

Appendix 2

Interim Guidance for Evaluation and Management of Persons with Potential Ebola Virus Disease Exposure

Exposure Level	Clinical Criteria	Health Care Facility and Public Health Actions
<p>High Risk</p> <p><u>In any country</u></p> <ul style="list-style-type: none"> • Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen¹) from a person with Ebola who has symptoms • Direct contact with a person with Ebola who has symptoms, or the person's body fluids, while not wearing appropriate personal protective equipment (PPE) • Laboratory processing of blood or body fluids from a person with Ebola who has symptoms while not wearing appropriate PPE or without using standard biosafety precautions • Providing direct care to a person showing symptoms of Ebola in a household setting <p><u>In countries with widespread transmission or cases in urban settings with uncertain control measures</u></p> <ul style="list-style-type: none"> • Direct contact with a dead body while not wearing appropriate PPE. 	<p>Fever (subjective or measured as ≥ 100.4 degrees F or 38.0 degrees C) OR other symptoms consistent with EVD:</p> <ul style="list-style-type: none"> • Severe headache • Muscle pain • Vomiting • Diarrhea • Stomach pain • Unexplained bruising or bleeding <p>Asymptomatic</p>	<ul style="list-style-type: none"> • Consideration as a probable case (http://www.cdc.gov/vhf/ebola/hcp/case-definition.html#probable) • Medical evaluation using infection control precautions (Appendix 4) for suspected Ebola, consultation with KDHE (Epidemiology Hotline: 877-427-7317), and testing if indicated <ul style="list-style-type: none"> ○ Patients in the "High Risk Exposure" category will be encouraged to seek care at one of Kansas's two designated Centers of Excellence for Infectious Disease Preparedness <ul style="list-style-type: none"> • The University of Kansas Hospital (Kansas City, KS) • Via Christi Hospital St. Francis (Wichita, KS) ○ Depending on geographic location of patient, care at a designated Ebola Assessment Hospital in a neighboring state may be indicated • If air transport is clinically appropriate and indicated, only air medical transport (http://www.cdc.gov/vhf/ebola/hcp/guidance-air-medical-transport-patients.html) (no travel on commercial conveyances permitted) • If infection control precautions are determined not to be indicated: direct active monitoring and restricted movement until 21 days after last known potential exposure <p>Direct active monitoring</p> <p>Restricted movement until 21 days after last known potential exposure</p>
<p>Some Risk of Exposure</p> <p><u>In any country</u></p> <ul style="list-style-type: none"> • Being in close contact² with a person with Ebola who has symptoms while not wearing appropriate PPE (for example, in households, healthcare facilities, or community settings) • <i>In non-U.S. laboratories that CDC has not deemed as having appropriate biosafety precautions in place, laboratory</i> 	<p>Fever (subjective or measured as ≥ 100.4 degrees F or 38.0 degrees C) OR other symptoms consistent with EVD:</p> <ul style="list-style-type: none"> • Severe headache • Muscle pain • Vomiting • Diarrhea • Stomach pain • Unexplained bruising or bleeding 	<ul style="list-style-type: none"> • Consideration as a probable case (http://www.cdc.gov/vhf/ebola/hcp/case-definition.html#probable) • Medical evaluation using infection control precautions (Appendix 4) for suspected Ebola, consultation with KDHE (Epidemiology Hotline: 877-427-7317), and testing if indicated <ul style="list-style-type: none"> ○ Patients in the "Some Risk of Exposure" category will be encouraged to seek care at one of Kansas's two designated Centers of Excellence for Infectious Disease Preparedness <ul style="list-style-type: none"> • The University of Kansas Hospital (Kansas City, KS) • Via Christi Hospital St. Francis (Wichita, KS)

