EBOLA VIRUS DISEASE (EVD)
Active and Direct Active Monitoring
Utah Department of Health
State Plan

June 2015

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ACRONYMS

CARE	Check and Report Ebola Kit given to travelers from an Ebola affected region
CDC	Centers for Disease Control & Prevention
DGMQ	CDC's Division of Global Migration and Quarantine
EME	Ebola Monitoring Event
Epi-X	Epidemic Information Exchange
EVD	Ebola Virus Disease
HIPAA	Health Insurance Portability and Accountability Act
LHD	Local Health Department
PAM	Person under Active Monitoring
SIAC	Statewide Information & Intelligence Center
UDOH	Utah Department of Health
UT-NEDSS	Utah National Electronic Disease Surveillance System

INTRODUCTION

Since Ebola activity was detected in the United States in September 2014, the Utah Department of Health, Utah's local health departments (LHDs), medical facilities, emergency medical services (EMS), and many other partners have worked collaboratively to enhance preparedness and response capacity for Ebola. Efforts have included developing plans, processes, and protocols to identify suspect cases, developing isolation and treatment capacity, engaging in testing of suspect cases when needed, and collaboration among all stakeholders to ensure appropriate and safe response to possible and confirmed Ebola cases in the state.

The active monitoring and direct active monitoring plans for Ebola developed by both the Utah Department of Health and all LHDs in Utah have taken into consideration guidance from the U.S. Centers for Disease Control and Prevention (CDC). Ensuring that state and local public health maintain awareness and tracking of people under monitoring will ensure that the risk to the public and health care providers is minimized. Developing a standardized set of information to be included in these plans will ensure that UDOH and LHDs are using the same guidelines, and will provide opportunity for multidistrict alignment as indicated, yet still allow LHDs the flexibility to develop local processes.

This plan has been written in direct response to funding provided by CDC to ensure active and direct active monitoring plans are in place and coordinated statewide. The plan is structured chronologically beginning with the first notification of a person requiring active monitoring to carrying out the monitoring process.

NOTIFICATON

All travelers returning from an Ebola-affected region are required to undergo daily active monitoring. Upon arrival in the U.S., CDC's Division of Global Migration and Quarantine (DGMQ) documents the traveler's risk and locating information and explains the daily monitoring process to the traveler. A Check and Report Ebola (CARE) Kit is provided to help travelers do their own daily health checks for the next 21 days. For any travelers planning to travel through or reside in Utah, UDOH receives an email from the DGMQ through the CDC Epi-X secure online system. UDOH then alerts the respective LHD during waking hours (7 a.m. – 10 p.m.).

DOCUMENTATION

Within 24 hours of initial Epi-X notification, UDOH will create an online record in the EpiTrax UT-NEDSS system with the individual's demographic, exposure risk and locating information. The record is then routed to the appropriate local health department.

Attachment B provides additional information on completing documentation in EpiTrax UT-NEDSS.

PRIVACY AND CONFIDENTIALITY

While disclosure of health information about people under active monitoring is critical to effectively contain the disease, UDOH will assure the confidentiality and integrity of this protected information by adhering to HIPAA policies. The HIPAA Privacy Rule provides protections for individually identifiable health information, and gives patients (in this case, people under active monitoring) an array of rights with respect to that information. The HIPAA Privacy Rule specifies a series of administrative, physical, and technical safeguards, which the Utah

Department of Health has in place and follows. State HIPAA guidelines for reporting communicable diseases and providing information for public health investigation can be found here: http://health.utah.gov/epi/rules/hipaa_letterAssistant.pdf. Additional guidelines regarding security and confidentiality can be found here: http://health.utah.gov/phi/?formname=hit3.

DETERMINATION OF RISK CATEGORY

An accurate risk assessment is necessary to ensure appropriate public health monitoring and activity restrictions are put in place. Information received from DGMQ and provided to UDOH determines the individual's initial risk category. UDOH enters this preliminary information into EpiTrax UT-NEDSS.

Once an LHD has established contact with the person under active monitoring (PAM), the LHD will use this information to re-assess and confirm the individual's level of risk. The assigned risk level is based on the individual's degree of exposure, and will be determined using the online decision support tool provided by UDOH. If an LHD determines the initial risk assessment was incorrect, the LHD will update the appropriate fields in EpiTrax UT-NEDSS within 24 hours, and alert the UDOH Ebola epidemiologist.

