribute one to each person being monitored in case the thermometer provided at the airport has been lost or is not working, and
- Medical examination gloves.

After completing the initial in-person visit, notify the NC DPH Communicable Disease Branch (CDB) by emailing [Ebola\\_lhd@dhhs.nc.gov](mailto:Ebola_lhd@dhhs.nc.gov) with the identification number of the person under monitoring, the date of the initial in-person visit and the contact information of nurse completing the visit.

**C. Procedure for Active Monitoring.** An initial, in-person visit should be made for persons under active monitoring. This in-person visit is helpful to explain the monitoring process, ensure that the person being monitored understands the required follow-up and to establish rapport.



If an elevated temperature or any symptoms consistent with Ebola are noted at any time in a person being monitored, follow your established local health department protocol for evaluating, transporting and accessing medical care for a patient with possible exposure to Ebola. If the person has an urgent health situation, the first call should be to 911 and the second call should be to the public health department.

### Initial In-person Visit

1. Before the visit, call ahead to verify that the person is asymptomatic.
2. When on-site and *prior* to entering the premises, again ask and observe for any signs and symptoms of Ebola. Do not enter the premises if the person appears or reports being unwell.
3. Confirm that the person has a symptom log (either the *NC Ebola Symptom Monitoring Log* or the CDC Care Kit Log) and that all necessary information (name, IDs, dates) on the log is complete. Demonstrate proper use of the symptom log and ensure that the person under monitoring understands how to use it.
4. Provide a digital oral thermometer to the person and have the person demonstrate using the thermometer and recording his or her temperature (and symptom information) in the symptom log to verify that he or she is competent and comfortable with this process.
5. If person under monitoring is a traveler with a CDC CARE mobile phone, verify that s/he knows how to use the phone and is able to check for and retrieve missed calls.
6. Identify and record the number of persons and pets in the household.
7. Provide additional necessary information both verbally and in writing using the corresponding documents (see 'Documents to Provide to the Person under Monitoring' section below). Information should describe the monitoring process, what to do if s/he becomes ill, required control measures, and how to complete the *Visitor and Public Venue Log*.

### Subsequent Contacts

1. Twice a day (morning and night), the person will take his/her temperature orally with a digital thermometer and record the temperature and the presence or absence of all symptoms on the log.
2. The person being monitored should report symptoms at least once daily to the local health department nurse by phone, email, or other means to confirm symptoms have been monitored and the person remains asymptomatic.
3. If a person has not been monitored or recorded the presence or absence of symptoms for 48 hours, additional efforts should be made to increase adherence to the follow-up protocol, such as in-person visits. The CDB should be notified at (919) 733-3419 should this occur.

**D. Procedure for Direct Active Monitoring.** Daily in-person visits should be made for persons under direct active monitoring (or, in some cases, video conferencing). The initial, in-person visit should be used to explain the monitoring process, ensure that the person being monitored understands the required follow-up and to establish rapport.



If an elevated temperature or any symptoms consistent with Ebola are noted at any time in a person being monitored, follow your established local health department protocol for evaluating, transporting and accessing medical care for a patient with possible exposure to Ebola. If the person has an urgent health situation, the first call should be to 911 and the second call should be to the public health department.

### Important Information for All In-person Visits

1. When in the presence of the person being monitored, maintain a distance of three feet and defer any direct contact, such as handshakes.
2. While in the premises, remain standing, avoid leaning on walls or furniture, and to keep yourself between the person being monitored and the door.
3. If at any point during the visit, the person appears ill or affirms that they have symptoms consistent with Ebola, ask the person to go to a room, close the door, and await further instruction. Exit the residence, taking care to let yourself out only after putting on the gloves in your pocket.
4. Also exit if you see any blood or bodily fluid contamination of surfaces, again asking the person being monitored to isolate him/herself in a room and to await further instruction.

### Initial In-person Visit

1. Before the visit, call ahead to verify that the person is asymptomatic.
2. When on-site and *prior* to entering the premises, again ask and observe for any signs and symptoms of Ebola. Do not enter the premises if the person appears or reports being unwell.
3. Confirm that the person has a symptom log (either the *NC Ebola Symptom Monitoring Log* or the CDC Care Kit Log) and that all necessary information (name, IDs, dates) on the log is complete. Demonstrate proper use of the symptom log and ensure that the person under monitoring understands how to use it.

4. Provide a digital oral thermometer to the person and have the person demonstrate using the thermometer and recording his or her temperature (and symptom information) in the symptom log to verify that he or she is competent and comfortable with this process. Do not touch the person or the thermometer, but visually observe the reading on the thermometer.
5. If person under monitoring is a traveler with a CDC CARE mobile phone, verify that s/he knows how to use the phone and is able to check for and retrieve missed calls.
6. Identify and record the number of persons and pets in the household.
7. Provide additional necessary information both verbally and in writing using the corresponding documents (see 'Documents to Provide to the Person under Monitoring' section below). Information should describe the monitoring process, what to do if s/he becomes ill, required control measures, and how to complete the *Visitor and Public Venue Log*.

