

# Traveler Evaluation and Monitoring Protocol

*Interim Guidance for the Michigan Department of Health and Human Services  
and Local Health Departments*

## Traveler Evaluation and Monitoring (TEAM) Protocol

The Ebola response is a rapidly evolving situation. The CDC will continue to update guidance. The following websites should be monitored for the most current information:

Michigan Department of Health and Human Services: [www.michigan.gov/ebola](http://www.michigan.gov/ebola)

Center for Disease Control and Prevention: [www.cdc.gov/ebola](http://www.cdc.gov/ebola)

9/1/2015 Updates are indicated in red.

### I. Background MDHHS

- This document reviews the procedure to conduct active monitoring and direct active monitoring for travelers from Ebola-impacted countries (listed at: <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>).
- **Additional guidance from CDC on traveler monitoring can be found at:** <http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>
- Active Monitoring will be initiated for all Low Risk travelers. This includes asymptomatic travelers returning from a country with widespread Ebola virus transmission within the past 21 days and having had no known exposures; and asymptomatic individuals who traveled on an aircraft with a person with Ebola while the person was symptomatic.
- Direct Active Monitoring will be initiated for all Some Risk travelers. This includes asymptomatic travelers from countries with widespread Ebola virus transmission who report direct contact, while using appropriate PPE, with a person with Ebola while the person was symptomatic.
- CDC exposure categories (risk levels) are fully defined at: <http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>.
- MDHHS will be notified of key information from the Traveler Health Declaration Form on a daily basis via Epi-X (including traveler name, address of ultimate destination and contact information) for all travelers departing from the Ebola impacted countries and arriving at one of the five designated international US airport ports of entry, JFK (New York City, New York), Newark Liberty (New Jersey), Atlanta Hartsfield Jackson (Georgia), Dulles (Virginia), and O'Hare (Chicago, Illinois) who have travel plans continuing to Michigan.
- MDHHS may be notified via a healthcare provider or a local health department (LHD) of a traveler that did not pass through a monitored port of entry.
- Travelers identified by CDC at designated points of entry will be provided with a "CARE" ("Check and Report Ebola") kit which contains:
  - Fact sheet and instructions to self-monitor for signs and symptoms twice daily
  - Thermometer and a temperature and symptoms log
  - Contact sheet with the 24/7 phone numbers of MDHHS with instructions to contact MDHHS with questions, concerns, or to report becoming symptomatic
  - A CARE cell phone

- Once MDHHS is notified that a traveler from an affected country plans to arrive in Michigan, MDHHS will contact the LHD of the traveler's final destination and provide the traveler's name, contact information, and this monitoring protocol.
- MDHHS will facilitate follow-up coordination for interstate and intrastate movement.

## II. Background LHD

- A pre-designated hospital must be identified by the LHD for travelers to be referred to should they become symptomatic during the 21-day monitoring period. The name of the hospital will be provided to MDHHS once identified.
- The LHD, in coordination with MDHHS, immediately initiates follow-up for the balance of the 21-day observation period using the Traveler Evaluation and Monitoring (TEAM) Log.
  - Initial contact will establish rapport, assess compliance, and set the schedule for follow-up.
  - Active Monitoring includes making contact with the traveler(s) once daily by phone, e-mail, electronic visualization (e.g., Skype or FaceTime), or in-person to check on health status. All updates are recorded on the TEAM log.
  - Direct Active Monitoring includes making contact with the traveler(s) twice daily to check on health status. One of the two contacts must be in person or through electronic visualization (e.g., Skype or FaceTime) to directly observe the individual. The other daily contact may be conducted by phone or e-mail to check on health status. All updates are recorded on the TEAM log.
  - The updated TEAM log is sent to MDHHS by email to the LHD's Regional Epidemiologist with a cc to **Tiffany Henderson** ([HendersonT1@michigan.gov](mailto:HendersonT1@michigan.gov)) or directly to MDHHS by phone or by fax. MDHHS contact numbers are listed below.
  - **LHDs may continue to report to MDHHS on a daily basis or opt to limit reporting to Mondays and Fridays. Daily reporting to MDHHS must be resumed if any of the following apply:**
    - there is a change in the traveler's health status (involving fever or symptoms),
    - the traveler is lost to follow-up for >24 hours,
    - the traveler will be leaving the state or the country,
    - or any other assistance is required from MDHHS on behalf of the LHD to facilitate traveler monitoring.
  - MDHHS will maintain a master list of all monitored travelers.
- Travelers undergoing active monitoring are not on travel restrictions, provided they are asymptomatic. Travel is permitted if public health can maintain **daily** contact with the traveler to verify health status.
- Travelers undergoing direct active monitoring should be assessed to determine if additional restrictions are required **in accordance with CDC guidelines:**  
<http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>.
- Any travel must be coordinated with public health authorities to ensure uninterrupted direct active monitoring.
- MDHHS **notification** is necessary for any permanent re-location requests because of the potential change in the monitoring health department and the pre-designated hospital to which a traveler would be instructed to go if they develop symptoms.

