

## **Ebola:**

### **Interim Monitoring Guidance for Local Public Health Authorities**

#### **Oregon Public Health Division**

Current as of April 7, 2021

### **Table of Contents**

|  |                   |
|--|-------------------|
| <b>Working with People Who Are Monitoring for Ebola...</b>   | <b>Page 2-6</b>   |
| <b>Ebola Interview Form...</b>                               | <b>Page 7-11</b>  |
| <b>Interview Summary Letter (<i>optional</i>)...</b>         | <b>Page 12-13</b> |
| <b>Fact Sheet for Household Members (<i>optional</i>)...</b> | <b>Page 14-15</b> |
| <b>Algorithm for Determining Risk Level .....</b>            | <b>Page 16</b>    |

Investigative Guidelines for Illness Consistent with Ebola can be found at  
<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLEDISEASE/REPORTINGCOMMUNICABLEDISEASE/REPORTINGGUIDELINES/Documents/ebola.pdf>

## Working with People Who Are Monitoring for Ebola

*Current as of April 7, 2021*

### PREPARATIONS

Local public health authority (LPHA) staff will be notified of a Person Under Monitoring (PUM) in their jurisdiction by the Acute and Communicable Disease Prevention (ACDP) Section. Name, date of birth, and contact information shared by CDC will be provided.

Before interviewing anyone who has been potentially exposed to the Ebola virus, LHD staff should be familiar with the following:

### DEFINITIONS

**Limited Active Monitoring:** Based on [current CDC guidance](#) (as of Mar. 10, 2021) PUMs who were present in a [country experiencing an Ebola outbreak](#) (in this case, Guinea or DRC) but did not go to the outbreak-affected region and had no known contact with a person suspected or confirmed to have Ebola viral disease are considered at low risk for Ebola exposure. A follow-up call on day 21 after their return from the country experiencing an Ebola outbreak to ensure they remain free of Ebola-compatible illness is recommended. Additional contacts during the monitoring period are optional, if mutually agreeable to public health and the PUM. PUMs should be asked to inform LPHA of any planned travel during the monitoring period, monitor for symptoms, and urged to contact public health immediately if fever or symptoms compatible with Ebola develop.

**Active Monitoring:** Under current CDC Guidance, PUMs who visited a [region actively affected by an Ebola outbreak](#) (at this time, North Kivu Province in DRC or Nzérékoré Prefecture in Guinea) but who had no known contact with a person suspected or confirmed to have Ebola viral disease are considered at “some” risk of Ebola exposure. CDC recommends a check-in with them midway through the 21-day monitoring period and at the end of the monitoring period to assess for symptoms compatible with Ebola, though LPHAs may choose to monitor more frequently. Initial contact should be through a real-time, interactive method such as an in-person, tele-meeting, or phone call, and then monitoring can be conducted by phone or electronically at the discretion of the LPHA and the PUM. People doing Active Monitoring should be encouraged to take their temperature twice daily, watch themselves for symptoms, inform the LPHA of any travel planned during the monitoring period, and urged to immediately tell public health officials if they have a fever or other symptoms compatible with Ebola.

**Direct Active Monitoring:** For PUMs who meet high-risk exposure criteria (see Box 2 of [current CDC interim guidance](#) ) public health should check in **at least** daily to monitor for fever and symptoms until 21 days after last potential exposure. **If you identify such a person, please call the ACDP on-call epidemiologist immediately at 971-673-1111.** Direct active monitoring involves visual contact between the PUM and public health staff. Contacts may be in-person

(something to consider initially, since it might help establish rapport with the person you will be working with) or can be performed electronically (e.g., with Skype, Face Time, etc.). People doing Direct Active monitoring should take their temperature twice daily and share the results with public health, watch themselves for symptoms, and immediately tell public health officials if they have a fever or other symptoms consistent with Ebola. Quarantine and travel restrictions are recommended to avoid exposure to others if the person becomes symptomatic while in contact with them. Ask daily about plans to work, travel, take public transportation, or go to busy public places (congregate settings) and review that these activities must wait until the 21-day monitoring period is completed. Any development of fever or Ebola-compatible symptoms requires isolation and medical evaluation. For healthcare workers, LHDs may delegate the responsibility for monitoring to a health system occupational/employee health program at their discretion, with a daily report to the LPHA.

