

Interim Guidance on Risk Assessment and Management of Person with Potential Ebola Virus Exposure

DATE:	3/12/21
TO:	Health Alert Network
FROM:	Alison V. Beam, JD, Acting Secretary of Health
SUBJECT:	Interim Guidance on Risk Assessment and Management of Person with Potential Ebola Virus Exposure
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

This transmission is a “Health Alert,” conveys the highest level of importance; warrants immediate action or attention.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

- Outbreaks of Ebola virus disease (EVD) have been identified in Guinea and the Democratic Republic of the Congo (DRC).
- On March 2, 2021, CDC issued an Order requiring airlines and other aircraft operators to collect and transmit traveler information for passengers who were in DRC or Guinea within the 21 days before their arrival in the United States.
- Travelers to these outbreak areas should be assessed for risk and be actively monitored by public health.
- Those with high risk exposures should be restricted from traveling by commercial transport.
- Healthcare personnel should elicit the patient’s travel history and consider the possibility of Ebola in patients who present with fever, myalgia, severe headache, abdominal pain, vomiting, diarrhea, and/or unexplained bleeding or bruising. Should the patient report a history of recent travel to one of the affected outbreak areas and exhibit such symptoms, public health authorities should be contacted immediately to activate the state’s Ebola Response Plan.
- If you have questions about this guidance, please call your local health department or 1-877-PA-HEALTH (1-877-724-3258).

Outbreaks of Ebola virus disease (EVD) have been identified in Guinea and Democratic Republic of the Congo (DRC). While the risk of case importation via international air travel is generally thought to be low, the potential consequences of even one importation in the context of the ongoing coronavirus 2019 (COVID-19) pandemic could further stress already strained

healthcare systems. On March 9, 2021, CDC issued interim guidance for U.S. state, territorial, tribal, and local health departments to help them assess exposure risk and appropriately manage travelers from Guinea and DRC who are arriving in their jurisdictions.

Current Situation

Democratic Republic of the Congo (DRC)

- On February 7, 2021 the Ministry of Health (MOH) in the Democratic Republic of the Congo (DRC) announced that a case of Ebola virus disease (EVD) had been confirmed in Biena Health Zone, North Kivu Province. Subsequent cases have since been confirmed. North Kivu was previously affected by EVD during the 2018-2020 Ebola outbreak, the largest in DRC's history, which was declared over on June 25, 2020.
- Sequencing of samples suggests that recent cases are linked to cases in the area during the 2018–2020 outbreak and likely caused by a persistent infection in a survivor that led to either a relapse or sexual transmission of the virus.
- CDC is working with the MOH, World Health Organization, and partners to implement response activities to stop the spread of the virus and end the outbreak.
- Additional details can be found on the [CDC](#) and [WHO](#) websites.

Guinea

- On February 14, 2021 the Ministry of Health (MOH) in Guinea announced that cases of Ebola virus disease (EVD) had been confirmed in N'Zérékoré Prefecture, a forested rural region in southeast Guinea. These are the first cases of EVD confirmed in Guinea since the 2014–2016 West Africa outbreak, the largest in history, was declared over.
- Sequencing of samples is underway to determine if the outbreak is due to a new introduction of the virus or linked to cases from the previous outbreak.
- Additional details can be found on the [CDC](#) and [WHO](#) websites.

International Air Passenger Contact Information

On March 2, 2021, CDC issued an Order requiring airlines and other aircraft operators to collect and transmit to CDC contact information for passengers who were in DRC or Guinea within the 21 days before their arrival in the United States. This Order is effective as of March 4, 2021. CDC will provide this information electronically to health departments through established secure mechanisms to facilitate risk assessment and post-arrival management of travelers.

In addition to the CDC order requiring the collection of traveler information, passengers arriving from Guinea and the DRC will have their travel re-directed so that the point of disembarkment is at one of six U.S. airports (ATL, JFK, ORD, IAD, LAX, EWR). This funneling of passengers will support data collection, monitoring and education activities of incoming travelers.

Public Health Assessment and Contact Monitoring

CDC recommends that health departments establish contact with travelers arriving in their jurisdictions from a country with an Ebola outbreak to conduct an initial assessment of exposure risk, provide health education, conduct symptom monitoring (as indicated), and track overall success in monitoring incoming travelers, according to resources available in the jurisdiction. The

initial assessment should occur as soon as feasible, ideally within 24 hours of receiving CDC's notification of the traveler's arrival. Additional guidance on traveler monitoring is located below.

Risk Assessment

- Each traveler should have an initial risk assessment for Ebola virus exposure. This assessment should include whether the traveler:
 - Was present (other than just transiting en route to airport) in an Ebola outbreak area
 - DRC: North Kivu Province
 - Guinea: N'Zérékoré Prefecture
 - Had any epidemiologic risk factors for exposure to Ebola virus or a person with 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
 - Had any potential high-risk exposures (see [Definitions](#) section)
- Travelers should also be assessed for signs and symptoms of EVD during the initial encounter.

Health Education

Health departments should ensure all travelers from a country with an Ebola outbreak know:

- How to monitor themselves for signs and symptoms of EVD
- To self-isolate immediately if symptoms develop
- How to notify public health officials should symptoms develop

Monitoring and Other Public Health Interventions

At this time, CDC is recommending that health departments conduct symptom monitoring for people with potential Ebola virus exposure by phone, video conferencing, other electronic means (e.g., text message, email, app, web form), or in person, according to resources available in that jurisdiction. The frequency of monitoring should be guided by the results of the risk assessment.