A summary description of exposures is included in each of the categories is shown in Table 1. For a complete listing, please see CDC's Table, *Summary of CDC Interim Guidance for Monitoring and Movement of People Exposed to Ebola Virus* online at: http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html.

Table 1. Risk Category Exposures and Type of Monitoring Required

High Risk Category – Direct Active Monitoring
• Percutaneous (e.g., needle stick) or mucus membrane exposure to blood or body fluids (including, but not limited to: feces, saliva, sweat, urine, vomit, and semen[1]) from a person with Ebola while the person was symptomatic • Direct contact without appropriate personal protective equipment (PPE) with a person with Ebola while the person was symptomatic or the person's body fluids • Laboratory processing of blood or body fluids from a person with Ebola while the person was symptomatic without appropriate PPE or standard biosafety precautions • Direct contact with a dead body without appropriate PPE in a country with widespread transmission or a country with cases in urban settings with uncertain control measures • Having provided direct care in a household setting to a person with Ebola while the person was symptomatic
Some Risk – Direct Active Monitoring
• In countries with widespread transmission: o Direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic or the person's body fluids or being in the patient-care area of an Ebola treatment unit o Any direct patient care in non-Ebola health care settings • Close contact in households, health care facilities, or community settings with a person with Ebola while the person was symptomatic[2]

Low Risk (But Not Zero) – Active Monitoring
• Having been in a country with widespread transmission, a country with cases in urban settings with uncertain control measures, or a country with former widespread transmission and now established control measures and having had no known exposures • Brief direct contact (e.g., shaking hands) while not using appropriate PPE, with a person with Ebola while the person was in the early stage of disease • Brief proximity with a person with Ebola while the person was symptomatic, such as being in the same room (not the patient-care area of an Ebola treatment unit) for a brief period of time • In countries other than those with widespread transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic or the person's body fluids or being in the patient-care area of an Ebola treatment unit • Laboratory processing of blood or body fluids from a person with Ebola while the person was symptomatic while using appropriate PPE and standard biosafety precautions • Having traveled on an airplane with a person with Ebola while the person was symptomatic and having had no identified some or high risk exposures
No Risk – No Monitoring Required
• Laboratory processing Ebola-containing specimens in a Biosafety Level 4 facility • Any contact with an asymptomatic person who had potential exposure to Ebola virus • Contact with a person with Ebola before the person developed symptoms • Any potential exposure to Ebola virus that occurred more than 21 days previously • Having been in a country with Ebola cases, but without widespread transmission, cases in urban settings with uncertain control measures, or former widespread transmission and now established control measures, and not having had any other exposures • Having remained on or in the immediate vicinity of an aircraft or ship during the entire time that the aircraft or ship was in a country with widespread transmission or a country with cases in urban settings with uncertain control measures, and having had no direct contact with anyone from the community • Having had laboratory-confirmed Ebola and subsequently been determined by public health authorities to no longer be infectious (i.e., Ebola survivors)

[1] *Ebola virus can be detected in semen for months after recovery from the disease. Unprotected contact with the semen of a person who has recently recovered from Ebola may constitute a potential risk for exposure. The period of risk is not yet defined.*
[2] *Close contact is defined as being within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic for a prolonged period of time while not using appropriate PPE.*

ACTIVE MONITORING PROCESS

Active monitoring is recommended for people in the low (but not zero) risk category. In these instances, the local public health authority assumes responsibility for establishing regular communication with potentially exposed people, including daily checks to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop.

The LHDs will conduct ***daily*** active monitoring check-ins. Phone calls and check-ins should be conducted at different times each day, as recommended by CDC. (Refer to the specific LHD's Ebola Active and Direct Active Monitoring Plan). LHDs will carry out active monitoring activities, and document them in EpiTrax UT-NEDSS.

UDOH's Ebola epidemiologist will review active monitoring reports at least weekly and report lapses in monitoring activities to LHD personnel and managers.

UDOH's Ebola epidemiologist, or, if after hours, the on-call epidemiologist, will be notified immediately if the PAM reports any symptoms. If symptoms develop, the UDOH Management and Transport of Persons Under Investigation (PUIs) for Ebola Virus Disease (EVD) plan will be implemented. This plan can be found at: http://health.utah.gov/epi/diseases/ebola/Utah_Ebola_PUI_manage.pdf.