A summary of how to work with PUMs, based on risk category, is on pages 10 and 11.

There are several things to consider as you prepare to interview the PUM, and that you can attempt to assess during the course of the interview and subsequent contacts:

- Does the person give a consistent history of risk? Is the person willing and able to work with public health for monitoring and notification if symptoms develop?
- Is the person able to recognize and report symptoms, self-isolate, and seek medical care? (Preschool and school age children may not be able to recognize and respond as quickly as an adult.) If not, are there support services that would be acceptable and useful to this person to help him or her monitor safely?
- Is there anything unique about this person that would make it difficult to prevent exposures when symptomatic?
- If the person is symptomatic, confirm flight information and other possible exposures during any recent travel and share promptly with ACDP.

## INTERVIEW

LPHA staff should perform the following tasks with people who have recently been in an area experiencing an Ebola outbreak or who have otherwise potentially been exposed to Ebola virus:

- Contact the PUM within 24 hours of arrival in the jurisdiction. Introduce yourself and the purpose of your contact. Explain that information will be kept private and confidential. **If you are unable to reach the person, call ACDP at 971-673-1111 and report inability to find a PUM.**
- Interview the PUM to confirm contact information and where the person is residing, determine preferred forms of communication, assess risk status (using *Interview Form*, page 7), review symptoms of Ebola, and ensure the PUM is familiar with reporting

requirements and any other restrictions.

- Instruct PUM to report symptoms of Ebola immediately to the LPHA; provide PUM with a 24/7 contact number.
- Educate the PUM about symptoms of Ebola (fever, diarrhea, vomiting, headache, muscle pain, abdominal pain, or bleeding).
- Ask if PUM is planning any travel during the monitoring period. Review that, even if PUM is at low risk of developing symptoms, we would like to know about any travel so we can coordinate with other jurisdictions. Collect details of travel (dates, locations, methods of travel) and report to ACDP.
- Have a plan regarding where the person will seek health care and provide an overview of the plan to the PUM.
  - Let the PUM know you will be contacting the health facility
  - Contact the facility where the person would be seen to ensure appropriate plans for evaluation are in place.
  - Provide the facility's name and its 24/7 telephone number to the PUM.
  - Contact the EMS agency that would do transport (should Ebola-compatible illness develop) to ensure appropriate plans are in place to transport the person to the healthcare facility.
- Review the risk level, monitoring plan, and movement restrictions, if any, with the PUM verbally, and, if possible, in writing. You can use the PUM summary letter available on page 16.
- As appropriate, consider sharing copies of *Fact Sheet for Household Members*, available on page 14.
- Record risk-factor information and recommendations regarding movement restriction in ORPHEUS. (See *Data Entry* section below.)

## DATA ENTRY

- Create a new “Person Under Monitoring” case in Orpheus. Be sure to fill out the identifiers, demographics, and Ebola information (e.g., last exposure date, reason monitored, risk assessment determination, Ebola vaccination status, EMS agency if known, assessment hospital, flight numbers and dates, and DGMQ ID). For PUMs Currently under monitoring, enter “U” for status. When monitoring is complete, change to “Completed monitoring”. If the person is transferred to a jurisdiction outside Oregon, change status to “Transferred”.
- If a paper interview form was used, please upload as an attachment to Orpheus case under the “Documents” tab.

- For PUMs at high risk:
  - Go to the PUM tab
  - Click on “add day”.
  - Add the twice daily temperature monitoring information each day
  - Daily monitoring information should be kept up to date in Orpheus.

### **TRAVEL (*if no high-risk exposure*)**

During initial interview and periodically if monitoring, inquire about planned travel by PUM.

