

Interim Table of State* Ebola Screening and Monitoring Policies for Asymptomatic Individuals

Compiled by CDC's Office for State, Tribal, Local, and Territorial Support, Public Health Law Program & Office of the Associate Director for Policy

*Includes the District of Columbia, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the US Virgin Islands.

Information provided and conclusions reached in this document are based only on publicly available orders, protocol documentation, and press releases. This list is in draft form and might not be complete for all states.

STATE	TIERS OF EXPOSURE (All language below is quoted unless otherwise indicated)	ACTION FOR TIER (All language below is quoted unless otherwise indicated)	DIFFERENCE FROM CDC GUIDANCE: MORE RESTRICTIVE/EQUAL/LESS RESTRICTIVE	SOURCE: ORDER/PRESS RELEASE/PLAN/POLICY	LINKS
CDC	<p>High risk includes any of the following:</p> <ul style="list-style-type: none"> • Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic • Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate personal protective equipment (PPE) • Processing blood or body fluids of a person with Ebola while the person was symptomatic without appropriate PPE or standard biosafety precautions • Direct contact with a dead body without appropriate PPE in a country with widespread transmission or cases in urban settings with uncertain control measures <ul style="list-style-type: none"> Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic 	<ul style="list-style-type: none"> • Direct active monitoring • Public health authority will ensure, through orders as necessary, the following minimum restrictions: <ul style="list-style-type: none"> o Controlled movement: exclusion from all long-distance and local public conveyances (aircraft, ship, train, bus and subway) o Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings o Exclusion from workplaces for the duration of the public health order, unless approved by the state or local health department (telework is permitted) • Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park) • Federal public health travel restrictions (Do Not Board) will be implemented to enforce controlled movement • If travel is allowed, individuals are subject to controlled movement <ul style="list-style-type: none"> o Travel by noncommercial conveyances only o Coordinated with public health authorities at both origin and destination o Uninterrupted direct active monitoring 		Policy Updated 12-24-14	http://www.cdc.gov/vhf/ebola/pdf/monitoring-and-movement.pdf (last accessed 12-31-14)

	<p>Some risk includes any of the following:</p> <ul style="list-style-type: none"> • In countries with widespread transmission or cases in urban settings with uncertain control measures: <ul style="list-style-type: none"> o direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic or with the person's body fluids o any direct patient care in other healthcare settings • Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic <ul style="list-style-type: none"> o Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic 	<ul style="list-style-type: none"> • Direct active monitoring • The public health authority, based on a specific assessment of the individual's situation, will determine whether additional restrictions are appropriate, including: <ul style="list-style-type: none"> o Controlled movement: exclusion from long-distance commercial conveyances (aircraft, ship, train, bus) or local public conveyances (e.g., bus, subway) o Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings o Exclusion from workplaces for the duration of a public health order, unless approved by the state or local health department (telework is permitted) • If the above restrictions are applied, non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park) • Other activities should be assessed as needs and circumstances change to determine whether these activities may be undertaken • Any travel will be coordinated with public health authorities to ensure uninterrupted direct active monitoring • Federal public health travel restrictions (Do Not Board) may be implemented based on an assessment of the particular circumstance <ul style="list-style-type: none"> o For travelers arriving in the United States, implementation of federal public health travel restrictions would occur after the traveler reaches the final destination of the itinerary 			
	<p>Low (but not zero) risk includes any of the following:</p> <ul style="list-style-type: none"> • Having been in a country with widespread transmission or cases in urban settings with uncertain control measures within the past 21 days and having had no known exposures • Having brief direct contact (e.g., shaking hands), while not wearing appropriate PPE, with a person with Ebola while the person was in the early stage of disease • Brief proximity, such as being in the same room (not an Ebola patient care area) for a brief period of time, with a person with Ebola while the person was symptomatic • In countries without widespread transmission or cases in urban settings with uncertain control measures: direct contact while using appropriate PPE with a person with Ebola while the person was 	<p>No restrictions on travel, work, public conveyances, or congregate gatherings</p> <ul style="list-style-type: none"> • Direct active monitoring for: <ul style="list-style-type: none"> o U.S.-based healthcare workers caring for symptomatic Ebola patients while wearing appropriate PPE o Travelers on an aircraft with, and sitting within 3 feet of, a person with Ebola • Active monitoring for all others in this category 			

