

West Virginia Department of Health and Human Resources
Local Health Department
Monitoring and Follow-Up of Returned Travelers

All travelers who have been in Uganda in the last 21 days will arrive in the United States via one of the five designated international U.S. airport ports of entry, New York (JFK), Newark (EWR), Chicago (ORD), Atlanta (ATL) and Washington, D.C. (IAD). An initial screening will be completed upon arrival.

West Virginia Department of Health and Human Resources, Bureau for Public Health (BPH) will be notified by the Centers for Disease Control and Prevention (CDC) of key information for any travelers who have travel plans continuing to West Virginia. Once BPH is notified that a traveler from an affected country plans to arrive in WV, BPH will contact the local health department (LHD) of the traveler's destination to provide the traveler's name, contact information, and instructions for monitoring.

Advance Preparations for Returned Traveler Monitoring

LHDs should:

1. Make certain their 24/7/365 on-call system is fully operational.
2. Make certain that they are fully stocked with specimen collection kits for influenza and other viral respiratory agents, sterile urine cups and Cary-Blair media.
3. Familiarize yourself with "Resources for returned traveler monitoring," immediately below.

Resources for Returned Traveler Monitoring

1. CDC Ebola Virus Disease: <https://www.cdc.gov/vhf/ebola/about.html>
2. CDC Ebola (Ebola Virus Disease) Outbreak September 2022 Uganda: <https://www.cdc.gov/vhf/ebola/outbreaks/uganda/2022-sep.html>
3. CDC Interim Guidance on Risk Assessment and Management of Persons with Potential Ebola Virus Exposure: <https://www.cdc.gov/quarantine/interim-guidance-risk-assessment-ebola.html>
4. OEPS Viral Hemorrhagic Fever (VHF): <https://oeps.wv.gov/vhf/pages/default.aspx>
5. OEPS resources for Returned Travelers (interview form, monitoring tool) <https://oeps.wv.gov/vhf/pages/default.aspx>

Referral to Medical Services

Returned travelers are monitored for 21 days. During that time, many common illnesses may occur in returned travelers and their family members, including influenza, norovirus, the common cold, streptococcal pharyngitis, etc. Travel-related illnesses may include malaria, traveler's diarrhea, typhoid fever, and many other illnesses. The process of diagnosing non-Ebola illnesses requires:

- A complete history of illness in the traveler
- A complete history of illness in household members or other persons in close contact with the returned traveler
- Laboratory confirmation
- Consultation with a medical epidemiologist (BPH and/or CDC)

- Close monitoring of the returned traveler to assure response to therapy and/or expectant management.

In many cases, it is appropriate to monitor a traveler with mild illness at home; however, travelers with symptoms that worsen or do not resolve under observation should be considered for evaluation in an Ebola assessment center. If a traveler develops fever or symptoms during the monitoring period, the LHD should plan to notify the West Virginia Department of Health and Human Resources' (DHHR) Division of Infectious Disease Epidemiology (DIDE) immediately at (304) 558-5358, extension 2. DIDE will work with the local health department, DHHR's Center for Threat Preparedness, the State Health Officer, and other partners as needed (e.g., CDC, DHHR's Office of Laboratory Services (OLS), DHHR's Office of Emergency Medical Services) to manage the situation on a case-by-case basis.

Returned Traveler Monitoring

1. **Initial contact:** Make initial contact with traveler(s). Ensure the traveler understands the 21-day monitoring process.
 - a. Phone number provided should be used as the primary means of contacting the traveler.
 - b. LHD should be expected to use multiple methods to contact the traveler including all phone numbers and emails provided in the notification (including alternate emergency contact). If those methods do not work, a home visit and internet search should be considered to locate the traveler.
 - c. LHD should notify DIDE immediately through the 24/7/365 on-call system at 304-558-5358, ext. 2, if an individual is lost to follow up, including all actions taken to find the individual.
 - d. DIDE will evaluate the situation and determine what additional actions should be taken. DHHR leadership and CDC will be notified for assistance.
2. **Initial interview:** Interview traveler(s) using the "Returned Traveler Assessment Form" <https://oeps.wv.gov/vhf/pages/default.aspx>. The completed form is due to DIDE within 24 hours. Return completed form by email to dhhreid@wv.gov or by fax (304) 558-8736. If the traveler is enrolled in a text monitoring program, provide contact information and instruct the traveler to notify the LHD if they develop symptoms.
3. **Work and School Restrictions:** Clearly explain any work or school restrictions, if applicable. The following work and school restrictions are recommended:
 - a. **Lower risk:** The returned traveler may attend work or school if they remain asymptomatic.
 - b. **High risk:** No school or work attendance is permitted.
4. **Public Places and Congregate Gatherings:** Clearly explain any restrictions. Congregate gatherings include but are not limited to shopping centers, stores, malls, theatres, churches, etc.
 - a. **Lower risk:** No restrictions.
 - b. **High risk:** No congregate gatherings. The traveler may go to public places as long as they keep a distance of 3 feet from others, e.g., jogging, hiking, biking, etc. in a park.
5. **Travel Restrictions:** Clearly explain travel restrictions.
 - a. All overnight travel to another jurisdiction must be reported to LHD and DIDE because monitoring may need to be assumed by another health department during the trip.

- b. Lower risk: Public transportation may be used.
 - c. High risk: Travel is not permitted. Exclude from all public transportation (train, bus, plane, etc.)
6. Influenza vaccination: Encourage the traveler and all household members to obtain the current season influenza vaccine if they have not already done so. Encourage the traveler to notify the local health department immediately if they or a household member develop signs or symptoms of influenza.
7. Monitoring: For travelers who are not enrolled in a text monitoring program, active monitoring is necessary. Ensure the returned traveler has a working thermometer and understands how to take their temperature and set a schedule for follow-up with the traveler.
 - a. Lower risk: Active monitoring includes contacting the traveler(s) two times a week by phone, text, or electronic visualization (e.g., Skype or FaceTime) to check on health status. Review the list of symptoms with the traveler and record their answers on the Ebola Monitoring Tool <https://oeps.wv.gov/vhf/pages/default.aspx>.
 - b. High risk: Active monitoring includes contacting the traveler(s) daily by phone, text, or electronic visualization (e.g., Skype or FaceTime) to check on health status. Review the list of symptoms with the traveler and record their answers on the Ebola Monitoring Tool <https://oeps.wv.gov/vhf/pages/default.aspx>.
8. Reporting to DIDE:
 - a. High risk: If a high-risk traveler is identified, please notify DIDE by contacting the epidemiologist on call at (304) 558-5358 ext. 2
 - b. At closure: Complete the Ebola Monitoring Tool for the entire 21-day monitoring period and send to DIDE by email to dhhreid@wv.gov or fax (304) 558-8736.
9. Notification of illness: If the traveler or household members develop signs or symptoms of any illness including influenza, norovirus, etc., gather information on all ill household members, including age, sex, onset date and signs and symptoms. Contact DIDE immediately with that information through the 24/7/365 on-call system, at (304) 558-5358, ext. 2. DIDE will work with the Center for Threat Preparedness, the State Health Officer, the LHD, local hospital, OLS, and CDC to facilitate medical and laboratory evaluation of the traveler and take appropriate public health action.
10. Lost to follow-up: Immediately notify DIDE through the 24/7/365 on-call system, at (304) 558-5358, ext. 2, if a traveler is lost to follow up or expresses the intention to evade surveillance
11. Overnight travel outside West Virginia: If traveler has further travel plans outside of West Virginia within the 21-day period, DIDE will notify state(s) through the CDC Epi-X notification system (unless the traveler is under travel restrictions).