- For PUMs who will be traveling to other countries,
  - Advise PUM to contact embassy of the destination country, as the other country might have more stringent monitoring or quarantine requirements,
  - E-mail [Kimberley.bonner@dhsosha.state.or.us](mailto:Kimberley.bonner@dhsosha.state.or.us), [richard.f.leman@sdhsosha.state.or.us](mailto:richard.f.leman@sdhsosha.state.or.us), and [paul.r.cieslak@dhsosha.state.or.us](mailto:paul.r.cieslak@dhsosha.state.or.us) or call the epidemiologist on-call. They will need
    - PUM’s name and DOB,
    - DGMQ ID,
    - passport number and country that issued it
    - Intended destination (country *and* physical address, if possible)
    - planned dates of travel to and departure from destination
    - CDC exposure risk category, date of last exposure, date completing monitoring, and plans for continued monitoring (if any)
    - Date, time, and results of most recent monitoring check
- For PUMs traveling to other states, e-mail the folks above or call the ACDP epi on-call.
- For PUMs who will be traveling to other counties in Oregon, you can either work with the OHA epidemiologist or the other county directly. Please keep good notes in Orpheus, including detailed address information.
- If a PUM from another state is traveling to your jurisdiction, OHA will contact you to work out a plan to ensure continuous monitoring
- If a PUM plans to leave your county for the duration of the remaining monitoring period, contact OHA to discuss possible formal transfer of monitoring to the destination jurisdiction.
- If a PUM is coming to your county for the duration of the monitoring period, OHA will contact you to work out a plan for continuous monitoring. If you can work with this person, create a new case in Orpheus, and provide PUM with the monitoring plan and contact phone numbers. (No need to re-do entire case interview.)

## **INSTRUCTIONS IF YOU'RE DOING HOME VISITS**

**Note: LPHA staff might do home visits for initial interview, if person is unavailable by phone, or for other reasons deemed necessary by local health officials.**

It is important for LPHA to protect themselves and the PUM by taking these measures during a visit:

- During any home visit LPHA staff should take appropriate precautions protect against droplet exposure, including masks, social distancing, and meeting outside or in the doorway, when possible.
- LPHA staff should communicate by telephone with the potentially exposed person to ensure the person has no symptoms before the LHD staff travels to the site of monitoring. Confirm that the person has a working thermometer or bring a no-touch thermometer. When LPHA staff have arrived at the residence, they should re-assess for symptoms in the doorway. Remember there's a pandemic going on, take appropriate precautions to protect against droplet exposure as well. Where feasible, check-in can be done through audio-visual aid (e.g., Skype, Face Time, Zoom, etc.) as deemed appropriate.
- Take phone numbers for your health officer, the OHA On-Call Epi, and plan on whom to contact in case you find the person to be symptomatic.
- Avoid direct physical contact like shaking hands or hugging.
- When possible, have the person take his/her own temperature and show you, or use a no-touch temperature system. Use disposable gloves if you must take the person's temperature directly.
- If fever or other symptoms are identified at the home visit, immediately leave the residence and arrange for the person to be medically evaluated.
- If no symptoms are identified, verify the time of the next check-in. Review any plans for travel (if not high risk), and if so, how monitoring will continue and by whom.
- If any symptoms occur before the next evaluation, instruct the person to go immediately to a private area (e.g., room with a door that can be closed, or car) and telephone the LPHA.

## **COMPLETING THE PROCESS**

- Each time after talking with PUMs, and after they complete their 21-day monitoring period, thank them.
- In Orpheus, change the case status to "Completed Monitoring" after entering the last day's symptom and temperature information.

**Person under Monitoring  
Interview Form State of  
Oregon**

**Tips for Interviewer:**

- ☐ Explain why you're calling (CDC guidance for people returning or traveling from Ebola-affected countries)
- ☐ Establish a good relationship immediately: Welcome the person home or to the U.S. Ask how their trip to the U.S. went. Ask how they're feeling now.
- ☐ Explain that you are going to review some standard questions with them to help determine how best to support them during the 21-day monitoring period. Let them know all information will be kept private and confidential.
- ☐ Most patients treated in US healthcare facilities have survived Ebola. Prompt reporting of symptoms to public health will lead to prompt care for them if needed.
- ☐ Encourage them to ask questions or contact you later with any questions or concerns.

**Interview Checklist:**

- ☐ Conduct risk assessment as outlined below
- ☐ Clearly describe symptoms to watch for, and provide a 24/7 number to call, should they develop.
- ☐ Specify any movement/work restrictions while asymptomatic (for high-risk PUMs) or confirm that there are none.
- ☐ Review what PUM should do if symptoms or fever develop.
- ☐ If possible, have Orpheus open to ensure you've captured information for all fields.

**I. Interview Information**

**Date of interview:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MM/DD/YYYY

Interviewer Name/Agency: \_\_\_\_\_

Who is providing information for this form?