	<p>symptomatic or with the person's body fluids</p> <ul style="list-style-type: none"> • Traveled on an aircraft with a person with Ebola while the person was symptomatic 				
	<p>No identifiable risk includes:</p> <ul style="list-style-type: none"> • Contact with an asymptomatic person who had contact with person with Ebola • Contact with a person with Ebola before the person developed symptoms • Having been more than 21 days previously in a country with widespread transmission or cases in urban settings with uncertain control measures • Having been in a country with Ebola cases, but without widespread transmission or cases in urban settings with uncertain control measures, and not having any other exposures as defined above • Having remained on or in the immediate vicinity of an aircraft or ship during the entire time that the conveyance was present in a country with widespread transmission or cases in urban settings with uncertain control measures, and having had no direct contact with anyone from the community 	<ul style="list-style-type: none"> • No actions needed 			
AL	<p>Regarding Ebola, the Alabama Department of Public Health (ADPH) has no plans at this time to preemptively isolate or quarantine individuals at risk of having been exposed who are asymptomatic and compliant with ADPH directives regarding self-monitoring, restricted movement, and structured contact with public health staff.</p>	<p>Directives issued by ADPH to individuals determined to be at risk of having been exposed will conform to guidance issued by the Centers for Disease Control and Prevention. Decisions related to the issuance of orders of isolation and quarantine will be made on a case-by-case basis and will largely be based on an individual's ability and willingness to comply with ADPH directives related to self-monitoring, restricted movement, and structured contact.</p>	Equal	Policy: "Quarantine Policy" website	http://www.adph.org/ebola/Default.asp?id=6824 (last accessed 12-31-14)

