

Traveler Evaluation and Monitoring Protocol

Interim Guidance for the Michigan Department of Health and Human Services (MDHHS) and Local Health Departments (LHD)

Traveler Evaluation and Monitoring (TEAM) Protocol 2022

Please see the Centers for Disease Control and Prevention Ebola websites for the most current information.

www.cdc.gov/ebola

www.cdc.gov/quarantine/interim-guidance-risk-assessment-ebola.html

www.cdc.gov/quarantine/ebola/recs-organizations-sending-workers-ebola.html

I. Background MDHHS

- This document reviews the management and monitoring procedure for travelers from Uganda, a country that is currently experiencing an Ebola outbreak. To date, outbreaks have been reported in 5 districts (Mubende, Kyegegwa, Kassanda, Kagadi, & Bunyangabu). [Current outbreak information.](#)
- MDHHS may be notified of travelers from Uganda who have travel plans continuing to Michigan.
- Travelers may be provided with instructions to self-monitor for signs and symptoms.
- Once MDHHS is notified that a traveler from Uganda plans to arrive in Michigan, MDHHS will enter the contact information into the Outbreak Management System (OMS) and notify the LHD.
- MDHHS can facilitate follow-up coordination for interstate and intrastate movement.

II. Background LHD

- Available contact information for travelers returning from Uganda will be shared with LHDs.
- The LHD will contact the traveler to conduct an initial risk and health assessment and to provide health education. [This risk assessment](#) will direct next steps in traveler post-arrival management. [A sample assessment tool is available in Appendix 2 of this document and at: <https://www.cdc.gov/quarantine/pdf/sample-Ebola-Exposure-Screening-Assessment-Tool-p.pdf>](#)
- The risk assessment should occur as soon as feasible, ideally within 24 hours of receiving CDC's notification of the traveler's arrival and include whether the traveler:
 - was present in Uganda in the past 21 days (if not, stop assessment; complete in OMS)
 - was present (other than just transiting en route to airport) in an Ebola outbreak area
 - had any epidemiologic risk factors for exposure to Ebola virus or a person with Ebola Virus Disease (EVD), e.g., as a caregiver, healthcare provider, laboratory worker, or burial worker
 - used personal protective equipment and other recommended infection control measures during any potential exposure and if there were any potential breaches
 - had any potential high-risk exposures
 - has any [signs and symptoms](#) of EVD
- The health education during the initial encounter should ensure that travelers from Uganda know:
 - how to monitor themselves for signs and symptoms of EVD
 - to self-isolate immediately if any symptoms develop
 - how to notify public health officials should symptoms develop
- [For U.S.-based healthcare or emergency response workers returning from EVD outbreak countries, LHDs may elect to delegate post-arrival management to the response worker's sponsoring organizations. CDC has issued separate \[guidance\]\(#\) for this purpose.](#)

Summary of Post-arrival Management Recommendations by Exposure Category

Intervention	High-Risk	Present in Outbreak Area	Present in Uganda but not Outbreak Area
Initial Risk Assessment	Yes	Yes	Yes
Health Education	Yes	Yes	Yes
Symptom Monitoring	Daily contact with LHD	At least twice weekly contact with LHD until 21 days after departure from Uganda	At least weekly contact with LHD until 21 days after departure from Uganda
Movement Restrictions	Quarantine	None	None
Travel	Not permitted	Permitted with advance notification to LHD and coordination with destination LHD	Permitted with advance notification to LHD and coordination with destination LHD
Risk Level to Classify in OMS	High	Some	Low

- Until additional CDC information is provided, the following exposures are considered High-Risk:
 - Percutaneous (i.e., piercing the skin), mucous membrane (e.g., eye, nose, or mouth), or skin contact with blood or body fluids¹ of a person with known or suspected EVD
 - Direct contact with person who has known or suspected EVD
 - Providing health care to a patient with known or suspected EVD without use of recommended personal protective equipment (PPE)², or experiencing a breach in infection control precautions that results in the potential for percutaneous, mucous membrane, or skin contact with the blood or body fluids of a patient with EVD
 - Direct contact with or the occurrence of a breach in infection control precautions while handling a dead body in an Ebola outbreak area, the body of a person who died of EVD or had an illness compatible with EVD, or who died of unknown cause after any potential exposure to Ebola virus
 - Living in the same household as a person with symptomatic known or suspected EVD
- ¹ Examples of body fluids: feces, saliva, sweat, urine, vomit, sputum, breast milk, tears, and semen.
- ² Recommended PPE should prevent skin or mucous membrane exposure to blood or body fluids.
- Until additional CDC information is provided, please indicate the following risk in OMS:
 - High-Risk=high
 - Present in Outbreak Area=some
 - Present in Outbreak Country but not Outbreak Area=low
- If a traveler is assessed as having any high-risk exposures, please notify MDHHS. MDHHS will forward pertinent information to the CDC.
- For travelers who require symptom monitoring, LHDs will initiate follow-up for the balance of the 21-day observation period using the OMS.
 - LHD will establish rapport, assess compliance, and set the schedule for follow-up.
 - Monitoring includes contacting the traveler according to the chart above via e-mail, text, phone, or electronic visualization (e.g., Skype) to check on health status. All updates are recorded in the OMS within one business day.