- ☐ Ebola PUM (or person under investigation)
- ☐ Other, specify person (Last, First): \_\_\_\_\_

Relationship to PUM: \_\_\_\_\_

Reason PUM unable to provide information: ☐ PUM is a minor ☐ Other

**Contact Information (please confirm this with the PUM)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (while under monitoring): \_\_\_\_\_ Apt. # \_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Best way to contact: \_\_\_\_\_

PUM's preferred language: \_\_\_\_\_

Was interview done via an interpreter? ☐ Yes ☐ No

## II. Demographics

Date of birth:     /     /     Sex:   ☐ Male   ☐ Female   **If female, ask:** Currently pregnant? ☐ Yes ☐ No

Race:   ☐ White ☐ Black   ☐ Asian   ☐ Pacific Islander ☐ Am. Indian/Am. Native   ☐ Other   ☐ Refused

Ethnicity: ☐ Hispanic ☐ Not Hispanic   ☐ Refused

Nationality: \_\_\_\_\_

Health Insurance? ☐ Yes   ☐ No   If yes, which? \_\_\_\_\_

Do you have a preferred hospital? If so, which? \_\_\_\_\_

## III. Determining Exposure Risk and Case Definition

1) In the past 21 days, did you. . .? *Check all that apply*

- ☐ live in an affected country, then visit or move to the U.S.
- ☐ visit an Ebola-affected country for personal reasons
- ☐ visit an affected country as a volunteer or aid worker
- ☐ visit an affected country as a healthcare worker or for work in a clinical laboratory
- ☐ provide direct care to patients ill with known or suspected Ebola infection using all recommended personal protective equipment
- ☐ **provide health care to a person with known or suspected Ebola without use of recommended personal protective equipment or experience a breach in infection control precautions that resulted in possible contact with blood or body fluids**
- ☐ **Live in the same household with or provide care to a person ill with known or suspected Ebola infection**
- ☐ **have contact with the blood or body fluids of someone with known or suspected Ebola**
- ☐ **take part in a burial or have other direct contact with a person who had died of known Ebola or an illness compatible with it, or who died of unknown cause after possible exposure to Ebola**
- ☐ **Otherwise have direct contact with or touch someone ill with known or suspected Ebola infection**

If yes to any of the high-risk exposures in bold, above, date of last high-risk contact

\_\_\_/\_\_\_/\_\_\_ MM/DD/YYYY

☐ Other: \_\_\_\_\_

2) Have you received Ebola Vaccine? ☐ Y   ☐ N

3) Which affected countries have you been in during the past 21 days?   ☐ Guinea   ☐ DRC

a) If you were in Guinea, did you spend time in Nzérékoré Prefecture in the past 21 days? ☐ Y ☐ N

b) If you were in DRC, did you spend time in North Kivu Province in the past 21 days?   ☐ Y ☐ N

Date last in one of these regions \_\_\_/\_\_\_/\_\_\_ MM/DD/YYYY

Date last in Guinea or DRC     \_\_\_/\_\_\_/\_\_\_ MM/DD/YYYY

**Use the most recent date among those provided as the start of the monitoring period.**



#### Part IV. Check for Symptoms and Define Monitoring Period

4) Are you currently having any of these symptoms (fever, severe headache, muscle pain, weakness, diarrhea, vomiting, stomach pain, red eyes, skin rash, hiccups, unexplained bleeding, or bruising)? ☐Y ☐N

5) What work do you do here in Oregon? Do you provide direct patient health care? ☐Y ☐N

6) What do you plan to do while you are here in the county?

7) Record date monitoring began (*date of (last) exposure + 1*) \_\_\_\_/\_\_\_\_/\_\_\_\_MM/DD/YYYY

8) Record date monitoring ends (21 days from first) \_\_\_\_/\_\_\_\_/\_\_\_\_MM/DD/YYYY

9) Do you plan to travel before the date monitoring ends? ☐Y ☐N

**If yes, please describe plans**

#### Risk Assessment

If this person:

☐ Has no symptoms, didn't visit an outbreak region, and has no epi risk factors or contact with Ebola → **Low risk**

- Provide information about symptoms to watch for
- Ask person to isolate and contact public health immediately if symptoms develop
- Make and share plan for transport and care, should symptoms develop
- Check in at end of 21-day monitoring period, more frequent monitoring is optional
- No travel restrictions, but request notification of any travel plans during monitoring period