DIRECT ACTIVE MONITORING PROCESS

Direct active monitoring is recommended for people in the high risk and some risk categories, and for some individuals in the low (but not zero) risk category. In these instances, the local public health authorities will directly observe the individual at least once daily to review symptom status and monitor temperature; a second follow-up per day may be conducted by telephone in lieu of a second direct observation. Direct active monitoring will include discussion of plans to work, travel, take public conveyances, or be present in congregate locations.

The local public health department in the jurisdiction where the person requiring direct active monitoring is residing will conduct these activities according to the established local Ebola Active and Direct Active Monitoring Plan. The UDOH Ebola epidemiologist will update CDC's *Countermeasures & Response Administration* website (http://www.cdc.gov/cts/cra/) daily with information provided by the LHD on the individual undergoing direct active monitoring.

If the person under direct active monitoring reports any symptoms, the LHD will notify UDOH's Ebola epidemiologist, or, if after hours, the on-call epidemiologist. This will trigger activation of the UDOH Management and Transport of Persons Under Investigation (PUIs) for Ebola Virus Disease (EVD) Plan, located on the UDOH Epidemiology webpage at http://health.utah.gov/epi/diseases/ebola/Utah_Ebola_PUI_manage.pdf.

DIFFICULTY IN MONITORING

Failure to Make Initial Contact

LHDs will make initial attempts to locate the PAM by making visits to the home address that was provided (however, under no circumstance will a public health staff member be placed in dangerous situation), and by communication with the emergency contact that was provided. Attempts should be made to contact the individual within the first 24 hours after the PAM's arrival in the U.S.

LHDs will alert local health care facilities and EMS in the event that a person traveling from an Ebola-affected area calls 9-1-1 or presents at a health care facility in their jurisdiction.

UDOH will assist the LHD if they are unable to establish initial contact with the traveler within 24 hours (for a person requiring direct active monitoring), or 48 hours (for a person requiring active monitoring). UDOH will use their resources to assist in locating the individual, including calling CDC DGMQ.

Failure to Make Follow-Up Monitoring Contact

Local Health Department Role. If an LHD makes a successful initial contact, but difficulty is encountered in making follow-up monitoring attempts, one or more of the following steps to reach the individual will be taken by the LHD:

- Home visits
- Contacting the emergency contact
- Contacting local hospitals to ensure the person has not been admitted

If unsuccessful, the following additional tactics may be used:

- Applying local public health authority, possibly by consulting with the county attorney for further guidance
- Involving local law enforcement
- Providing a person under active monitoring's name to health department staff members who are likely to field calls from health care providers requesting a consultation when there is a concern about Ebola virus exposure

UDOH will be informed if an LHD is unable to make follow-up monitoring contacts with the traveler within 48 hours (for a person requiring direct active monitoring), or 72 hours (for a person requiring active monitoring).

UDOH Role. If a local health department is unable to make follow-up monitoring contacts within the timeframes designated, UDOH will use their resources to assist in locating the individual. This may include notification and coordination with the following:

- Utah Statewide Information and Analysis Center (SIAC)
    - Mark Lemery, 801-256-2378 (office), 801-462-1998 (cell), MLemery@utah.gov
- Utah Division of Emergency Management (DEM)
    - Judy Watanabe, 801-538-3750 (office), 801-554-5958 (cell), judywatanabe@utah.gov
- CDC Division of Global Migration and Quarantine (DGMQ)
    - Alberto Pino, uvi2@cdc.gov, 310-215-2365 (office)

Unwilling Person

In the event that a person under active or direct active monitoring fails to cooperate with the LHDs for daily check-ins, necessary medical evaluations, or voluntary restrictions issued, UDOH will work with the local health officer who has the authority to begin the process of involuntary isolation and quarantine (I & Q). IQ actions are outlined in Utah's Code 26 Chapter 6-b, *Communicable Diseases – Treatment, Isolation and Quarantine Procedures* found online at http://ut.elaws.us/code/26-6b. This process will be initiated based on a case-by-case evaluation with collaboration between the LHD health officer, their county attorney, nursing director, communicable disease nurse, UDOH, and CDC, if needed.