- Report to MDHHS if any of the following apply:
 - there is a change in the traveler's health status (involving fever or Ebola-like symptoms),
 - the traveler is lost to follow-up for >48 hours,
 - the traveler will be leaving the state or the country,
 - any other assistance is requested from MDHHS to facilitate traveler monitoring.
- Any travel for those who are being monitored must be coordinated with public health authorities to ensure uninterrupted monitoring.
- MDHHS notification is necessary for any permanent re-location requests because of the potential change in the monitoring health department.

III. TEAM Protocol Initiation MDHHS:

- Monitor for reports of individuals traveling to Michigan that need monitoring.
- Enter newly identified traveler information into the OMS and inform the MDHHS SHARP Unit.
- Regional Epidemiologists notify LHD of new travelers identified via Epi-X or other mechanisms.
 - LHD roles to be notified: Health Officer, Medical Director, Emergency Preparedness Coordinator, CD Coordinator, and Epidemiologist(s)
- 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.

IV. TEAM Protocol Initiation: LHD

- Receive traveler information via OMS.
- Based on the initial assessment, define the 21-day monitoring period and record end date.
- Record the last date of suspected exposure as Day 1 in OMS. For travelers, Day 1 is the date of departure from Uganda.
- If unable to reach the traveler with the contact information provided, notify MDHHS
- If the traveler is not currently in Michigan, notify MDHHS and stop follow-up with the traveler.
- Inform the traveler of the level of monitoring that is necessary based on their individual risk.
- Update missing OMS information (e.g., risk assessment, contact information, demographics, notes).
- 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.

V. Daily TEAM Protocol MDHHS:

- Coordinate travel requests and assistance with uninterrupted daily traveler monitoring.
- Provide updates to MDHHS on-call staff and MDHHS SHARP unit of new travelers.
- As requested, provide updates to CDC.

VI. Monitoring Daily TEAM Protocol LHD:

- Regardless of risk, all travelers from Uganda should be asked to monitor their temperature daily

- Depending on risk assessment, conduct symptom checks with the traveler (email, text, phone)
- Record results of temperature and symptom check into the OMS.
- 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 ASAP regarding possible medical evaluation.
 - Remind the traveler to inform any healthcare provider of their Ebola monitoring status **BEFORE** arrival at a healthcare facility or receiving any treatment (e.g., over the phone).
 - Immediately contact appropriate LHD designee(s) and MDHHS at 517-335-8165 (or afterhours at 517-335-9030) for evaluation and/or coordination of care.
- Update OMS with health check information by the following business day.
- During the last check-in of the 21-day monitoring period, inform traveler that no additional checks will be made. They should feel free to contact the LHD if they have any questions in the future.

Additional Information, Continuation Activities, and Resources

VII. Outbreak Management System (OMS):

- The LHD is provided traveler information via OMS.
- Local public health completes the additional assessments during the initial contact.
- For any check-ins, update OMS with symptoms, temperature, and the LHD interviewer by the following business day.

VIII. Travel:

- Travelers are not on travel restrictions, provided they are not assessed as High-risk. Travel is permitted for travelers that were present in an outbreak area but are not considered High-risk. However, the traveler must notify public health ahead of time and public health must be able to maintain contact with the traveler to verify health status.
 - If travelers plan on being in another area of Michigan, work with your Regional Epidemiologist to notify the appropriate LHD.
- MDHHS should be included in all 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.

IX. Initial Contact by LHD with a Monitored Traveler:

- [See above for risk assessment questions and health education guidance.]
- Based on your individual risk assessment, I will need health-checks from you **once a day** for the next **XX days**, obtaining information so that we can help you if you become ill while you are here. My direct phone number is: ___/___-____.
- We will need to be informed if you plan on permanently re-locating.
- I need you to continue to self-monitor for symptoms, including daily 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 so that we can assist you in seeking care.
- 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 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 frequently of the need to notify hospital staff and/or EMS of your recent travel and monitoring status.

