

Instructions for Local Health Departments
Monitoring for Novel Coronavirus ([COVID-19](#)) in Travel Associated or Community Settings
February 19, 2020

Recommendations

On February 2, 2020, in response to the evolving threat of the novel coronavirus ([COVID-19](#)), and to minimize the risk of spread within the U.S., the Department of Homeland Security (DHS) began enforcing restrictions for all passenger flights to the United States carrying individuals who have recently traveled from the People's Republic of China. U.S. citizens who have traveled in China within 14 days of their arrival will be directed to designated airports, where the U.S. has enhanced public health resources in order to implement enhanced screening procedures.

- U.S. citizens who have been in Hubei province within 14 days of their return will be subject to up to 14 days of mandatory quarantine to ensure they are provided proper medical care and health screening.
- U.S. citizens who have been in other areas of mainland China within 14 days of their return will undergo proactive entry health screening and up to 14 days of health monitoring to ensure they have not contracted the virus and do not pose a public health risk.

For Monitoring Individuals

1. Travelers returning to the U.S. after travel to China and other potentially exposed individuals will be assigned an exposure risk category that will direct the monitoring, movement restrictions, and medical evaluation guidance in accordance with the Interim U.S. Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus ([COVID-19](#)) Exposure in Travel-associated or Community Settings (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>).
2. Local health departments (LHDs) will be notified by the Division of Infectious Disease Epidemiology (DIDE) of county residents who require monitoring to prevent the possible spread of [COVID-19](#) in WV communities.
3. The LHD will receive contact information on county residents, the exposure risk category and type of monitoring assigned.
4. If the exposure risk category and type of monitoring is not assigned, LHD should use the Coronavirus Disease 2019 ([COVID-19](#)) Risk Assessment and Public Health Management Decision Making flow chart and the Interim U.S. Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus ([COVID-19](#)) Exposure in Travel-associated or Community Settings (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>).
5. All monitoring timeframes apply to the 14 days after the exposure event.

6. If a LHD becomes aware of a county resident with potential COVID-19 exposure in travel-associated or community settings, notify the DIDE immediately in order to assess exposure and assign an exposure risk category and for tracking purposes.
7. The LHD should contact the individual immediately and maintain communication for the entire monitoring period. The method of communication between the individual and the LHD should be determined by the LHD (e.g., in person, phone, text, skype, etc.).
8. Individuals will be assigned either daily active monitoring or self-monitoring with public health supervision based on their exposure risk category.
 - **Daily active monitoring** means someone from the LHD will contact the individual every day to check for fever and any symptoms.
 - **Self-monitoring under public health supervision** means the LHD will check in intermittently over the course of the monitoring period. The individual will notify the LHD immediately if fever or symptoms develop.
9. Provide individual with the monitoring guidance for their assigned monitoring category and a symptom log.
 - LHDs should review the guidance with the individual being monitored.
 - Fill in contact information for the LHD including after-hours and weekend information on the symptom log and the monitoring start and end dates. Make sure the individual understands how to contact the LHD and the DIDE.
 - Individuals should use the symptom log to record oral temperature with a digital thermometer twice a day, as well as any symptoms they may be experiencing. Make sure the individual understands what date they can stop monitoring for fever and symptoms.
 - If the person is under daily active monitoring establish a schedule to communicate with them once daily, including weekends. If you do not hear from the individual by the established time, contact them immediately.
10. In order to reduce the risk of possibly exposing others, the individual should adhere to the following isolation/movement restrictions:
 - **Self-monitoring under public health supervision:** individuals should remain isolated at home or in a location approved by the local health department as much as possible. Individuals should avoid congregate settings including workplaces and school, limit public activities, and practice social distancing. Additionally, individuals should refrain from public travel and avoid long distance travel or out of state travel.
 - **Daily active monitoring:** individuals should remain isolated at home or in a location approved by the local health department. Individuals should not engage in public activities or travel.
11. During the monitoring period, individuals should separate themselves to the extent possible from other people in their home. Individuals should stay in a specific room

away from other people and use a separate bathroom, if available. Additional preventative steps include practicing good hand hygiene, covering coughs and sneezes, and avoiding sharing of personal household items.

12. The LHD should contact the DIDE at (304) 558-5358 ext. 1 or the 24/7 answering service at (304) 304-347-0843 immediately if a person develops fever or symptoms to arrange for medical evaluation and specimen collection.
13. The LHD should instruct monitored individuals not to go to a hospital or healthcare provider without calling the LHD first. This allows public health to provide guidance to the hospital or healthcare provider on infection prevention and control recommendations. If the individual cannot reach their LHD, they should contact the DIDE at (304) 558-5358 ext. 1 or the 24/7 answering service at (304) 304-347-0843. If the individual is in immediate distress, instruct them to call 911 and let the dispatcher know that they are being monitored for **COVID-19** infection.
14. If an individual who is being monitored becomes non-compliant, notify the DIDE in order to engage Bureau leadership and your local health officer or administrator.
15. At the end of the monitoring period, the individual under monitoring should submit their symptom log to the LHD (e.g., direct drop off, mail, text or log photo). LHDs should fax completed symptom log to the DIDE at (304) 558-8736. Faxes should be sent to the attention of the Outbreak Team.