<p>AK</p>	<p>High Risk</p> <ul style="list-style-type: none"> • Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with EVD while the person was symptomatic • Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with EVD while the person was symptomatic without appropriate personal protective equipment (PPE) • Processing blood or body fluids of a person with EVD while the person was symptomatic without appropriate PPE or standard biosafety precautions • Direct contact with a dead body without appropriate PPE in a country with widespread Ebola virus transmission • Having lived in the immediate household and provided direct care to a person with EVD while the person was symptomatic 	<p>Monitoring Type</p> <p>Direct active monitoring for 21 days</p> <p>Restrictions on Work, School, and Other Public Activities</p> <ul style="list-style-type: none"> • Exclusion from public places (e.g., shopping centers, movie theaters) and congregate gatherings • Exclusion from workplaces for the duration of the public health order, unless approved by the State (telework is permitted) • Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park) <p>Travel Restrictions</p> <ul style="list-style-type: none"> • Exclusion from all long-distance and local public conveyances (aircraft, ship, train, bus and subway) • Federal public health travel restrictions⁴ (Do Not Board) will be implemented to enforce controlled movement • If travel is allowed, individuals are subject to controlled movement <ul style="list-style-type: none"> o Travel by noncommercial conveyances only o Coordinated with public health authorities at both origin and destination o Uninterrupted direct active monitoring 	<p>Equal</p>	<p>Policy:</p> <p>Alaska Department of Health and Social Services Ebola Virus Disease Response Plan Alaska Interim Guidance for Monitoring of Potentially Exposed Persons (adapted from CDC)</p>	<p>http://www.epi.hss.state.ak.us/id/dod/ebola/EbolaResponsePlan.pdf (last accessed 12-31-14)</p>
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	<p>Some Risk</p> <ul style="list-style-type: none"> • In countries with widespread Ebola virus transmission: direct contact while using appropriate PPE with a person with EVD while the person was symptomatic • Close contact in households, healthcare facilities, or community settings with a person with EVD while the person was symptomatic. <ul style="list-style-type: none"> - Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE within approximately 3 feet (1 meter) of a person with EVD while the person was symptomatic 	<p>Monitoring Type</p> <p>Direct active monitoring for 21 days</p> <p>Restrictions on Work, School, and other Public Activities</p> <p>Based on specific assessment of the individual’s situation, additional restrictions may be appropriate, including</p> <ul style="list-style-type: none"> • Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings • Exclusion from workplaces for the duration of a public health order, unless approved by the State (telework is permitted) • Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park) • Other activities should be assessed as needs and circumstances change to determine whether these activities may be undertaken <p>Travel Restrictions</p> <p>Based on specific assessment of the individual’s situation, additional restrictions may be appropriate, including</p> <ul style="list-style-type: none"> • Exclusion from long-distance commercial conveyances (aircraft, ship, train, bus) or local public conveyances (e.g., bus, subway) • Any travel will be coordinated with public health authorities to ensure uninterrupted direct active monitoring • Federal public health travel restrictions (Do Not Board) may be implemented based on an assessment of the particular circumstance • For travelers arriving in the United States, implementation of federal public health travel restrictions would occur after the traveler reaches the final destination of the itinerary 		<p>Updated 11-17-14</p>	
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	<p>Low Risk (but not zero)</p> <ul style="list-style-type: none"> • Having been in a country with widespread Ebola virus transmission within the past 21 days and having had no known exposures • Having brief direct contact (e.g., shaking hands), while not wearing appropriate PPE with a person with EVD while the person was in the early stage of disease • Brief proximity, such as being in the same room for a brief period of time, with a person with EVD while the person was symptomatic • In countries without widespread Ebola virus, direct contact while using appropriate PPE with a person with EVD while the person was symptomatic • Traveled on an aircraft with a person with EVD while the person was symptomatic 	<p>Monitoring Type Direct active monitoring for</p> <ul style="list-style-type: none"> • US-based healthcare workers caring for symptomatic EVD patients while wearing appropriate PPE • Travelers on an aircraft with, and sitting within 3 feet of, a person with EVD • Active for all others <p>Restrictions on Work, School, and other Public Activities None</p> <p>Travel Restrictions None</p>			
	<p>No Identifiable Risk</p> <ul style="list-style-type: none"> • Contact with an asymptomatic person who had contact with person with EVD • Contact with a person with EVD before the person developed symptoms • Having been more than 21 days previously in a country with widespread Ebola virus transmission • Having been in a country without widespread Ebola virus transmission and not having any other exposures as defined above 	<p>Monitoring Type None</p> <p>Restrictions on Work, School, and Other Public Activities None</p> <p>Travel Restrictions None</p>			
AS	[No screening or monitoring policy found as of 12/31/2014]				
AZ	...travelers from the Ebola affected countries in West Africa...	<p>Additionally, epidemiologists at ADHS in conjunction with local county health departments have been adhering to CDC guidelines for active monitoring of travelers from the Ebola affected countries in West Africa. Due to the fluidity of the situation, ADHS continues to work with local public health and federal partners on Ebola preparedness and response activities.</p>	Equal	Ebola Virus Community Preparedness Forum, November 14, 2014	http://www.azdhs.gov/p/hs/emergency-preparedness/document/conferences/ebola-2014/evd-forum-booklet.pdf

