IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

MEMORANDUM

TO: Local Health Departments and Regional Offices of Illinois Department of Public Health

FROM: Communicable Disease Control Section

DATE: January 23, 2015

SUBJECT: Updated Interim Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure

As the Ebola outbreak continues to unfold, the Centers for Disease Control and Prevention (CDC) have issued additional guidance and clarification on monitoring and movement of persons with potential Ebola exposure. The following summarizes recent CDC guidance that is incorporated into IDPH's latest Interim Guidance (attached).

1. Recognition that healthcare workers caring for Ebola patients may have unknown unprotected exposure and therefore should be monitored.
2. Expanded language defining potential risk for nonclinical staff or observers when they enter an Ebola care and treatment space that has not been terminally cleaned and disinfected.
3. An understanding that control measures may be uncertain in some countries experiencing widespread transmission.
4. Expansion of those classified as having "some risk" and who may require monitoring upon arrival in the United States.

Changes are highlighted in bold italics in the attached document.

Definitions used in this document

For exposure level definitions, see: Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus

Active and direct active monitoring

Monitoring is defined in new IDPH rules.[1] When 'active monitoring' occurs, the local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop. 'Direct active monitoring' means the public health authority conducts active monitoring through direct observation. The purpose of active (or direct active) monitoring is to ensure that, if individuals with epidemiologic risk factors become ill, they are identified as soon as possible after symptom onset so they can be rapidly isolated and evaluated. Active (or direct active) monitoring could be conducted on a voluntary basis or compelled by legal order, if necessary. Active (or direct active) monitoring and prompt follow-up should continue and be uninterrupted if the person travels out of the jurisdiction.

Active monitoring should consist of, at a minimum, daily reporting of measured temperatures and symptoms consistent with Ebola (including severe headache, muscle pain, fatigue or weakness, diarrhea, vomiting, abdominal pain, or unexplained hemorrhage) by the individual to the public health authority. Temperature should be measured using a Food and Drug Administration-regulated thermometer (e.g. oral, tympanic or noncontact thermometer; the FDA approves all thermometers legally sold in the United States). People being actively monitored should measure their temperature twice daily, monitor themselves for symptoms, report as directed to the public health authority, and immediately notify the public health authority if they develop fever or other symptoms, or if they plan to leave the jurisdiction they are in prior to the end of monitoring. Initial symptoms can be as nonspecific as fatigue. Clinical criteria for required medical evaluation according to exposure level have been defined (see Table), and should result in immediate isolation and evaluation. Medical evaluation may be recommended for lower temperatures or nonspecific symptoms based on exposure level and clinical presentation. If reporting to the public health authority does not occur, the local health authority should contact the person to ascertain his/her status. If

[1] Monitoring – The practice of watching, checking or documenting medical findings of potential contacts for the development or non-development of an infection or illness. Monitoring may also include the institution of community-level social distancing measures designed to reduce potential exposure and unknowing transmission of infection to others. Community-level social distancing monitoring measures may include, but are not limited to, reporting of geographic location for a period of time, restricted use of public transportation, recommended or mandatory mask use, temperature screening prior to entering public buildings or attending public gatherings.

necessary, direct active monitoring should be initiated to ensure regular ascertainment of the person's status.

For direct active monitoring, a public health authority directly observes 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 should include discussion of plans to work, travel, take public conveyances, or be present in congregate locations. Depending on the nature and duration of these activities, they may be permitted if the individual has been consistent with direct active monitoring (including recording and reporting of a second temperature reading each day), has a normal temperature and no symptoms whatsoever and can ensure uninterrupted direct active monitoring by a public health authority.

For healthcare workers under direct active monitoring, public health authorities can delegate and/or coordinate the responsibility for direct active monitoring to the healthcare facility's occupational health program or the hospital epidemiologist. Facilities may conduct direct active monitoring by performing fever checks on entry or exit from the Ebola treatment unit and facilitate reporting during days when potentially exposed healthcare workers are not working. The occupational health program or hospital epidemiologist would report daily to the public health authority.

Isolation

Isolation means the separation of an individual or group who is reasonably believed to be infected with a quarantinable communicable disease from those who are not infected to prevent spread of the quarantinable communicable disease. An individual could be reasonably believed to be infected if he or she displays the signs and symptoms of the quarantinable communicable disease of concern and there is some reason to believe that an exposure had occurred.