☐ Has no symptoms and visited an outbreak region, no high-risk exposures → **Some risk**

- Provide information about symptoms to watch for
- Ask person to isolate and contact public health immediately if symptoms develop
- Make and share plan for transport and care, should symptoms develop
- Check in midway through and at end of 21-day monitoring period
- No travel restrictions, but request notification of any travel plans during monitoring period

☐ Has no symptoms, but has at least one high-risk exposure → **High risk**

- Provide information about symptoms to watch for
- Ask person to isolate and contact public health immediately if symptoms develop
- Make and share plan for transport and care, should symptoms develop
- Daily monitoring, ideally with direct observation by skype, facetime, etc.
- Twice daily temperature checks, with call to public health for temp  $\geq 38^{\circ}\text{C}/100.4^{\circ}\text{F}$
- Quarantine at home or at mutually agreeable location
- No travel, to avoid exposure to others

If person had a **high-risk exposure**, please complete **Part V**.

If person has **symptoms compatible with EVD** → **Patient Under Investigation**, complete **Part VI**.

### **Part V. HCW Exposure History – Lapses in Infection Control Practices**

Please describe any lapses in proper infection control practices during any contacts with people known or suspected to be ill with Ebola. Describe what happened (e.g., inappropriate/ ineffective disinfection; defective gloves, gowns, mask). Include location of exposure (home, outpatient care, inpatient care, ED, ICU, long-term care, clinical lab, dialysis center, burial, etc.),

## Part VI. Person with Symptoms

- 1) Which of these symptoms do you have? ☐ Fever ☐ Severe headache ☐ Muscle pain ☐ Weakness  
☐ Diarrhea ☐ Vomiting ☐ Stomach pain ☐ Unexplained bruising or bleeding ☐ Other: \_\_\_\_\_  
\_\_\_\_\_
- 2) What day did symptoms start?: \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YYYY
- 3) Which symptom started first: ☐ Fever ☐ Severe headache ☐ Muscle pain ☐ Weakness  
☐ Diarrhea ☐ Vomiting ☐ Stomach pain ☐ Unexplained bruising or bleeding ☐ Other: \_\_\_\_\_
- 4) Please describe any contact in the last 21 days with someone who was ill or deceased. (e.g., Details of exposure to known case, travel to affected area, dates and activities):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Did the ill or deceased person have Ebola infection confirmed by testing? ☐ Y ☐ N ☐ U
- 6) When was the last day you were in contact with an ill or deceased person? \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YYYY
- 7) Was the person a Person Under Monitoring before becoming Ebola Case? ☐ Y ☐ N ☐ U
- 8) Date lab sent \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YYYY Lab confirmation date \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YYYY
- 9) List of Household Contacts (each will need Tracing Form of their own, and listing in Orpheus)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 10) List of Healthcare Providers (each will need Tracing Form of their own, and listing in Orpheus)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 11) List of other exposed or potentially exposed persons (each will need Tracing Form sheet of their own, listing in Orpheus, and risk stratification)

**Call Supervisor & OPHD Epi (971-673-1111) to arrange medical eval. & transport, as needed.**

Dear \_\_\_\_\_:    Date \_\_\_\_\_

This letter is to follow up on our recent conversation. It reviews plans, based on the information you shared with us, to help keep you, your family, and the community safe during the time you are monitoring for symptoms of Ebola disease.

To accomplish this, it is important that you

- Monitor yourself for any symptoms of illness
- Communicate regularly and honestly about your health with your public health contact
- Ensure you can contact public health at agreed-upon times, and immediately, should you develop symptoms or fever. This means
  - o You need access to a land line or cell phone throughout the monitoring period
  - o Some remote areas (out of cell phone range) aren't suitable places for people monitoring for Ebola
  - o If requested by public health as part of monitoring, you'll need to ensure timely access to the internet for on-line, face-to-face contacts
- Supply contact information for at least one person who will always know where you will be
- Stay in a place that's readily accessible by ground medical transport

Monitoring yourself for symptoms of Ebola infection is simple. Based on our conversation and your level of risk, we'll check with you:

☐ In person or by visual connection on the computer    ☐ By phone, text, or e-mail

Starting today:

- If recommended by public health, check your temperature each morning and evening. You can use the table on the back to document it daily. Check your temperature with a digital thermometer the same way every day, at about the same time. Don't let anyone else use the thermometer during this period.
- Your public health contact will need to check with you at times to see how you're doing, in some cases every day. See chart on back for a list of symptoms.
- Please tell your public health contact about any travel plans during the monitoring period.