<p>processing of blood or body fluids from a person with Ebola who has symptoms while wearing appropriate PPE and using standard biosafety precautions</p> <ul style="list-style-type: none"> ○ <i>Assessment of laboratory facility will be conducted on returning travelers by CDC Division of Global Migration and Quarantine</i> 		<ul style="list-style-type: none"> ○ Depending on geographic location of patient, care at a designated Ebola Assessment Hospital in a neighboring state may be indicated • If air transport is clinically appropriate and indicated, only air medical transport (http://www.cdc.gov/vhf/ebola/hcp/guidance-air-medical-transport-patients.html) (no travel on commercial conveyances permitted) • If infection control precautions are determined not to be indicated: active monitoring and restricted movement until 21 days after last known potential exposure
<p><u>In countries with widespread transmission</u></p> <ul style="list-style-type: none"> • Direct contact with a person with Ebola who has symptoms, or the person's body fluids, while wearing appropriate PPE • Being in the patient-care area of an Ebola treatment unit • Providing any direct patient care in non-Ebola healthcare settings 	<p>Asymptomatic</p>	<ul style="list-style-type: none"> • Direct active monitoring • Restricted movement until 21 days after last known potential exposure • Special considerations for U.S.-based health care workers caring for EVD patients <ul style="list-style-type: none"> ○ Health care workers who utilize the appropriate level of personal protective equipment (PPE) as detailed in Appendix 4 will be exempt from the 21-day restricted movement period ○ Health care workers potentially exposed to Ebola virus who do not utilize the appropriate level of PPE or who experience a breach in infection prevention protocols will be subjected to restricted movement, dependent on a risk assessment, until 21 days after the last known potential exposure.
<p>Low (but not zero) risk</p> <p><u>In any country</u></p> <ul style="list-style-type: none"> • Brief direct contact (such as shaking hands) with a person in the early stages of Ebola, while not wearing appropriate PPE. Early signs can include fever, fatigue, or headache. • Brief proximity with a person with Ebola who has symptoms (such as being in the same room, but not in close contact) while not wearing appropriate PPE • <i>In non U.S. laboratories that CDC has deemed as having appropriate biosafety precautions in place, laboratory processing of blood or body fluids from a person with Ebola who has symptoms while wearing appropriate PPE and using standard biosafety precautions</i> <ul style="list-style-type: none"> ○ <i>Assessment of laboratory facility will be conducted on returning travelers by CDC Division of</i> 	<p>Fever (subjective or measured as ≥ 100.4 degrees F or 38.0 degrees C) OR other symptoms consistent with EVD:</p> <ul style="list-style-type: none"> • Severe headache • Muscle pain • Vomiting • Diarrhea • Stomach pain • Unexplained bruising or bleeding 	<ul style="list-style-type: none"> • Consideration as a probable case (http://www.cdc.gov/vhf/ebola/hcp/case-definition.html#probable) • Medical evaluation using infection control precautions (Appendix 4) for suspected Ebola, consultation with KDHE (Epidemiology Hotline: 877-427-7317), and testing if indicated <ul style="list-style-type: none"> ○ Patients in the “Low (but not zero) Risk” category who are clinically stable and do not have bleeding, vomiting, or diarrhea will be encouraged to seek care at the local hospital of their choice ○ Patients in the “Low (but not zero) Risk” category who are clinically unstable or who have bleeding, vomiting, or diarrhea will be encouraged to seek care at one of Kansas’s two designated Centers of Excellence for Infectious Disease Preparedness <ul style="list-style-type: none"> • The University of Kansas Hospital (Kansas City, KS) • Via Christi Hospital St. Francis (Wichita, KS) ○ Depending on geographic location of patient, care at a designated Ebola Assessment Hospital in a neighboring state may be indicated • If air transport is clinically appropriate and indicated, only air medical transport (http://www.cdc.gov/vhf/ebola/hcp/guidance-air-medical-transport-patients.html) (no travel on commercial conveyances permitted)