Quarantine

Quarantine in general means the separation of an individual or group reasonably believed to have been exposed to a quarantinable communicable disease, but who is not yet ill (not presenting signs or symptoms), from others who have not been so exposed, to prevent the possible spread of the quarantinable communicable disease. New IDPH rules include a provision for modified quarantine[2], which involves

[2] Modified quarantine- A selective, partial limitation of freedom of movement or actions of a person or group of persons who are or may have been exposed to a contagious disease or possibly contagious disease. Modified quarantine is designed to meet particular situations and includes, but is not limited to, the exclusion of children from school, the prohibition or restriction from engaging in a particular occupation or using public or mass transportation, or requirements for the use of devices or procedures intended to limit disease

imposing controlled movement and restrictions on participating in certain activities, without confining someone solely to their home. Controlled movement limits the movement of people in quarantine or modified quarantine. For individuals subject to controlled movement under modified quarantine, travel by long-distance commercial conveyances (e.g., aircraft, ship, bus, train) should not be allowed. If travel is allowed, it should be by noncommercial conveyance such as private chartered flight or private vehicle and occur with arrangements for uninterrupted active monitoring. Federal public health travel restrictions (Do Not Board) may be used to enforce controlled movement. For people subject to controlled movement, use of local public transportation (e.g., bus, subway) should be discussed with and only occur with approval of the local public health authority.

Early Recognition and Reporting of Suspected Ebola Virus Exposures

Early recognition is critical to controlling the spread of Ebola virus. Healthcare providers should evaluate the patient's epidemiologic risk, including a history of travel to a country with widespread Ebola virus transmission or ***uncertain control measures or*** contact with a person with symptomatic Ebola within the previous 21 days. Click here for an evaluation algorithm for patients suspected of being infected with Ebola virus.

If a diagnosis of Ebola is being considered, the patient should be isolated in a single room (with a private bathroom ***or covered bedside commode***), and healthcare personnel should follow standard, contact, and droplet precautions, including the use of appropriate personal protective equipment (PPE). Infection control personnel should be contacted immediately.

If Ebola is suspected, the local or state health department should be immediately contacted for consultation and to assess whether testing is indicated and the need for initiating identification of contacts.

Important Evaluation Factors

During investigation of a confirmed case of Ebola, the cohort of potentially exposed individuals is determined based on a risk assessment of the incident. For each potentially exposed individual, both clinical presentation and level of exposure should be taken into account when determining appropriate public health actions, including the need for medical evaluation or active (or direct active) monitoring and the application of movement restrictions when indicated.

transmission. Any travel outside of the jurisdiction of the local health authority must be under mutual agreement of the health authority of jurisdiction and the public health official or officials who will assume responsibility.

Recommendations for Evaluating Ebola Exposure Risk to Determine Appropriate Public Health Actions

This guidance provides public health authorities and other partners with a framework for determining the appropriate public health actions based on risk factors and clinical presentation. It also includes criteria for monitoring exposed people and for when movement restrictions may be indicated.

Federal communicable disease regulations, including those applicable to isolation and other public health orders, apply principally to arriving international travelers and in the setting of interstate movement. State and local authorities have primary jurisdiction for isolation and other public health orders within their borders. Thus, CDC recognizes that states, including Illinois, may make decisions about isolation, other public health orders, and active (or direct active) monitoring that impose a greater level of restriction than recommended by federal guidance, and that decisions and criteria to use such public health measures may differ by jurisdiction.

At this time, IDPH recommends:

1. **Symptomatic individuals in the high, some, or low (but not zero) risk categories** who meet the symptom criteria for the category (see Table) should undergo required medical evaluation with appropriate infection control precautions in place. Isolation orders may be considered if necessary to ensure compliance. Federal public health travel restrictions will be issued for individuals in the high risk category, and may be issued for those in the some risk or low (but not zero) risk categories if there is reasonable belief that the person poses a public health threat during travel. If medical evaluation results in individuals' being discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in the relevant exposure category will apply until 21 days after the last potential exposure.
2. **Asymptomatic individuals in the high risk category** should be subject to modified quarantine orders, with direct active monitoring for 21 days after the last potential exposure. The individual should undergo direct active monitoring, have restricted movement within the community, and no travel on any public conveyances. Non-congregate public activities (e.g. going for a walk) while maintaining a 3-foot distance from others may be permitted. These individuals are subject to controlled movement with enforcement to include federal public health travel restrictions; travel, if allowed, should occur only by noncommercial conveyances, with coordination by origin and destination states to ensure a coordinated hand-off of public health orders, if issued, and uninterrupted direct active monitoring. (Category of order at baseline: formal court order)
3. **Asymptomatic individuals in the some risk category** should have direct active monitoring until 21

