

Interim Guidance for Colleges and Universities with Students or Staff Arriving from Areas Affected by Ebola

Background:

An outbreak of Ebola virus has been ongoing in West Africa since March of 2014. Currently, the outbreak has been reported as affecting Guinea, Liberia, Nigeria, and Sierra Leone and is the largest outbreak of Ebola in history. Check the Centers for Disease Control and Prevention (CDC) [Ebola Hemorrhagic Fever Website](#) for the most up to date information on this evolving situation. For Colleges and Universities with students and staff planning international travel, consult the [CDC's Traveler's Health page](#) for current Travel Notices.

The chances of getting Ebola are extremely low unless a person has traveled to an affected area **and** has had direct contact with the blood or body fluids (e.g., saliva, urine) of an Ebola infected person or animal, or with objects that were contaminated with blood or body fluids.

Fever in people who have traveled to the affected areas* is most likely due to a common infectious disease (e.g. malaria), but should be evaluated by a health-care provider.

Pending CDC's release of specific guidance for Colleges and Universities regarding students and staff with recent travel to countries currently experiencing an Ebola outbreak, the Michigan Department of Community Health has developed the following interim guidance. This document is based on a number of current CDC guidance documents including the [Interim Guidance for Monitoring and Movement of Persons with Ebola Virus Disease Exposure](#).

Students or Staff Arriving in the United States from an Affected Area*:

- Students or staff who have arrived in the United States from an affected area within the past 21 days and who are **not sick** should be instructed to check their temperature daily for fever for 21 days starting the day after leaving the Ebola affected area. They can conduct normal activities and do not need to be isolated.
 - Students or staff who remain healthy after 21 days are not at risk for Ebola and can stop monitoring their temperature.
 - If a person has a fever or develops a fever during the 21 day observation period, he or she should consult a health-care provider **immediately**. The person should tell the provider about the symptoms and recent travel **before** going to the clinic or emergency room to decrease the potential risk of spreading the virus.

- If a College or University becomes aware of the arrival of a student or faculty member with low or high risk exposure† to an Ebola infected person within 21 days of their arrival in the U.S., please notify the Michigan Department of Community Health at 517-335-8165 immediately.
- Students or staff who become ill more than 21 days after arriving from an Ebola affected country or city **do not** need to be evaluated for Ebola.

***Affected Areas:** This outbreak is evolving and the list of affected areas may change. For an updated list of countries, visit www.cdc.gov/vhf/ebola/.

†Exposure Risk Levels:

High risk exposures

A high risk exposure includes any of the following:

- Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of EVD patient
- Direct skin contact with, or exposure to blood or body fluids of, an EVD patient without appropriate personal protective equipment (PPE)
- Processing blood or body fluids of a confirmed EVD patient without appropriate PPE or standard biosafety precautions
- Direct contact with a dead body without appropriate PPE in a country where an EVD outbreak is occurring*

Low risk exposures

A low risk exposure includes any of the following:

- Household contact with an EVD patient
- Other close contact with EVD patients in health care facilities or community settings. Close contact is defined as
 - a. Being within approximately 3 feet (1 meter) of an EVD patient or within the patient’s room or care area for a prolonged period of time (e.g., health care personnel, household members) while not wearing recommended personal protective equipment (i.e., standard, droplet, and contact precautions; see [Infection Prevention and Control Recommendations](#))
 - b. Having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended personal protective equipment.
- Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact

No known exposure

Having been in a country in which an EVD outbreak occurred within the past 21 days and having had no high or low risk exposures.

Originally adapted from the New York City Department of Health and Mental Hygiene document “Guidance for Colleges and Universities Receiving Students or Staff from Areas Affected by Ebola”.

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