LHDs will take all measures to encourage the PAM to agree to voluntary compliance before proceeding with involuntary action, including a written notification to the PAM of the requested actions and subsequent consequences if these actions are not followed. Any I & Q orders will be by the least restrictive means necessary to prevent the spread of a contagious or possibly contagious disease to others. The health status of an I & Q individual will be monitored regularly, as an individual must be immediately released when s/he no longer poses a risk of transmitting a contagious or possibly contagious disease to others.

If a person is ordered to involuntary I & Q, the needs of the person shall be addressed in a systematic and competent fashion, including a safe and hygienic manner of shelter with adequate food, clothing, means of communication and, if needed, competent medical care. To the extent possible, cultural and religious beliefs will be considered in addressing the needs of the individual, while establishing and maintaining isolation and quarantine premises.

The authority to I & Q individuals with communicable or suspect communicable diseases in order to protect the public's health, also comes with a duty to respect individual civil liberties. I & Q orders will follow due process, and any restrictions of civil liberties will be legal and as minimally restrictive as reasonably possible. Guidance to accomplishing these requirements is available in the *Judicial Review of Orders of Restriction*, found at http://health.utah.gov/epi/diseases/TB/guidelines/judical_review.pdf.

COORDINATION WITH PUBLIC HEALTH

Coordination between all levels of public health, including local, state, and federal, are critical to an effective Ebola monitoring plan. UDOH will engage in regular information sharing with LHDs to ensure all are aware of and engaged in preventing the spread of illness in the state of Utah. Information will be shared weekly with LHDs if a PAM is visiting their jurisdiction.

Attachment A lists the emergency contact information numbers for all local health departments and the Utah Department of Health.

COORDINATION WITH HEALTH CARE

LHDs will keep open communication and coordination with local hospitals, emergency rooms, urgent care managers, other community clinics and providers, county emergency planners, emergency medical services, and other partners to ensure they are aware of the Ebola plans and procedures. All partners should be notified of potential situations that could be faced, and provided guidance by UDOH and CDC to respond appropriately. All health care facilities have been instructed to use the "Think Ebola – Ask, Isolate and Notify" screening criteria at initial contact with any clients seeking medical care to determine if there is potential risk of EVD present or prior to evaluation. The UDOH Ebola epidemiologist shares information weekly with acute care hospitals on current PAMs in Utah.

UDOH communicates with hospital emergency managers, healthcare coalition members, and leadership of major hospital chains to ensure guidance, plans, and situational information is received. UDOH's Ebola Active and Direct Active Monitoring Plan will be shared will all LHDs, who in turn will share with the hospitals in their jurisdictions. In the event that a person under active or direct active monitoring becomes symptomatic, UDOH will work with the respective LHD to ensure swift and ongoing communication occurs with any hospitals and emergency medical systems who may be involved in patient care.

PUBLIC ACTIVITY & TRAVEL RESTRICTIONS

Public Activity Restrictions

All people under active or direct active monitoring will be treated on a case-by-case basis for activity restrictions. Under Title 26.A of Utah Code, local health officers have the authority to restrict the movement of people under direct active monitoring if the public is at risk. Potential public activity restrictions may include, but are not limited to, movies/concerts, school, work, sporting events, shopping, and church/worship services. Per local public health authority, the PAM may participate in non-congregate public activities as long as they can ensure 3-foot distance to others (e.g., jogging in the park).

Travel between Jurisdictions in Utah

If traveling from one jurisdiction to another does occur, LHDs will coordinate to ensure that active or direct active monitoring and prompt follow up continue uninterrupted. The local health officer may limit or restrict travel by bus, airplane, boat, ship, ferry, subway/metro, train, or shuttle. Travel by nonpublic conveyance, such as a private chartered flight or a private vehicle, may be allowed as long as it is coordinated with public health authorities at both the origin and destination of travel, and monitoring can occur uninterrupted. UDOH will ensure that traveler information is shared between LHDs.

Short Term Interstate Travel

If a person under active or direct active monitoring is traveling overnight (or longer) outside their original jurisdiction, the LHD will inform UDOH about the planned travel. LHD staff will initiate discussions with the other affected local health department(s) to determine who will take over active monitoring. If necessary, the originating LHD will ensure appropriate routing of the PAM's information is entered into EpiTrax UT-NEDSS. Unless other arrangements are made, the originating LHD will maintain responsibility for monitoring and documentation.