days after the last potential exposure. Additional restrictions (see Table) may be implemented based on a specific assessment of the individual's situation. Factors to consider include the following: intensity of exposure (e.g., daily direct patient care versus intermittent visits to an Ebola treatment unit); point of time in the incubation period (risk falls substantially after 2 weeks); complete absence of symptoms; compliance with direct active monitoring; the individual's ability to immediately recognize and report symptom onset, self-isolate, and seek medical care; and the probability that the proposed activity would result in exposure to others prior to effective isolation. (Category of order recommended at baseline: administrative order)

4. **Asymptomatic individuals in the low *(but not zero)* risk category** should be actively monitored until 21 days after the last potential exposure. Direct active monitoring is recommended for some individuals in this category (see Table). Individuals in this category do not require separation from others or restriction of movement within the community. For these individuals, IDPH recommends that travel, including by commercial conveyances, be permitted provided that they remain asymptomatic and active (or direct active) monitoring continues uninterrupted. (Category of order recommended at baseline: administrative order)
5. **Individuals in the no identifiable risk category** do not require monitoring, separation from others or restriction of movement within the community ***unless indicated because of a diagnosis other than Ebola***.

Active (or direct active) monitoring is justified for individuals in the some risk and low (but not zero) risk categories based on a reasonable belief that exposure may have occurred, though the exact circumstances of such exposure may not be fully recognized at any given time. Under such conditions, active (or direct active) monitoring provides a substantial public health benefit. Given the extent and nature of the epidemic, travelers from countries with widespread transmission or uncertain control measures may be unaware of their exposure to individuals with symptomatic Ebola infection, such as in community settings. Healthcare workers taking care of Ebola patients may have unrecognized exposure even while wearing appropriate PPE.

In addition to court-ordered modified quarantine, other court orders may be warranted if an individual fails to adhere to monitoring with recommended restrictions (activity/travel, etc.). Such noncompliance could include refusal to participate in a public health assessment by an individual with documented travel from a country with widespread transmission, ***uncertain control measures*** or other potential contact with a symptomatic Ebola patient. Without such information, public health authorities may be unable to complete a risk assessment to determine if an individual has been exposed to, or has signs or symptoms consistent with, Ebola. Medical evaluation will be required and isolation orders issued for travelers from a country with widespread transmission ***or uncertain control measures*** who refuse to cooperate with a public health assessment and appear ill.

Recommendations for specific groups and settings:

Healthcare workers

For the purposes of risk exposure to Ebola, regardless of country, direct patient contact includes doctors, nurses, physician assistants and other healthcare staff, as well as ambulance personnel, burial team members, and morticians. In addition, others ***(such as nonclinical staff and observers)*** who enter into the treatment areas where Ebola patients are being cared for ***before completion of terminal cleaning and disinfection of the room*** would be considered to potentially ***be at risk of exposure to body fluids.*** Clinical laboratory workers who use appropriate PPE and follow biosafety precautions, are not considered to have an elevated risk of exposure to Ebola, i.e., are considered to be in the low (but not zero) risk category. Laboratory workers in Biosafety Level 4 facilities are considered to have no identifiable risk.

The high toll of Ebola virus infections among healthcare workers providing direct care to Ebola patients in countries with widespread transmission ***or uncertain control measures*** suggests that there are multiple potential sources of exposure to Ebola virus in these countries, including unrecognized breaches in PPE, inadequate decontamination procedures, and ***unrecognized*** exposure in patient triage areas ***or other healthcare settings***. Due to this higher risk, healthcare workers who provide direct patient care ***to Ebola patients and others who enter a patient care area of an Ebola treatment unit while wearing appropriate PPE, as well as healthcare workers who provide patient care in any healthcare setting,*** are classified in the some risk category, for which additional precautions may be recommended upon their arrival in the United States (see Table). Healthcare workers who have no direct patient contact and no entry into active patient management areas, including epidemiologists, contact tracers, and airport screeners, are not considered to have an elevated risk of exposure to Ebola, i.e., are considered to be in the low (but not zero) risk category.

