Guidance for Health Departments for Identifying and Monitoring Community Contacts of Persons Under Investigation (PUI) for Ebola Virus Disease (Ebola) or Ebola Cases

Background

A **community contact** is a person who may have been exposed to a person with Ebola or a person under investigation (PUI, i.e., a person who has symptoms compatible with Ebola, has an epidemiologic risk factor within 21 days of symptom onset, and is undergoing Ebola testing) through direct contact with the person (dead or alive) or the body fluids of the person.
Community contact excludes healthcare workers and travelers on an aircraft with an Ebola case.

Identifying contacts

Contact identification occurs during investigation of an Ebola case. Ebola cases should be interviewed and the information collected during the interview used to complete **Form 1: Ebola Case Investigation Form**, including identifying possible contacts. Contact identification and follow-up should occur for all PUI as well as all confirmed Ebola cases (both alive and dead). If laboratory testing determines that a PUI is "ruled out" (the test is negative indicating that the PUI is not an Ebola case), contact identification and follow-up can end for that PUI.

Contacts are identified by questioning the Ebola case and/or any other people who may know details about the case during the course of their illness, including family members, friends, community members, and healthcare workers. Key pieces of information will include:

1. **All places the case visited** since the onset of illness
2. **All individuals who had direct, physical contact with the case** (dead or alive) since the onset of illness
3. **All individuals who resided in the same household** as the case since the onset of illness
4. **All individuals who may have shared a food dish, drinking cup, utensils, linens, or clothing** with the case since the onset of illness
5. **All individuals who visited or cared for the case at home or at a healthcare facility** since the onset of illness
6. **All individuals who attended the funeral** of the case, if the case has died
7. **All individuals who participated in washing or preparing the body for burial**, if the case has died
8. **All individuals who cleaned up body fluids** of a case since the onset of illness
9. **The morgue where the body was placed and morgue workers who had contact with the body**

As contacts are identified during the course of the interview with the case patient, they should be added to the **List of Community Contacts since Date of Onset** (included in the **Form 1: Ebola Case Investigation Form**). These lists include basic information about the contact, including an address or locality where the contact lives. The identification of contacts will occur during several interviews over

time; thus, the list of contacts for a case will be routinely updated. As each contact is identified, **the most recent date** that the individual had contact with the case is also determined. This date will be used to determine the time period of follow-up.

After being identified, contacts of symptomatic Ebola cases or PUIs should be interviewed using **Form 2: Ebola Virus Disease Contract Tracing Form**, and then actively monitored for 21 days from their last exposure (or until a PUI tests negative, if the PUI is the only contact). **Active monitoring** means that the state or local public health authority assumes responsibility for establishing regular communication with exposed individuals, including checking daily to assess for the presence of fever or symptoms. A contact's **exposure risk category** (Table) determines whether they should undergo just active monitoring versus ***direct* active monitoring**. Direct active monitoring means the public health authority conducts active monitoring through direct observation.

Type of monitoring of community contacts by exposure risk category*

Exposure category	Type of monitoring
High risk	➢ Direct active monitoring
Some risk	➢ Direct active monitoring
Low (but not zero) risk	➢ Direct active monitoring for travelers on an aircraft seated within 3 feet of a person with Ebola ➢ Active monitoring for all other travelers in this category

*Exposure risk categories are defined at: http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html

Direct active monitoring

Persons under *direct active monitoring* should be directly observed by a public health authority while taking their temperature and reviewing the fever and symptom log at least once a day during their 21-day monitoring period. A second daily follow-up may be conducted by telephone in place of a second direct observation.

Supplies for the direct active monitoring visits should include:

- 21-day fever and symptom log
- Ebola education materials (e.g. description of the disease, symptoms, etc.)
- Enough digital thermometers to distribute one to each person being monitored
- Medical examination gloves

Procedures for direct active monitoring:

1. The public health official should call ahead to ask if the person has symptoms. If they do, the public health official should immediately notify the public health department at XXX-XXX-XXXX. If the person has an urgent health situation, the first call should be to 911 and the second call should be to the public health department.