Long Term Out-of-State and International Travel

If a person under active or direct active monitoring will be traveling outside of Utah during their monitoring period, the LHD will notify UDOH as soon as possible. UDOH will alert the receiving state via Epi-X and a phone call (or CDC for international travel) of the individual's travel plans immediately. The LHD will collect all travel information (including flight times, cities/states, itinerary, etc.), enter information in EpiTrax UT-NEDSS, and relay information to UDOH. Any travel will be coordinated with local and state public health authorities to ensure uninterrupted monitoring.

ATTACHMENT A: UTAH LHDS AND UDOH 24/7 CONTACT NUMBERS

Phone numbers a clinician, EMS agency, hospital, dispatch or other agency would call with questions or to coordinate care.

Bear River Heath Department	1) 435-716-8771 – All hours 2) 877-229-8825 – All hours
Central Utah Public Health Department	1) 435-896-5451 – Main Office 2) 888-374-8824 – After hours 3) 435-201-9371 – Health Officer
Davis County Health Department	1) 801-525-5220 – All hours 2) 801-807-9418 – After hours Epi
Salt Lake County Health Department	1) 385-468-8888 – All hours 2) 385-468-4100 – Main office 3) 801-580-8697 – After hours
San Juan County Public Health	1) 435-459-1151 – Health Officer 2) 435-678-2723 – Main office
Southeastern Utah District Health Department	1) 435-650-3550 – Health Officer 2) 435-630-1149 – EH Director
Southwest Utah Public Health Department	1) 435-817-0701 – Health Officer 2) 435-463-4321 – Nursing Director 3) 435-817-2698 – ERC
Summit County Health Department	1) 435-333-1500 – Main Office 2) 435-714-9826 – Health Officer 3) 435-513-0444 – ERC
Tooele County Health Department	1) 435-830-2014 – EH Director 2) 435-830-2013 – Health Officer 3) 801-915-3487 – ERC
TriCounty Health Department	1) 435-790-5587 – ERC 2) 435-247-1177 – Main Office 3) 435-219-6377 – Health Officer
Utah County Health Department	1) 801-602-3579 – Emergency/After Hours 2) 801-960-5067 – Health Officer
Wasatch County Health Department	1) 435-657-3333 – All hours 2) 435-671-1953 – Health Officer 3) 801-557-4766 – ERC
Weber Morgan Health Department	1) 801-725-1755 – Nursing Director 2) 801-710-6636 – Surveillance Coordinator 3) 801-940-7207 – ERC
Utah Department of Health	888-EPI-UTAH (374-8824) – Epi on-call 801-560-6586 – Laboratory on-call 801-803-3217 – EMS Medical Consult 866-DOH-UTAH (364-8824) – Disaster on-call

ATTACHMENT B: DOCUMENTING EBOLA MONITORING EVENTS IN EPITRAX UT-NEDSS

Record Creation (UDOH)

1. An Ebola monitoring event (EME) with no identified case exposure (e.g., travel from an affected country):
    a. Create a morbidity event and select “Ebola Monitoring Event” as the disease name.
    b. Route to the appropriate LHD and assign an investigator.
    c. Complete the Demographic Tab and the exposure information under the Investigation Tab.
        i. For the question “Type of exposure” these cases will always be “Travel.”
2. EME with an identified case exposure (e.g., identified through contact tracing):
    a. Create a contact event from the existing morbidity event.
    b. Promote to a morbidity event and change the disease name to “Ebola Monitoring Event."
    c. Route to the appropriate LHD and assign an investigator.
    d. Complete the Demographic Tab and the exposure information under the Investigation Tab.

Daily Contact Documentation (LHD)

1. In the Encounters Tab, click “Add a new encounter,” populate the Investigator, Encounter Date, and Location fields, and click “Save and Continue” at the top of the record.
2. Once the record has been saved, click “Edit Encounter” to the right of the encounter that was just created.
3. Begin by answering the question “Has the patient been contacted today?” and answer all following questions.
4. When you are done documenting the contact, select either “Save and Continue” or “Save and Exit."
5. An encounter should be completed every day throughout the entire monitoring period, even if no contact with the EME occurred.