Healthcare workers who provide care to Ebola patients in U.S. facilities while wearing appropriate PPE and with no known breaches in infection control are considered to have low (but not zero) risk of exposure, because of the possibility of unrecognized breaches in infection control and should have direct active monitoring. As long as these healthcare workers have direct active monitoring and are asymptomatic, there is no reason for them not to continue to work in hospitals and other patient care settings. There is also no reason for them to have restrictions on travel or other activities. Review and approval of work, travel, use of public conveyances, and attendance at congregate events are not indicated or recommended for such healthcare workers, except to ensure that direct active monitoring continues uninterrupted.

Note: Healthcare workers taking care of Ebola patients in a U.S. facility where another healthcare worker

has been diagnosed with confirmed Ebola without an identified breach in infection control may be considered to have a higher level of potential exposure. A similar determination may occur if an infection control breach is identified retrospectively during investigation of a confirmed case of Ebola in a healthcare worker. These individuals would be potentially subject to additional restrictions, including controlled movement and the potential use of modified quarantine orders, until 21 days after the last potential unprotected exposure.

In U.S. healthcare facilities where an unidentified breach in infection control has occurred, assessment of infection control practices in the facility, remediation of any identified deficiencies, and training of healthcare workers in appropriate infection control practices should be conducted. Following remediation and training, asymptomatic, potentially exposed healthcare workers may be allowed to continue to take care of Ebola patients, but care of other patients should be restricted. For these healthcare workers, the last potential unprotected exposure is considered to be the last contact with the Ebola patient prior to remediation and training; at 21 days after the last unprotected exposure, they would return to the low (but not zero) risk category under direct active monitoring. Healthcare workers whose first Ebola patient care activities occur after remediation and training are considered to be in the low (but not zero) risk category.

Crew on public conveyances

Crew members on public conveyances where an individual with Ebola was present, such as commercial aircraft or ships, who are not subject to controlled movement are also not subject to occupational restriction and may continue to work on the public conveyance while under active monitoring.

People with confirmed Ebola virus disease

For people with confirmed Ebola, isolation and movement restrictions are removed upon determination by public health authorities that the person is no longer considered to be infectious.

Table: Summary of IDPH Interim Guidance for Monitoring and Movement of People Exposed to Ebola Virus

Exposure Category	Clinical Criteria	Public Health Actions

High risk includes any of the following:
• Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic
• Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate personal protective equipment (PPE)
• Processing blood or body fluids of 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 Ebola virus transmission
  • Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic
	Fever (subjective fever or measured temperature ≥100.4°F/38°C) OR any of the following:*
	• severe headache
	• muscle pain
	• vomiting
	• diarrhea
	• stomach pain
	• unexplained bruising or bleeding
		• Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation
		• Medical evaluation is required
		  ○ Isolation orders may be used to ensure compliance
		  ○ Air travel is permitted only by air medical transport
		• If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply

	Asymptomatic (no fever or other symptoms consistent with Ebola)	• Direct active monitoring
		• Public health authority will ensure, through modified quarantine orders, the following minimum restrictions:
		  ○ Exclusion from all long-distance and local public conveyances (aircraft, ship, train, bus, and subway)
		  ○ Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings
		  ○ Exclusion from workplaces for the duration of the public health order, ***unless approved by the state or local health department***
		  ○ Travel outside of jurisdiction of the local health authority must be under mutual agreement with the local health authority who will assume responsibility for daily observation
		• Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park)
		• Federal public health travel restrictions (Do Not Board) will be implemented to enforce controlled movement
		• If travel is allowed (e.g. to allow travelers arriving in the United States to reach home/housing facility), individuals are subject to restrictions
		  ○ Travel by noncommercial conveyances (private plane or car) only
		  ○ Coordinated with public health authorities at both origin and destination
		  ○ Uninterrupted direct active monitoring during travel