### III. TEAM Protocol Initiation MDHHS:

- Monitor Epi-X daily for updated Traveler Health Forms.
- Monitor communications from MDHHS CD Division, LHDs, and CHECC for notifications of travelers not identified by CDC airline screening.
- Enter newly identified travelers into the TEAM Log and assign unique identifier.
- Notify LHD(s) of new travelers identified via Epi-X or other mechanisms.
- Establish point of contact (POC) with LHD for communication of traveler follow-up and record the LHD POC on the MDHHS TEAM Log.
- Identify the risk level of the traveler and provide recommendation of active monitoring or direct active monitoring to the LHD.
- Provide line listing of available traveler information in a zipped and encrypted Excel file and the MDHHS protocol for traveler health monitoring to the LHD Health Officer and Medical Director in an email with the password contained in a separate email (or by another secure method).
- Coordinate the request for further information if the traveler cannot be reached by the LHD with the supplied contact information.
- Coordinate the hand-off of traveler monitoring to CDC or other state health department if the traveler is not in Michigan upon initial contact by the LHD. Email traveler info to: [eocdgmqreasear@cdc.gov](mailto:eocdgmqreasear@cdc.gov)

### IV. TEAM Protocol Initiation: LHD

- Establish POC with MDHHS for communication of line listing and reporting of **health** updates.
- In coordination with MDHHS POC, define the 21-day monitoring period and record end date.
- Receive and decrypt line list containing traveler information.
- Record the date of departure from the affected West African country as Day 1 on the TEAM log.
- Make initial contact with traveler using information provided by MDHHS.
- If you are unable to reach the traveler with the contact information provided, notify the MDHHS POC and stop the protocol initiation pending further instruction.
- If you determine that the traveler is not currently in Michigan, notify the MDHHS POC and stop the protocol initiation with the traveler.
- Inform the traveler of their enrollment into the monitoring and evaluation program.
- Update missing information from the line listing.
- Determine daily contact schedule and establish preferred communication mechanisms for daily contact. This may include coordinating a daily visual check of the individual (in-person or via electronic means such as Skype or FaceTime) depending on the established risk and type of monitoring required.
- Ensure traveler has a working thermometer and understands how to take their temperature.
- Determine type of thermometer (e.g., axillary, oral).
- Obtain and record first temperature and symptom check.
- Assess and report initial traveler compliance.
- Assess and confirm traveler understanding of the monitoring process.
- Contact MDHHS POC to confirm initial contact, complete line list items, report initial temperatures, compliance, and understanding.

### V. Daily TEAM Protocol MDHHS:

- Record daily LHD updates for each individual traveler being monitored.

- Coordinate travel requests and assistance with uninterrupted daily monitoring for travelers in direct active monitoring protocol.
- Provide reports back on TEAM monitoring to MDHHS CHECC and Administration (i.e., Gantt chart).
- Provide updates to MDHHS on-call staff of new travelers and their pre-designated hospital.
- Provide daily update to CDC **via the CRA application in SAMS for each traveler that meet the following criteria:**
  - High Risk person(s) under direct active monitoring.
  - Compliance issues (e.g., lost to follow-up).
  - Symptomatic persons regardless of risk category.