X. 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 monitored symptomatic person.

XI. Instructions for a Monitored Traveler who becomes Symptomatic:

- If a traveler reports subjective fever, a measured temperature ≥ 100.4 F, or other Ebola-compatible symptoms (vomiting, diarrhea, unexplained bleeding or bruising, severe headache, muscle pain, or stomach pain) 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 an identified hospital.
 - Contact MDHHS immediately to assess traveler's need for hospital care.
 - **If traveler requires hospital care and can drive:**
 - LHD contacts 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 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 daily monitoring.

XII. Non-compliance:

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

XIII. MDHHS Contact Information: **Epidemiology 517-335-8165** **Afterhours 517-335-9030**

Point of Contact

Telephone Number

Email Address

Appendix 1

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

Date: 10/06/2022

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

Sample Tool for U.S. Health Departments to Assess Ebola Virus Exposure Risk in Travelers Arriving from a Country with an Ebola Outbreak

OVERVIEW

Contents

This document contains sample questions that can be used to assess risk for Ebola virus exposure in travelers identified as having spent time in the past 21 days in a country with an Ebola virus disease (EVD) outbreak.

How to use these questions

Screen traveler for potential exposure using the initial screening questions. Ask the additional public health risk assessment questions if a traveler answers YES to questions B, C, D, or E. Questions in the public health assessment may be tailored to the results of the initial screening.

INITIAL SCREENING QUESTIONS

In the last 21 days, while in outbreak country:

- A. Were you in the area where the outbreak is occurring [refer to published map on CDC website]?
B. Did you have any contact with or were you around a person sick with Ebola, or a person who was sick with or died of an unknown sickness?
C. Did you have any exposure to blood or other body fluids
D. Did you visit a health clinic or hospital?
E. Did you touch a dead body or attend a funeral?

ADDITIONAL PUBLIC HEALTH RISK ASSESSMENT QUESTIONS

All questions refer to experiences in [outbreak country] over the last 21 days.

- 1. Were you in contact with or around a person with Ebola or a person who was sick with or died of an unknown illness?
a. If YES, which one?
b. If YES, what type of contact?
2. Were you ever exposed to the blood or other body fluids (including feces, saliva, sweat, urine, vomit, sputum, breast milk, tears, or semen) of a person with Ebola or an unknown illness?
a. If YES which one?

Developed by the Centers for Disease Control and Prevention. May be modified as needed.

- Person with Ebola
 Person with an unknown illness (List district: _____)
 Person who died of an unknown illness (List district: _____)

Did the exposure include:

- i. Getting stuck with a needle or other sharp object? Yes No
 ii. Splashing blood or body fluids in the eye, nose, or mouth? Yes No
 iii. Direct skin contact with the ill person's blood or body fluids? Yes No

3. Did you have any exposure to dead bodies? Yes No
 a. If **YES**, was the person known or suspected to have Ebola? Yes No (List district: _____)
 b. If **YES** (to exposure to dead bodies), what type of exposure?
 i. Touched a dead body? Yes No
 ii. Prepared a body for burial? Yes No
 iii. Touched any items that had been in contact with a dead body? Yes No
 iv. Worked as a burial worker? Yes No
 1. If **YES** (to burial worker): Did you wear personal protective equipment (including gloves, gowns, masks, and eye protection) at ALL times? Yes No

Healthcare-specific questions:

1. During all encounters with a patient with Ebola, did you wear the recommended personal protective equipment (gloves, gown, mask, and eye protection)? Yes No
 a. If **NO** (to PPE use):
 i. Did you have any physical contact with the person with Ebola? Yes No
 If **NO** physical contact, were you within 3 feet (1 meter) of the person with Ebola?
 Yes* (Duration: _____) No
 2. Did you have **unprotected exposure** to any of the following? *Unprotected exposure means without the use of the recommended personal protective equipment (gloves, gown, mask, and eye protection) or experiencing a breach in infection control precautions.*
 a. Blood or other body fluids (including feces, saliva, sweat, urine, vomit, sputum, breast milk, tears, or semen) of a person with Ebola or an unknown illness? Yes No
 b. A person who died of suspected or known Ebola or of an unknown cause?
 Person with Ebola
 Person who died of an unknown cause (List district: _____)

For each potential exposure, obtain:

Exposure date(s): _____

Duration of exposure(s): _____

Description of the exposure(s): _____

All **YES** answers, except for those marked with a +, indicate a **HIGH-RISK** exposure if the ill/deceased person was known or suspected to have Ebola, or if the exposure occurred in the outbreak area.

Developed by the Centers for Disease Control and Prevention. May be modified as needed.