If your temperature is above 38°C (100.4°F) at any time, or you begin feeling ill with any symptoms listed below:

- Avoid direct contact with household members and others.

- Call your public health contact immediately. Tell them you are monitoring for Ebola and have symptoms. Call LPHA phone number
- If you can't contact public health, or are very ill, call 911. Tell them you are at risk for Ebola and have developed symptoms.
- Both your local health department and emergency workers can help arrange safe transportation for you to get treated and keep you and those you love safe. If you have a medical emergency unrelated to Ebola (e.g., a car accident, fall, or allergic reaction) you should call 911 immediately and tell the operator that you are currently under monitoring for Ebola.

If you have questions or concerns, call your local health department at LPHA phone number. After 21 days without symptoms, you no longer need to monitor for Ebola symptoms. Until then, we ask you to be vigilant to keep yourself, your family, and your community healthy and safe.

Sincerely,  
LPHA Health Officer

| Day | Date | Morning Temperature | Evening Temperature | Symptoms?: (Fever, severe headache, muscle pain, weakness, diarrhea, vomiting, stomach pain, bleeding or bruising w/o injury) |
|-----|------|---------------------|---------------------|---|
| 1   |      |                     |                     |   |
| 2   |      |                     |                     |   |
| 3   |      |                     |                     |   |
| 4   |      |                     |                     |   |
| 5   |      |                     |                     |   |
| 6   |      |                     |                     |   |
| 7   |      |                     |                     |   |
| 8   |      |                     |                     |   |
| 9   |      |                     |                     |   |
| 10  |      |                     |                     |   |
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| 14  |      |                     |                     |   |
| 15  |      |                     |                     |   |
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| 18  |      |                     |                     |   |
| 19  |      |                     |                     |   |
| 20  |      |                     |                     |   |
| 21  |      |                     |                     |   |

## Fact Sheet for Household Members

This fact sheet is for people who are living with someone who is monitoring for possible Ebola infection. It explains what you should do if that person becomes ill. It also shares how you can protect yourself from infection if that person becomes sick.

People who were recently in a country where Ebola virus is spreading should monitor themselves for fever or other signs of illness. They should do this for 21 days after leaving that country. Monitoring is also important for other people who recently had contact with someone sick with Ebola. Monitoring does not mean that this person will become sick with Ebola. However, if he or she becomes sick during the monitoring period, he or she needs to see a doctor for medical care.

People who are monitoring cannot spread Ebola to others before they develop symptoms. If the person does become sick, getting him or her to medical care quickly will lower the risk of exposure to others.

How to prepare:

- Keep the phone number of your public health department, the doctor of the person who is monitoring for Ebola, and at least one emergency contact within easy reach.
- Have a list of any ongoing health conditions and current medicines for the person who is monitoring for illness. Share it with the healthcare provider if your family member or friend becomes sick.

If the person who is monitoring develops fever, severe headache, muscle aches, vomiting, diarrhea, or stomach pain:

- Call your health department right away. Describe the person's symptoms and tell the health department person what time the symptoms started. Public health staff will arrange for prompt evaluation and care for the sick person.
- Avoid touching the sick person.
- Ebola is spread by infected body fluids. If the sick person throws up, has diarrhea (loose or bloody stool), or has any bleeding, avoid contact with these fluids. Public health staff will help you to arrange for cleaning the area.
- Give the list of health conditions and medications to the healthcare provider who is examining your sick family member or friend.
- Remain at a safe distance, but close enough that emergency responders and healthcare providers can talk to you. It also may be reassuring to your family member or friend to have you nearby, even though you are not in direct contact with him or her.