## VI. Active Monitoring Daily TEAM Protocol LHD:

- Conduct a daily temperature and symptom check via phone, email, or other means with traveler(s). Travelers are still required to monitor their temperature twice daily. The daily check should be scheduled so that their current temperature and their previous temperature can be reported. A morning check would collect the current morning temperature as well as the reading from the previous evening. An evening check would collect the current evening temperature as well as the morning temperature that same day.
- If performing a home visit, call (from office or street) to confirm appointment, last measured temperature, and that the traveler continues to be asymptomatic prior to arrival.
- Ensure no fever-reducing medication has been taken prior to temperature check.
- Evaluate and interview the traveler for current temperature and symptoms using the TEAM log.
- Record results of temperature and symptom check into TEAM log.
- If the traveler reports fever (subjective fever or measured temperature  $\geq 100.4^{\circ}\text{F}$ ) or symptoms (any of the following: vomiting, diarrhea, or unexplained bleeding or bruising):
  - Inform them they will be contacted within 2 hours regarding further monitoring or a medical evaluation.
  - Remind the traveler to inform any healthcare provider of their active monitoring status **BEFORE** arrival at a healthcare facility or receiving any treatment (i.e., over the phone).
  - Immediately contact appropriate LHD designee(s) and MDHHS at 517-335-8165 for evaluation and/or coordination of care.
- Each day remind traveler of the importance of notifying EMS or Healthcare providers of their monitoring status should the traveler seek medical care or transport.
- Provide secure TEAM log update **a minimum of twice weekly (on Mondays & Fridays)** to MDHHS via email, phone, or fax.
- During the last check-in of the 21 day monitoring period, inform traveler that no additional calls will be made. They should feel free to contact the local health department if they have any questions in the future.

## VII. Direct Active Monitoring Daily TEAM Protocol LHD:

- Conduct twice daily temperature and symptom check with traveler(s):
  - Once in-person or via electronic visualization (e.g., Skype or FaceTime) as described below.
  - Once via phone, email, or other means (conducted according to Active Monitoring described above).
- If performing a home visit, call (from office or street) to confirm appointment and last measured temperature and that the traveler continues to be afebrile and asymptomatic prior to arrival.

- If a traveler is not at home, try to obtain information on the traveler's location and contact LHD designee and MDHHS at 517-335-8165.
- If the traveler reports fever (subjective fever or measured temperature  $\geq 100.4^{\circ}\text{F}$ ) or symptoms (any of the following: severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bruising or bleeding):
  - Do NOT enter the home.**
  - Inform them they will be contacted within 2 hours regarding further monitoring or a medical evaluation.
  - Remind the traveler to inform any healthcare provider of their active monitoring status **BEFORE** arrival at a healthcare facility or receiving any treatment (i.e., over the phone).
  - Immediately contact appropriate LHD designee(s) and MDHHS at 517-335-8165 for evaluation and/or coordination of care.
- If the traveler reports normal temperature, is asymptomatic, and in-person visitation is used, proceed with the visits as follows:
  - Avoid any form of greeting that involves direct physical contact.
  - Remain at least 3 feet away from the traveler.
  - If possible, do not enter the home (e.g., stand in the doorway).
  - If you are invited to enter the home, explain that you will not be there long.
  - Standing versus sitting on a chair is recommended.
  - Avoid touching potentially contaminated objects with your hands and/or body.
  - No food or drink should be consumed during the visit.
  - Do not attend the home visit wearing personal protective equipment such as masks, gloves, or gowns.
- Ensure no fever-reducing medication has been taken prior to temperature check.
- Evaluate and interview the traveler for current temperature and symptoms using the TEAM log.
- Ask the traveler to take their own temperature and show you the result. Do not touch the thermometer.
- If it is necessary to take a traveler's temperature:
  - Do not take the temperature of a traveler that has visible symptoms.
  - Wear disposable gloves.
  - Do not touch the traveler; take a step away from the traveler to wait for their temperature.
  - After taking temperature, remove and dispose of gloves in household trash.
  - Perform hand hygiene.
- Record results of temperature and symptom check into TEAM log.
- If the traveler has a fever upon measurement ( $\geq 100.4^{\circ}\text{F}$ ):
  - Inform them they will be contacted within 2 hours regarding further monitoring or a medical evaluation.
  - Remind the traveler to inform any healthcare provider of their active monitoring status **BEFORE** arrival at a healthcare facility or receiving any treatment (i.e., over the phone).
  - Immediately contact appropriate LHD designee(s) and MDHHS at 517-335-8165 for evaluation and/or coordination of care.
- If the traveler has no measured fever and reports no symptoms, conduct an additional visual assessment of the traveler's health status. Record any inconsistencies on the TEAM log and report them to the LHD designee(s) after leaving the home.
- Once per day remind traveler of the importance of notifying EMS or Healthcare providers of their monitoring status should the traveler seek medical care or transport.