High-risk Exposures

- People with high-risk exposures (see [definitions](#) section) should be:
 - Quarantined
 - Monitored daily
 - Restricted from traveling by commercial transport
- PADOH should be notified of any traveler meeting the criteria for high-risk exposure.

Presence in an Ebola Outbreak Area but no High-risk Exposures

- At a minimum, people who have been in an Ebola outbreak area within the previous 21 days should be monitored for symptoms at the following time points:
 - At least once during the 21 days after leaving the outbreak area (e.g., midway through the 21-day period), and
 - At the conclusion of the 21-day period.
 - If time and resources permit, more frequent monitoring is encouraged.
- People who are being monitored, have no high-risk exposures, and are asymptomatic do not need movement restrictions and may travel. If they plan to travel to another jurisdiction during the 21-day period, they should notify the monitoring health department. Health departments

should communicate with other jurisdictions if monitoring responsibilities will be transferred when the travel occurs. PADOH should be notified if travel to another state is planned.

The table below provides a summary of the information presented in the above section.

Summary of Post-arrival Management Recommendations by Exposure Category

Intervention Recommendations	EXPOSURE CATEGORY		
	High-risk	Present in Outbreak Area	Present in Outbreak Country but not in Outbreak Area
Initial risk assessment	Yes	Yes	Yes
Health education	Yes	Yes	Yes
Symptom monitoring	Daily	<ul style="list-style-type: none"> ○ Midway through 21-day period ○ End of 21-day period 	End of 21-day period, optional at health department's discretion
Movement restrictions	Quarantine	None	None
Travel	Not permitted	Permitted with advance notification to health department	No restrictions

Clinical Assessment/Management of Symptomatic People

Health departments should conduct an assessment of any potentially exposed person with [signs or symptoms](#) compatible with EVD to determine if the definition for [person under investigation \(PUI\)](#) for EVD is met and coordinate additional medical evaluation as needed. The purpose of the public health assessment is to ensure appropriate infection control precautions are in place during transport and at the healthcare facility for a patient who meets the definition of PUI for EVD. The assessment is also intended to minimize potential unintended consequences in managing a symptomatic traveler as a PUI if the exposure risk is very low, including unnecessary implementation of infection control precautions suitable for EVD or delayed recognition and management of other potentially life-threatening conditions while ruling out EVD. CDC has published [clinical guidance](#) for assessing viral hemorrhagic fever risk in an international traveler. If PUIs develop symptoms, the PADOH should be notified immediately by calling 877-PA-HEALTH to activate the state's Ebola Response Plan. Public health physicians at PADOH can assist health departments with clinical assessments on suspect cases.

Symptomatic people with suspected or confirmed EVD should remain in isolation until they have been determined not to have EVD (if suspected) or to be no longer infectious (if confirmed). Asymptomatic people with [high-risk exposures](#) to Ebola virus should remain in quarantine until 21 days after their last high-risk exposure.

People with suspected (i.e., meets PUI definition) or confirmed EVD, and those with high-risk exposures, are not permitted to travel by commercial transport until cleared by public health officials. If travel is necessary (e.g., to obtain medical care that is not available locally), transportation should be conducted in a manner that does not expose operators (e.g., air crews, bus drivers) or other travelers. The mode of transportation (e.g., ground vs. air transportation) should be determined by distance to final destination as well as the clinical condition of the traveler (i.e., whether medical care may be needed en route).

People with suspected or confirmed EVD should be transported only by medical transport (i.e., ground or air ambulance) with infection control precautions in place to protect medical personnel. Specialty EMS transport teams have been established for transporting PUIs to a designated Ebola Assessment/Treatment Facility. These transport teams and facilities can be activated by notification to PADOH by calling 877-PA-HEALTH.

Early recognition is critical to controlling the spread of Ebola virus. Consequently, healthcare personnel should elicit the patient's travel history and consider the possibility of Ebola in patients who present with fever, myalgia, severe headache, abdominal pain, vomiting, diarrhea, or unexplained bleeding or bruising. Should the patient report a history of recent travel to one of the affected Outbreak areas and exhibit such symptoms, immediate action should be taken.

Information about EVD disease and guidance for clinicians on screening and caring for suspect EVD patients can be found at: <https://www.cdc.gov/vhf/ebola/clinicians/index.html>. Infection control precautions should be implemented for any patient in whom a diagnosis of Ebola is being considered. Guidance is available from CDC at: <https://www.cdc.gov/vhf/ebola/clinicians/evd/infection-control.html>

Laboratory Testing

If testing for Ebola virus is being considered for any patient, the PADOH must be consulted immediately. The PADOH will coordinate joint consultation with the PADOH Bureau of Laboratories (BOL) and the CDC. During that consultation the need for testing will be carefully evaluated. If testing is approved guidelines will be provided for the number and type of specimens to collect for submission together with the appropriate shipping instructions for those specimens. Neither the BOL nor the CDC will accept specimens **without prior consultation and approval.**

Definitions

High-risk Exposure

- 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 while working in an Ebola treatment hospital or associated facility (e.g., laboratory) or while taking care 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 Body fluids include but are not limited to feces, saliva, sweat, urine, vomit, sputum, breast milk, tears and semen.

² Recommended PPE should be sufficient to prevent skin or mucous membrane exposure to blood or body fluids.

If you have questions about this guidance, please call your local health department or **1-877-PA-HEALTH (1-877-724-3258)**.

Individuals interested in receiving further PA-HANs are encouraged to register at <https://han.pa.gov/>.

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of March 12, 2021 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.
--