					(last accessed 12-31-14)
AR	Emergency Medical Providers: [List of resources includes the following link: http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html]	[See CDC guidance.]	Unclear (Unclear if this applies to AR or is just informational)	Webpage: Arkansas Department of Public Health Ebola - General Information	http://www.healthy.arkansas.gov/programs/communications/features/Pages/Ebola.aspx (last accessed 12-31-14)
CA	Anyone traveling to California who has 1) Traveled to California from an Ebola affected area; and 2) Had contact with someone who has a confirmed case of Ebola	21-day quarantine	More Restrictive	Health Order 10-29-14	http://www.cdph.ca.gov/Documents/Order_%20Ebola10292014.pdf (last accessed 12-31-14)
	A person traveling to this region that has not come into contact with a person with Ebola	Not subject to quarantine			
CO	Ebola: State and local health officials following CDC guidance	[See CDC guidance.]	Equal	Press Release 10-6-14	https://www.colorado.gov/pacific/cdphe/news/ebolastmt2 (last accessed 12-31-14)
CT	Some examples of exposures in the High risk level include: • direct contact with body fluids, from a person sick with Ebola and showing symptoms, through: o a needle stick o splashes to eyes, nose, or mouth o getting body fluids directly on skin • touching a dead body while in a country with a large Ebola outbreak without wearing recommended personal protective	Monitoring Plan Direct active monitoring Persons deemed to be at 'some' or 'high' risk may receive direct active monitoring that includes directly observing the person being monitored at least once a day. Movement Restrictions Yes Travelers in the 'some' or 'high' risk categories may be required to restrict their movements, including limiting local and long-distance	Equal	Interim Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure in Connecticut	http://www.ct.gov/dph/cwp/view.asp?a=3115&Q=555954&PM=1 (last accessed 12-31-14)

	<p>equipment (PPE) or not wearing PPE correctly</p> <ul style="list-style-type: none"> • both living with and taking care of a person sick with Ebola 	<p>travel and exclusion from public places, workplace, congregate gatherings, or other public activities.</p>			
	<p>Some examples of people who are in the Some risk level include:</p> <ul style="list-style-type: none"> • close contact (within 3 feet) of a person sick with Ebola for a long time • Direct contact with a person sick with Ebola (such as in a hospital) in a country with a large Ebola outbreak even while wearing PPE correctly 	<p>Monitoring Plan Active monitoring or direct active monitoring</p> <p>Persons deemed to be at ‘some’ or ‘high’ risk may receive direct active monitoring that includes directly observing the person being monitored at least once a day.</p> <p>Movement Restrictions Case-by-case assessment</p> <p>Travelers in the ‘some’ or ‘high’ risk categories may be required to restrict their movements, including limiting local and long-distance travel and exclusion from public places, workplace, congregate gatherings, or other public activities.</p>			
	<p>Some examples of people who are in the Low risk level include:</p> <ul style="list-style-type: none"> • having been in a country with a large Ebola outbreak within the past 21 days with no known exposure (such as NO direct contact with body fluids from a person sick with Ebola) • being in the same room for a brief period of time with a person sick with Ebola • brief direct contact, like shaking hands, with someone sick with Ebola • direct contact with a person sick with Ebola in the United States while wearing PPE correctly • traveling on an airplane with a person sick with Ebola 	<p>Monitoring Plan Active monitoring</p> <p>Movement Restrictions No</p> <p>Travelers in the low risk category have no movement restrictions and may travel outside Connecticut as long active monitoring continues uninterrupted.</p>			
	<p>Assuming there are no other risk factors from previous categories, some examples of No risk of exposure are:</p> <ul style="list-style-type: none"> • having contact with a healthy person who had contact with a person sick with Ebola • having contact with a person sick with Ebola before he or she had any symptoms • someone who left a country with a large Ebola outbreak more than 21 days ago and 	<p>Monitoring Plan None</p> <p>Movement Restrictions No</p>			