Health Department Phone Number \_\_\_\_\_

Primary Care Provider Phone Number \_\_\_\_\_

Medical Conditions of the Person Under Monitoring \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications the Person Under Monitoring is Currently Taking:

\_\_\_\_\_

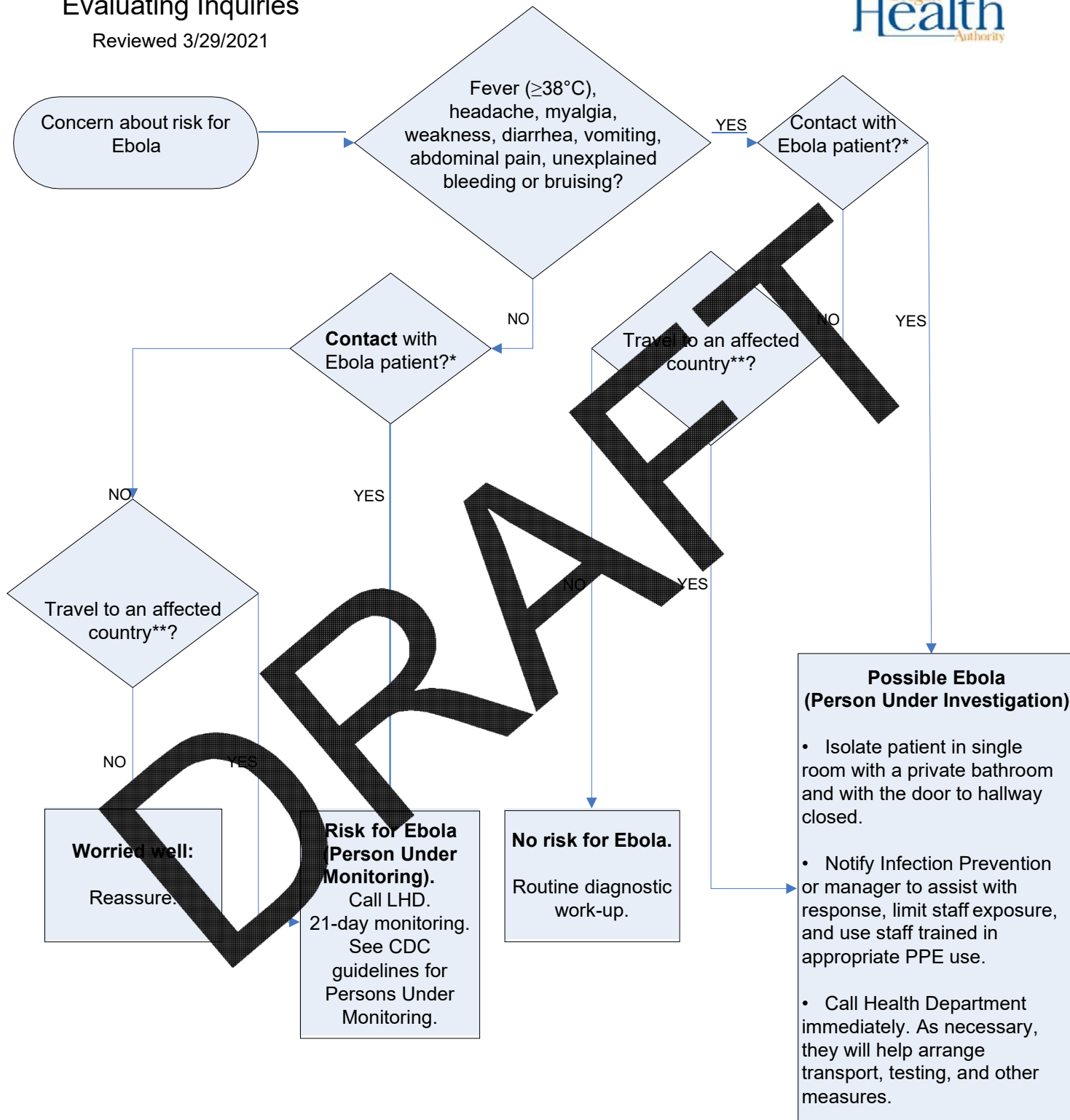
\_\_\_\_\_

Allergies \_\_\_\_\_

Other information:

# Ebola Algorithm: Evaluating Inquiries

Reviewed 3/29/2021



\*Household member of or direct contact with confirmed or probable Ebola patient; healthcare worker (including processing of blood or tissue specimens) who cared for Ebola patient, or person who had direct contact with a deceased Ebola patient.

\*\*Complete list of affected areas can be found at: [www.cdc.gov/vhf/ebola/outbreaks/index.html](http://www.cdc.gov/vhf/ebola/outbreaks/index.html)