### **Subsequent Contacts**

1. Before the daily, in-person visit, call ahead to verify that the person is asymptomatic.
2. When on-site and *prior* to entering the premises, again ask and observe for any signs and symptoms of Ebola. Do not enter the premises if the person appears or reports being unwell.
3. Interview the person about the presence or absence of fever and any Ebola symptoms using the symptom log to ensure thoroughness and consistency.
4. Twice a day, the temperature and symptoms should be recorded on the symptom log. During the in-person visit, the nurse should not touch the person or the thermometer but visually observe the reading on the thermometer. The person being monitored should also take his/her temperature one additional time per day.
5. If the second follow-up per day is being conducted by telephone, arrangements should be made for the local health department nurse to receive the results by phone, email, or other means to confirm symptoms have been monitored and the individual remains asymptomatic.
6. If the person under direct active monitoring has not been observed for 24 hours, additional efforts should be made to find and observe the person. The CDB should be notified at (919)733-3419 should this occur.

## **3. MOVEMENT**

The restrictions on the movement of persons under monitoring are described in [Program Alert #8](#) (updated 11/21/14). Persons with high and low (but not zero) risk have fixed criteria for their movement restrictions. Persons with some risk should be evaluated on an individual basis and permitted to move based on the specific assessment of their situation and the limitations provided in Program Alert 8. Direct monitoring visits should include a conversation about planned activities for the upcoming days to assess and determine the acceptability of the proposed activities. In all situations, additional restrictions may be adopted if necessary (e.g. non-compliance).

**Visitor and Public Venue Log:** All persons under monitoring should be instructed to keep a daily record of all visitors to the home and all public venues visited. This is being asked because the public health department will need to have this information readily available to initiate contact tracing if the person under monitoring develops symptoms. Nurses should periodically ask to see the log to ensure that the person is complying with this requirement.

## **4. TRAVEL TO OTHER JURISDICTIONS**

Persons under monitoring, who are permitted to travel, may move between local, state and international jurisdictions. Local, state and/or federal officials will need to be notified of movement to ensure uninterrupted monitoring. All persons under monitoring must obtain permission from the local health department prior to traveling out of the county.

- A. **Travel within North Carolina (county-to-county).** For overnight travel within North Carolina, the local health department should contact the receiving county's health department to provide the details of the travel and to arrange for uninterrupted monitoring. The CDB should be notified of these plans by calling (919)733-3419 and emailing [ebola\\_lhd@dhhs.nc.gov](mailto:ebola_lhd@dhhs.nc.gov).

For travel within North Carolina that does not involve an overnight stay, the local health department should ensure that uninterrupted monitoring can occur and that the person under monitoring can safely access medical care should s/he develop symptoms. Necessary information should be communicated with other North Carolina jurisdictions (e.g. if long-distance travel is anticipated and care may be needed in another county).

- B. **Travel outside of North Carolina (domestic and international).** If a person under monitoring is planning to leave North Carolina, the local health department should contact the CDB to provide the details of the anticipated travel. Interstate and international notifications will be handled by the CDB epidemiologist. The CDB should be notified of these plans by calling (919)733-3419 and emailing ebola\_lhd@dhhs.nc.gov.

## 5. CONTROL MEASURES

Information about the required symptom monitoring check-ins with the local health department and any restrictions on movement should be conveyed verbally and in writing using the *Control Measures for Person with Possible Exposure to Ebola* document. The local health department nurse should complete the form by indicating each requirement with a check mark and his or her initials next to each requirement.

The person under monitoring should be asked to sign the form only after the local health department nurse has discussed this information with him or her and s/he has demonstrated understanding of the requirements. The person under monitoring should be given a copy of this form and the signed copy should be kept by the local health department nurse.

## 6. NEEDS ASSESSMENT

It is important for the local health department nurse to assess the needs of each person under monitoring. A needs assessment can include determining that the person's basic requirements are met (e.g., for a person who is not permitted to travel by public conveyance and does not have a private vehicle, access to food, facilitating bill payment if unable to work, prescription refills for chronic conditions, etc.). Ensuring that the person's needs are addressed during the follow-up period will help facilitate compliance, particularly if movement restrictions are imposed. Attention to mental health needs can also help to reduce the many stresses people feel, which can stem from being made aware of their potential exposure, concern for similarly affected family members, or feeling stigmatized by their communities.

## 7. DOCUMENTS

Provide the following documents to the person under monitoring:

1. D2: N.C. Monitoring Instructions for Persons Under Monitoring
2. D4: N.C. Ebola Symptom Monitoring Log (if not using the CDC Care Kit log)
3. D5: N.C. Visitor and Public Venue Log
4. D6: Control Measures for Person with Possible Exposure to Ebola

Ensure that the person under monitoring understands the information in these documents and is comfortable using the logs provided. Remind the person that these documents should be kept in a safe location where they can be quickly located if needed.

## 8. COMPLIANCE

Monitoring of individuals potentially exposed to Ebola is a critical line of defense in preventing an Ebola outbreak in the United States. For this reason, it is important that monitoring be initiated rapidly and continue uninterrupted for the duration of the monitoring period.

If, at any point during monitoring, the local health department is unable to make contact with the person under monitoring, consider other data sources when trying to locate the individual, such as law enforcement, property records, school records, social media, and fusion centers. Consider providing the individual's name to health department staff members who are likely to field calls from healthcare providers requesting a consultation when there is a concern about Ebola exposure.

**If the local health department nurse is unable to establish or maintain contact for a period of 48 hours for active monitoring or 24 hours for direct active monitoring, s/he should contact the CDB at (919) 733-3419.** This information may be shared with CDC's DGMQ and the U.S. Department of Homeland Security.