	<p>has not been sick with Ebola since leaving that country</p> <ul style="list-style-type: none"> • having been in a country where there have been Ebola cases, but no large Ebola outbreak (for example, Spain) 				
DE	<p>Low Risk</p> <p>Persons with no known direct contact with Ebola patients are categorized as “low risk.”</p>	<p>Effective Monday, October 27, DPH began daily monitoring of all travelers from the three affected West African countries, whether or not those people reported contact with known or suspected Ebola patients. Mali was added to the list of DPH monitored countries on November 17.</p> <p>In coordination with the Centers for Disease Control (CDC), DPH is receiving notice of all travelers from those West African countries including Mali. DPH is in daily contact with those persons to ask about their status and health, and will remain in daily contact throughout the 21-day period following their last potential Ebola exposure. These persons are provided a 24/7 contact number at which they can reach DPH epidemiologists should they develop symptoms or have any questions related to their monitoring.</p>	More Restrictive	Policy 12-3-14	http://dhss.delaware.gov/dhss/dms/files/ebolamonitoringfacsheet.pdf (last accessed 12-31-14)
	<p>Some Risk</p> <p>Most persons who have had direct or close contact with symptomatic Ebola patients are considered by the CDC to be at “some risk” of contracting Ebola. This would include health care workers who have had direct patient contact with a person who is symptomatic with the Ebola virus who appropriately uses personal protection equipment (PPE) at all times or were within households, health care treatment areas or community settings with a person with Ebola while the person had symptoms but with no exposure to bodily fluids and no provision of direct care to an Ebola patient.</p>	<p>Persons who are at some risk of the Ebola virus, but who do not report any symptoms of Ebola, should limit their activities during the 21-day period following their last potential Ebola exposure. These persons will sign agreements outlining restrictions on their activities, such as refraining from attending meetings, using public transportation or other activities that would prevent them from maintaining arms’ length distance from others. They should not travel without approval from DPH.</p> <p>These persons would receive direct, active monitoring by the Division of Public Health, including daily face-to-face visits or online communications by health care personnel.</p>			
	<p>High Risk</p> <p>Persons who have been in direct contact with symptomatic Ebola patients who cannot assure appropriate use of PPE at all times are considered by the CDC to be at high risk of Ebola. This would include persons who have been exposed to the blood or body fluids of a person with Ebola who was symptomatic, such as through a “needle stick” or other exposure. It may also</p>	<p>Persons at high risk shall remain at home at all times during the 21-day period following their last potential Ebola exposure. These persons will receive direct, active monitoring by the Division of Public Health, including provision of health care and any basic necessities.</p>			

	include close family members who provided direct care to a symptomatic Ebola patient.				
DC	<ul style="list-style-type: none"> Persons who traveled to Sierra Leone, Guinea, Liberia or Mali more than 21 days ago Persons who have traveled to countries other than Sierra Leone, Guinea, Liberia, and Mali 	[These] groups do not have any movement/work restrictions	More Restrictive	Policy: Guidelines for Travelers Returning from Sierra Leone, Guinea, Liberia, and Mali, November 20, 2014	http://doh.dc.gov/sites/default/files/dc/sites/doh/publications/attachments/Returning_traveler_protocol_2014-11-20.pdf (last accessed 12-31-14)
	Anyone who has traveled to Sierra Leone, Guinea, Liberia, or Mali during the past 21 days and was involved in the care or treatment of persons with Ebola (e.g. health care provider, aid worker) should restrict their movement/work as follows:	<ul style="list-style-type: none"> Voluntarily isolate themselves at home for the 21 day monitoring period Not have any patient care or patient contact Avoid public transportation Avoid mass gatherings, including but not limited to movies theaters, religious events, sports events, and lectures Avoid unnecessary visits to supermarkets, pharmacies, and other businesses Not travel long distances except with the approval of the District of Columbia DOH Maintain a log of home visitors and residents Maintain a log for each time they leave home, including the locations visited and persons with whom they had contact Take other steps in consultation with the District of Columbia DOH 			
	For all other persons who traveled to Sierra Leone, Guinea, Liberia, or Mali during the past 21 days...[see next column]	... the determination on movement/work restrictions will be made by the DOH based on the interview and other appropriate considerations.			
FL	High Risk (not defined)	Section 2 Will quarantine all high-risk travelers from EVD-affected countries in West Africa who are identified by the CDC as being located in Florida for a period of 21 days following the last known EVD exposure.	More Restrictive	Governor's Order 10-25-14	http://www.flgov.com/wp-content/uploads/2014/10/SKMBT_C35314102515490.pdf (last accessed 12-31-14)
	All asymptomatic travelers with no known exposure to the EVD who are identified by the CDC as being located in Florida for a period of 21 days after leaving the EVD-affected country	Section 1 The Florida Department of Health will actively monitor . . . A. An in-person risk assessment within 12 hours of the traveler's arrival in Florida. B. Twice daily, in-person temperature checks of the traveler.			