Exposure Category	Clinical Criteria	Public Health Actions

Some risk includes any of the following:
• In countries with widespread Ebola virus transmission:
  ○ Direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic, or with the person's body fluids
  ○ Any direct patient care in other health care settings
	Fever (subjective fever or measured temperature ≥100.4°F/38°C) OR any of the following:*
	• severe headache
	• muscle pain
	• vomiting
	• diarrhea
	• stomach pain
	• unexplained bruising or bleeding
		• Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation
		• Medical evaluation is required
		  ○ Isolation orders may be used to ensure compliance
		  ○ Air travel is permitted only by air medical transport
		• If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply

• Close (but not high risk) contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic
  ○ Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic *
 	
*depending on activities, may include flight attendants who interacted with an individual with "some risk" on an airplane
	Asymptomatic (no fever or other symptoms consistent with Ebola)	• Direct active monitoring (health care facilities may participate in monitoring process, in collaboration with LHD)
		• Participation in patient care activities (with direct active monitoring before each shift and as otherwise required by the health care facility) when/if cleared by the health care facility in collaboration with public health authorities
		• The LHD, based on a science-based risk assessment of the individual's specific situation, in collaboration with IDPH, will determine whether any additional restrictions are needed. These could include:
		  o Exclusion from long-distance commercial conveyances (aircraft, ship, train, bus) or local public conveyances (e.g., bus, subway). For travelers arriving in the United States, in most cases any such restrictions would begin after the traveler reaches the final destination of the itinerary.
		  o Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings.
		  o Exclusion from other workplace settings
		• If the above restrictions are applied, non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park)
		• Other activities should be assessed as needs and circumstances change to determine whether these activities may be undertaken
		• Travel will be coordinated with public health authorities to ensure uninterrupted direct active monitoring
		• Federal public health travel restrictions (Do Not Board) may be implemented based on an assessment of the particular circumstance
		  ○ For travelers arriving in the United States, implementation of federal public health travel restrictions would typically occur after the traveler reaches the final destination of the itinerary

Exposure Category	Clinical Criteria	Public Health Actions

Low (but not zero) risk includes any of the following:
• Having been in a country with widespread Ebola virus transmission within the past 21 days and having had no known exposures
• Having brief direct contact (e.g., shaking hands), while not wearing appropriate PPE, with a person with Ebola while the person was in the early stage of disease
• Brief proximity, such as being in the same room ***(not an Ebola treatment area)*** for a brief period of time, with a person with Ebola while the person was symptomatic
• In countries without widespread Ebola virus transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic
• Traveled on an aircraft with a person with Ebola while the person was symptomatic
	Fever (subjective fever or measured temperature ≥100.4°F/38°C) OR any of the following:*
	• vomiting
	• diarrhea
	• unexplained bruising or bleeding
		• Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation
		• Medical evaluation is required
		  ○ Isolation orders may be used to ensure compliance
		  ○ Air travel is permitted only by air medical transport
		• If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply

	Asymptomatic (no fever, vomiting, diarrhea, or unexplained bruising or bleeding)	• No restrictions on travel, work, public conveyances, or congregate gatherings
		• Direct active monitoring for:
		  ○ Healthcare workers caring for symptomatic Ebola patients in the U.S. while wearing appropriate PPE (it is expected that health care facilities will participate in this process, in collaboration with LHD)
		  ○ Travelers on an aircraft with, and sitting within 3 feet of, a person with Ebola
		• Active monitoring for all others in this category

No identifiable risk includes: • Contact with an asymptomatic person who had contact with person with Ebola • Contact with a person with Ebola before the person developed symptoms • Having been more than 21 days previously in a country with widespread Ebola virus transmission • Having been in a country without widespread Ebola virus transmission and not having any other exposures as defined above • Aircraft or ship crew members who remain on or in the immediate vicinity of the conveyance and have no direct contact with anyone from the community during the entire time that the conveyance is present in a country with widespread Ebola virus transmission	Symptomatic (any)	• Routine medical evaluation and management of ill persons, as needed
	Asymptomatic	• No actions needed

*The temperature and symptoms thresholds provided are for the purpose of requiring medical evaluation. Isolation or medical evaluation may be recommended for lower temperatures or nonspecific symptoms (e.g., fatigue) based on exposure level and clinical presentation.