<p style="text-align: center;"><i>Global Migration and Quarantine</i></p> <ul style="list-style-type: none"> Traveling on an airplane with a person with Ebola who has symptoms and having had no identified <i>some</i> or <i>high</i> risk exposures <p><u>In countries with widespread transmission, cases in urban settings with uncertain control measures, or former widespread transmission and current, established control measures</u></p> <ul style="list-style-type: none"> Having been in one of these countries and having had no known exposures <p><u>In any country other than those with widespread transmission</u></p> <ul style="list-style-type: none"> Direct contact with a person with Ebola who has symptoms, or the person's body fluids, while wearing appropriate PPE Being in the patient-care area of an Ebola treatment unit 		<ul style="list-style-type: none"> If infection control precautions are determined not to be indicated: active monitoring and restricted movement until 21 days after last known potential exposure
	Asymptomatic	<ul style="list-style-type: none"> Direct active monitoring for: <ul style="list-style-type: none"> U.S.-based health care workers caring for symptomatic Ebola patients while wearing appropriate PPE as described in Appendix 4 Travelers on an aircraft with, and sitting within 3 feet of, a person with Ebola Active monitoring until 21 days after leaving country for all others in this category No movement restrictions except the requirement to notify the local health officer or KDHE before any overnight travel outside the state of Kansas for 21 days after last potential exposure.
<p>No identifiable risk</p> <ul style="list-style-type: none"> Laboratory processing of Ebola-containing specimens in a Biosafety Level 4 facility Any contact with a person who isn't showing symptoms of Ebola, even if the person had potential exposure to Ebola virus Contact with a person with Ebola before the person developed symptoms Any potential exposure to Ebola virus that occurred more than 21 days previously Having been in a country with Ebola cases, but without widespread transmission, cases in urban settings with uncertain control measures, or former widespread transmission and now established control measures, and not having had any other exposures 	Symptomatic (any)	<ul style="list-style-type: none"> Routine medical evaluation and management of ill persons, as needed
	Asymptomatic	<ul style="list-style-type: none"> No actions needed

<ul style="list-style-type: none"> • Having stayed on or very close to an airplane or ship (for example, to inspect the outside of the ship or plane or to load or unload supplies) during the entire time that the airplane or ship was in a country with widespread transmission or a country with cases in urban settings with uncertain control measures, and having had no direct contact with anyone from the community • Having had laboratory-confirmed Ebola and subsequently been determined by public health authorities to no longer be infectious (i.e., Ebola survivors) 		
---	--	--

[1] Ebola virus can be detected in semen for months after recovery from the disease. Unprotected contact with the semen of a person who has recently recovered from Ebola may constitute a potential risk for exposure. The period of risk is not yet defined.

[2] Close contact is defined as being within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic for a prolonged period of time while not using appropriate PPE.

Definitions

Close contact – Close contact is defined as being within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic for a prolonged period of time while not using appropriate PPE.

Active and Direct Active Monitoring – Active monitoring will entail self-monitoring for fever and other potential symptoms of Ebola virus infection twice per day until 21 days since last potential exposure, with the requirement of daily public health follow-up via telephone or other means of regular communication. For direct active monitoring, a public health worker from the local health department or KDHE will directly observe the individual at least once daily to review symptoms and monitor temperature measurement. It is recommended that an initial visit by a public health worker be conducted in person early in the direct active monitoring process to help build rapport. This initial visit should be preceded by a telephone call to ensure the individual is well and is not experiencing any symptoms of EVD. Subsequent visits throughout the 21-day period may be conducted via videoconference at the discretion of the local health department or KDHE. The information from the monitoring process shall be recorded on a log sheet (Appendix 3). The public health monitoring process will help to ensure compliance with self-monitoring, assess and identify symptoms early, reduce risks of transmission if the individual develops EVD, and to discuss any potential concerns.

Restricted movement – Persons must remain at their residence or other living location as determined by KDHE or the local health officer for a period of 21 days following their last potential exposure; any movement outside the residence or other living location must be approved in advance by KDHE or the local health officer on a case-by-case basis. During this 21-day period of restricted movement, there shall be no visitors to the residence or living location except those approved by KDHE or the local health officer in advance.

Special Considerations for Health Care Workers – Health care workers, broadly defined as any person working in a health care setting (including laboratory workers and emergency responders), and other workers who are potentially exposed to Ebola virus while caring for a patient with EVD or during environmental cleanup activities will be subject to the same requirements for active monitoring and restricted movement as any other person, with the following exceptions.

Workers who utilize appropriate personal protective equipment (PPE) as detailed in Appendix 4 will be exempt from the 21-day restricted movement period that begins after their last contact with the patient or potentially infectious materials. These workers will be subjected to direct active monitoring and the requirement to notify the local health officer or KDHE before any overnight travel outside the state of Kansas for 21 days after last potential exposure. However, if the employee reports or is observed by a PPE trained observer to have experienced a needle stick or breach in PPE protocol, the full 21-day restricted movement period will apply.