		Section 3 I hereby direct the Florida Department of Health to make its own determinations as to quarantine and other necessary public health interventions as permitted under Florida law.			
GA	Category 1: High Risk Travelers with known direct exposure to an Ebola patient	Travelers in this category will be subject to quarantine at a designated facility.	More Restrictive	Press Release 10-27-14	http://gov.georgia.gov/press-releases/2014-10-27/deal-issues-new-policy-travelers-ebola-affected-countries (last accessed 12-31-14)
	Category 2: Low Risk Travelers from affected area with no known exposure to an Ebola patient	Travelers in this category will sign a monitoring agreement with the Georgia Department of Public Health. This agreement requires travelers to conduct temperature and symptom self-checks twice per day and report results to Public Health once per day (electronic, email or phone contact acceptable). Travelers who fail to report during the 21-day incubation period will be contacted by Public Health and issued a mandatory quarantine order if necessary.			
	Category 3: Medical personnel actively involved in treating Ebola patients returning to the United States.	Individuals in this category will be issued a 21-day active monitoring order and will be visually monitored (video communications or home visit) by Public Health twice per day. Public Health will assess for the development of symptoms and adjust restrictions as necessary. Noncompliance will result in quarantine at a state-designated facility.			
GU	[No screening or monitoring policy found as of 12/31/2014]				
HI	The Hawaii State Department of Health (HDOH) is adapting CDC guidelines regarding the monitoring and movement of individuals with potential exposure to Ebola to conduct case-by-case risk assessments of all such identified travelers.	[See CDC guidance.]	Equal	Policy Webpage: Ebola FAQ 11-3-14	http://health.hawaii.gov/docd/ebola-faq/ (last accessed 12-31-14)

ID	<p>The main approach when evaluating and managing asymptomatic persons with potential Ebola exposure will be [see column to the right]:</p>	<p>District will educate the potentially exposed person as to the possible risk to others should they become ill with Ebola Viral Disease, what to do if they become symptomatic during the monitoring period, and what actions may be taken by Public Health officials should they become symptomatic.</p> <ul style="list-style-type: none"> • The potentially exposed person will review and sign an agreement on a form provided by the Public Health District which <ul style="list-style-type: none"> - Acknowledges the Public Health District’s plan to use active monitoring or active direct monitoring and/or controlled movement as outlined in the form - Indicates understanding of the risks of spread - Indicates intent to cooperate with the public health measures listed in the form • For potentially exposed persons that do not agree to voluntarily sign the agreement for monitoring and movement, a legal order may be imposed based on exposure risk. <p>[Note] • If the potentially exposed person is a healthcare worker who will be monitored by their employer, such as a hospital or clinic, and infection prevention staff have received training and agree to provide monitoring data to public health, the Public Health District will work with the employer to jointly manage the situation, including direct reports to the employer by the potentially exposed person and daily contact between the employer and the Public Health District.</p> <ul style="list-style-type: none"> • Asymptomatic persons who are not in a high risk category who remain asymptomatic during the monitoring period may be allowed to participate in their usual daily activities in the area they live, including work (unless the employer mandates otherwise), as long as they demonstrate cooperation with the monitoring plan outlined in the agreement. 	Equal	Policy 10-30-14	<p>http://health.welfare.idaho.gov/Portals/46/Documents/Idaho%20Ebola%20Guidance%20Monitoring%20and%20Movement%20of%20Asymptomatic%20Persons%20Oct%2030%202014%20.pdf (last accessed 12-31-14)</p> <p>http://health.welfare.idaho.gov/emresp/Home/tabid/1475/Default.aspx (last accessed 12-</p>
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	<p>News/Updates: Tuesday, Nov. 4: Idaho plans follow CDC guidance for monitoring people with possible Ebola exposure.</p> <p>Healthcare Worker News and Information:</p> <p>Idaho Public Health Guidance for Monitoring Asymptomatic People with Potential Ebola Virus Exposure.</p> <p>Idaho public health agencies support the revised CDC guidance for monitoring people with potential Ebola exposure, which would include volunteer healthcare workers returning from West Africa.</p>	<p>[See CDC guidance.]</p>			<p>31-14)</p> <p>http://health.welfare.idaho.gov/emresp/HealthcareWorkers/tabid/2869/Default.aspx (last accessed 12-31-14)</p>
<p>IL</p>	<p>High Risk</p> <ul style="list-style-type: none"> • Percutaneous or mucous membrane exposure to blood or body fluids of an EVD patient • Direct skin contact with blood or body fluids of an EVD patient without appropriate PPE • Processing blood or body fluids of an EVD patient without appropriate PPE or standard biosafety precautions • Direct contact with a dead body without appropriate PPE in a country where an EVD outbreak is occurring • Living with or sharing a household with an EVD patient 	<p>Airport Procedure</p> <p>If arriving at O'Hare, traveler will receive a temporary IDPH Quarantine Order, but may be allowed to travel via noncommercial-transport to their destination/ home county for home quarantine, to be decided on a case-by-case basis.</p> <p>LHD Interventions</p> <ul style="list-style-type: none"> • Issue Quarantine Order (in person) Individual not allowed to leave home/housing facility for 21 days after the last contact, except for medical care. • Active monitoring: Twice daily symptom evaluation and temperature checks, at least one directly observed in person by public health official each day. 	<p>More Restrictive</p>	<p>Policy Memo 10-24-14</p>	<p>http://www.idph.state.il.us/ebola/10.24.14LHD_Monitoring_Travelers.pdf (last accessed 12-31-14)</p>

