



TO: State Health Officers

FROM: Thomas R. Frieden, MD, MPH
Director, Centers for Disease Control and Prevention (CDC)

DATE: November 1, 2014

SUBJECT: Active Monitoring including Direct Active Monitoring

Thank you for your continued partnership and hard work as we respond to Ebola. The country is counting on us, and public health must deliver. In the United States, this means ensuring that if people develop Ebola, they are quickly and safely isolated and diagnosed and safely and effectively treated. The Active Monitoring (including Direct Active Monitoring) program is a critical aspect of our response and relies on essential components of the response at state and local levels.

Critical functions of the response in each area of the country include:

- Managing the Active Monitoring (including Direct Active Monitoring) program at the state and—in coordination with local health officers—local levels, including responding appropriately to people who are lost to follow-up or non-adherent with monitoring.
- Establishing, drilling, and publicizing a 24/7 phone number for people who may have symptoms and exposure consistent with Ebola to call.
- Establishing and drilling systems to safely transport such people to a health care facility.
- Ensuring that the receiving health care facilities are prepared, including through completion of drills, to provide at least initial isolation, evaluation, and diagnostic testing (including specimen collection and shipment) of any patient suspected to have Ebola in consultation and coordination with CDC.

A brief reporting template is attached to this document and is intended to capture the state's plan for managing these critical functions. Please return this plan to CDC no later than November 7. Plans can be sent to CDC at eocstate@cdc.gov. CDC staff are available to assist in the development of this plan. States can request assistance by emailing eocstate@cdc.gov.

Active and Direct Active Monitoring

On October 27, CDC released [Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure](http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html) (www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html). This guidance describes recommended risk stratification for people traveling from Liberia, Sierra Leone, and Guinea and recommended public health actions for each risk

category. Two public health actions, daily Active Monitoring and daily Direct Active Monitoring for 21 days post potential exposure are particularly important to prevent transmission in the United States. Daily monitoring of health status and fever is essential to rapidly identify potentially ill people and to ensure immediate isolation and rapid referral for medical evaluation. We expect that several people who have returned from these countries will develop fever and other symptoms each day, but that only a very small proportion of symptomatic returning travelers, if any, will be found to have Ebola. Because of the severe consequences of not ensuring appropriate isolation, transfer, evaluation, diagnosis, and treatment of all such patients in the case of a diagnosis of Ebola, meticulous planning, practice, and execution of every aspect of the response will be essential. Each incident of a returning traveler who rules out for Ebola is an opportunity to evaluate the process and learn lessons for future improvement. Note that we expect that the number of travelers in the “some” and “high risk” categories—and hence requiring Direct Active Monitoring—will be small.

Active Monitoring began Monday, October 27 with a focus on the six states (New York, New Jersey, Pennsylvania, Maryland, Virginia, and, Georgia) that receive 70 percent of travelers from the impacted areas of West Africa. The remaining states and Washington, DC should begin Active Monitoring as soon as possible and no later than **Wednesday, November 5. We ask states to report their activities related to Direct Active Monitoring on a daily basis beginning Monday, November 3, and to report their activities related to Active Monitoring on a weekly basis.** We will work with you to establish the most useful and efficient formats and methods of reporting.

State and Local Responsibilities

State and local public health authorities are responsible for establishing regular daily communication with potentially exposed individuals to assess the presence of symptoms and fever. Direct Active Monitoring requires state and local public health officials to directly observe the person being monitored. Specifically, a public health official or someone authorized by you (e.g., visiting nurse service, hospital occupational health program) must directly observe the individual at least once a day to review symptoms and assess temperature and report that information.

Direct Active Monitoring should also include a discussion of plans to work, travel, take public transportation, or go to congregate gathering places to determine whether, for **some risk** people these activities are allowed. Direct Active Monitoring applies to all persons in the **high risk** and **some risk** categories. It also applies—not including movement restrictions—to the small proportion of those in the **low (but not zero) risk** who are health care workers caring for symptomatic Ebola patients while wearing appropriate personal protective equipment (PPE) in this country and to travelers on an aircraft sitting within 3 feet of a person with Ebola, if any.

RISK LEVEL	PUBLIC HEALTH ACTION		
	Monitoring	Restricted Public Activities	Restricted Travel
HIGH risk	Yes- Direct Active Monitoring	Yes	Yes
SOME risk	Yes- Direct Active Monitoring	Case-by-case assessment	Case-by-case assessment
LOW risk	Yes- Active Monitoring for some; Direct Active Monitoring for others	No	No
NO risk	No	No	No

CDC Resources to Assist with Program Implementation

CDC will assist state and local health officials to implement Active Monitoring, including Direct Active Monitoring. Resources include expedited approval processes to redirect CDC Public Health Emergency Preparedness cooperative agreement funds for Ebola-related activities, reassignment of CDC-funded field staff to Ebola activities, and deployment of Public Health Associate Program staff to assist states with Ebola preparedness and response activities. CDC has a dedicated call center to ensure travelers who require monitoring can connect with the appropriate state health public departments. States can contact CDC at eocdgmqreasear@cdc.gov to report any issues with incorrect contact information or other details regarding travelers residing in their states during the 21-day monitoring period.

The eyes of the nation are on public health. I am sure we will stand together, be meticulous in our work, and demonstrate that we keep the nation safe from Ebola. Thank you for your work and dedication.



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Attachment

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