- Once per day talk with traveler about plans for travel and communicate to MDHHS as needed.
- Provide secure TEAM log update **a minimum of twice weekly (on Mondays & Fridays)** to MDHHS via email, phone, or fax.
- During the last check-in of the 21 day monitoring period, inform traveler that no additional contacts will be made. They should feel free to contact the local health department if they have any questions in the future.

## Additional Information, Continuation Activities, and Resources

### VIII. Local Health Department Follow-Up:

- The LHD, in coordination with MDHHS, immediately initiates follow-up for the balance of the 21-day observation period using the TEAM protocol and log.
- A pre-designated hospital must be identified and notified if a traveler is in the TEAM log. The LHD will inform MDHHS of the facility to be used for each traveler.
- Local public health makes contact with the traveler(s) on a daily basis to collect information about the temperatures and symptom status:
  - Active Monitoring includes making contact with the traveler(s) once daily by phone, e-mail, electronic visualization, or in-person to check on health status. The current temperature and previous temperature are recorded on the TEAM log.
  - Direct Active Monitoring includes making contact with the traveler(s) twice daily. One of the two contacts must include visualization either in person or by electronic means (e.g., Skype or FaceTime) to directly observe the individual. All updates are recorded on the TEAM log.
- Initial contact will establish rapport and assess compliance and understanding. Instructions for the monitored traveler during initial contact provided below.

### IX. TEAM Log:

- The LHD is provided one numbered individual monitoring form (Ind\_XXX) per traveler as an electronic file and pdf.
- Local public health completes the additional assessments during the initial contact.
- During the daily check-in(s) record: symptoms, temperature, and the LHD interviewer.
- Send the TEAM log **a minimum of twice weekly (on Mondays & Fridays)** to MDHHS POCs by email, phone, or fax.

### X. Travel:

- Travelers at low risk and undergoing active monitoring are not on travel restrictions, provided they are asymptomatic. Travel is permitted if public health can maintain **daily** contact with the traveler to verify health status.
- Travelers at some risk and those undergoing direct active monitoring should be assessed to determine if additional restrictions are required: controlled movement, exclusion from public places, or exclusion from workplace. Any travel must be coordinated with public health authorities to ensure uninterrupted direct active monitoring.

- MDHHS approval is necessary for any permanent re-location requests because of the potential change in the monitoring health department and the pre-designated hospital to which a traveler would be instructed to go if they develop symptoms.

#### XI. Instructions for Initial Contact by LHD with a Low Risk, Active Monitored Traveler:

- I will need to speak to you once/twice a day (depending on monitoring status) for the next XX days, obtaining information regarding your XX am and XX pm log entries so that we can help you if you become ill while you are here. My direct phone number is: \_\_\_/\_\_\_-\_\_\_\_.
- As long as I am able to talk to you once/twice daily (depending on monitoring status), you are permitted to travel while you are asymptomatic (have no fever or other symptoms). We will need to be informed if you plan on permanently re-locating.
- I need you to check and report your morning and evening temperature checks. Do you have a thermometer? What type is it?
- If you do develop a fever or have any symptoms such as vomiting, diarrhea, or unexplained bruising or bleeding please call me so that we can assist you in seeking care at \_\_\_\_\_(pre-designated hospital).
- If you are unable to reach me (or the local health department), please call the Michigan Department of Health and Human Services at 517-335-8165 (or afterhours/weekends at 517-335-9030).
- If you cannot reach anyone at the Michigan Department of Health and Human Services, please call 911 and tell them that you have recently come from \_\_\_\_\_ country on (\_\_\_/\_\_\_/\_\_\_) date and that you have become ill.
- If you have a medical emergency during your 21-day monitoring period and call 911 before making other notifications, please tell them that you have recently come from \_\_\_\_\_ country on (\_\_\_/\_\_\_/\_\_\_). We will remind you daily of the need to notify hospital staff and/or EMS of your recent travel and monitoring status.