2. When in the presence of the person being monitored, monitors should maintain a distance of three feet and defer any direct contact, such as handshakes. Monitors should remain standing, avoid leaning on walls or furniture, and keep themselves between the person being monitored and the door.
3. If at any point during the visit, the person appears ill or affirms that they have symptoms consistent with Ebola, the monitor should ask the person to go to a room (preferably with access to a non-shared bathroom), close the door, and await further instruction. The team should then exit the residence, taking care to let themselves out only after putting on the exam gloves in their pocket. The team should also exit if they see any blood or body fluid contamination of surfaces, again asking the person being monitored to seclude him/herself in a room and to await further instruction.
4. The public health official will interview the person about the presence or absence of fever and any Ebola symptoms using the **21-day fever and symptom log** to ensure thoroughness and consistency.
5. The temperature and symptoms should be recorded on the **21-day fever and symptom log**.
   - Record if a the person is taking any medication with aspirin, Tylenol® (acetaminophen), paracetomol, Aleve® (naproxen), Motrin® or Advil® (ibuprofen). Temperature readings should be taken **before** the person's next dose of any such medication.
   - The health monitor should not touch the person or the thermometer but should visually observe the reading on the thermometer. In addition to the daily visit by a public health official, the person being monitored should also take his/her temperature one additional time per day.
7. If the person has a fever or feels feverish, reports at least one of the other symptoms, or the public health official observes signs of illness, the public health official should immediately notify the public health department at XXX-XXX-XXXX. If the person has an urgent health situation, the first call should be to 911 and the second call should be to the public health department.
8. If the second follow-up per day is being conducted by telephone, arrangements should be made for the public health authorities to receive the results by phone, email, or other means to confirm symptoms have been monitored and the individual remains asymptomatic.
9. If the person under direct active monitoring has not been observed for two or more consecutive days, additional efforts should be made to find and observe the person.

Active Monitoring

Persons under active monitoring should measure their temperature twice daily and monitor themselves for symptoms. They should report the results of their monitoring to the health authority at least once a day for their 21-day monitoring period.

Procedures for active monitoring:

1. The individual should receive training in how to complete the **21-day fever and symptom log** and how to properly take their temperature with a digital oral thermometer.
    - Initial in-person training is helpful to explain the monitoring process, ensure that the person being monitored understands the required follow-up, and establish rapport. If that cannot be done, training by telephone is an option.
    - If an initial in-person visit is to be made, the public health official should call ahead to ask if the person has symptoms. If they do, the public health official will immediately notify the public health department at XXX-XXX-XXXX. If the person being monitored has an urgent health situation, the first call should be to 911 and the second call should be to the public health department.
2. Each day, the individual will take their temperature twice (morning and night) and record their temperature and the presence or absence of all symptoms on the **21-day fever and symptom log**.
    - The contact should record if they are taking any medication with aspirin, Tylenol® (acetaminophen), paracetomol, Aleve® (naproxen), Motrin® or Advil® (ibuprofen). Temperature readings should be taken **before** the contact's next dose of any such medication.
3. The person being monitored should report daily to public health officials by phone, email, or other means to confirm symptoms have been monitored and the individual remains asymptomatic.
4. If the person has a fever or feels feverish or reports at least one of the other symptoms, s/he should immediately notify the public health department at XXX-XXX-XXXX. If the person has an urgent health situation, the first call should be to 911 and the second call should be to the public health department.
5. If a person has not monitored or recorded the presence or absence of symptoms for two consecutive days, additional efforts should be made to increase adherence to the follow-up protocol, such as in-person visits. The public health department should be notified at XXX-XXX-XXXX.

If at any point during the monitoring period, a person under active or direct active monitoring develops any of the symptoms listed on the fever and symptom log, the health department should be immediately contacted at XXX-XXX-XXXX.

If the public health authorities decide that the person should undergo medical evaluation for Ebola, the person should be isolated and arrangements made for safe transport to an appropriate healthcare facility for evaluation.

The Centers for Disease Control and Prevention can be contacted at 770-488-7100 if additional advice is needed on whether a person should undergo medical evaluation for Ebola.