#### XII. Household Pets:

- People who are asymptomatic cannot transmit EVD to another person or animal. Therefore, an animal in the home with an asymptomatic person should not be at risk for contracting disease.
- Persons being monitored are to report symptoms immediately and seek medical attention.
- Pets should not have contact with bodily fluids from a person under monitoring, especially if any symptoms occur.

#### XIII. Instructions for a Monitored Traveler who becomes Symptomatic:

- If a traveler reports subjective fever, a measured temperature  $\geq 100.4$  F, or other symptoms (**low risk** - vomiting, diarrhea, or unexplained bleeding or bruising; **some risk** - severe headache, muscle pain, vomiting, diarrhea, stomach pain or unexplained bruising or bleeding) during the 21-day monitoring period:
  - Instruct traveler to isolate as much as possible within the home and await further instructions. Determine if traveler could drive to the pre-designated hospital.
  - Contact MDHHS POC immediately to assess traveler's need for hospital care.
  - **If traveler requires hospital care and can drive:**
    - LHD contacts pre-designated hospital to inform them and coordinate the traveler's pending arrival.
    - Request that the hospital notifies the LHD and MDHHS when the traveler arrives.

- Direct traveler to report immediately to the appropriate entry point at the pre-designated hospital via personal vehicle.
- **If traveler requires hospital care and needs transport assistance:**
  - LHD contacts pre-designated hospital to inform them and coordinate the traveler's pending arrival.
  - Hospital or the LHD must inform EMS the traveler is currently under monitoring and coordinate transportation appropriately.
  - Direct traveler to wait for scheduled ambulance.
- If traveler does not require hospital care, continue with twice daily monitoring.

#### XIV. LHD Visits to Traveler's Place of Residence:

- The MDHHS active monitoring protocol does not require a visit to the traveler's place of residence. Visits under the direct active monitoring protocol are to be conducted as described above.
- A visit may be required if the LHD is unable to contact the traveler or if the traveler is non-compliant.
- Personal protective equipment (PPE) recommendations for contact with an asymptomatic individual are standard precautions. Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard precautions include: 1) hand hygiene, 2) appropriate use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, 3) safe injection practices, 4) safe handling of potentially contaminated equipment or surfaces in the patient environment, and 5) respiratory hygiene/cough etiquette.

#### XV. Non-compliance:

- Any issues with non-compliance will be immediately reported to MDHHS. These will be evaluated in coordination with the LHD on a case-by-case basis.

#### XVI. MDHHS Contact Information: **Epidemiology 517-335-8165**      **After Hours 517-335-9030**

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Point of Contact

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Telephone Number

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Email Address

Appendix 1

Sample language for letter to confirm traveler has completed 21 day monitoring:

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Date: 09/01/2015

Re: Traveler’s 21 day active monitoring completed.

To whom it may concern,

This letter confirms that TRAVELER has completed the 21day active monitoring for Ebola Virus Disease in coordination with the LOCAL HEALTH DEPARTMENT and the Michigan Department of Health and Human Services.

TRAVELER is asymptomatic and considered to be at Zero Risk for Ebola Virus Disease. Because the monitoring period is complete and the individual is at zero risk there are no restrictions on movement or activities including, but not limited to: travel, work, school, public conveyances, or congregate gatherings.

If the individual named above presents for medical care, there is no need for additional precautions or isolation measures beyond those typically used.

If you have any questions regarding the status of this individual as zero risk you may contact:

LOCAL HEALTH DEPARTMENT - ###/###-####

or

Michigan Department of Health and Human Services – 517/335-8165

Sincerely,

LHD MEDICAL DIRECTOR

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