	<p>Some Risk</p> <ul style="list-style-type: none"> • Within 3 feet of an EVD patient while not wearing appropriate PPE • Brief direct skin contact (e.g. shaking hands) with an EVD patient while not wearing appropriate PPE • Healthcare worker using appropriate PPE who worked in an EVD setting where an infection control breach may have occurred.* <p>* Healthcare workers' risk level will be assessed on an individual basis and could be upgraded or downgraded</p>	<p>Airport Procedures</p> <p>If arriving at O'Hare, traveler will receive a temporary IDPH Modified Isolation/Observation and Monitoring Order, which expires in 24 hours, and must be replaced by a local Order after traveler arrives in LHD jurisdiction. At port of entry, travelers receive instructions to check temperature twice daily and report any symptoms or elevated temperature to the health department.</p> <p>LHD Interventions</p> <ul style="list-style-type: none"> • Issue Modified Isolation/Observation and Monitoring Order (in person): No commercial conveyance for 21 days after leaving affected country or after the last contact. Any travel outside of the jurisdiction of the local health authority in these 21 days must be under mutual agreement of the health authority of jurisdiction and the public health official who will assume responsibility for daily observation. • Verified self-monitoring: Twice daily symptom evaluation and temperature checks, reported daily to public health official in person, by telephone, or electronically. LHD must reach out to any traveler not reporting daily temperatures. LHD may choose to employ active monitoring, as above. 			
	<p>Low Risk</p> <ul style="list-style-type: none"> • Traveler from outbreak-affected country without reported EVD exposures • Health care worker using appropriate PPE who worked in an EVD setting with no known infection control breach (risk category may change in forthcoming CDC guidance) 	<p>Airport Procedure</p> <p>No Orders issued at O'Hare.</p> <p>At port of entry, travelers receive temperature instructions, as above.</p> <p>LHD Interventions</p> <ul style="list-style-type: none"> • No travel restrictions • Verified self-monitoring, as described above • LHD may choose to employ active monitoring 			
	<p>No Identified Risk</p> <p>No history of travel to affected areas, but contact with asymptomatic traveler or other individual being monitored</p>	<p>Airport Procedure</p> <p>[nothing listed]</p> <p>LHD Interventions</p> <p>Provide education; no travel restriction or monitoring required.</p>			
<p>IN</p>	<p>State and local health officials will continue to monitor these individuals at a higher level than recommended by the Centers for Disease Control and Prevention (CDC), following a policy put into effect on October 16, as an extra layer of protection for Hoosiers.</p>	<p>...will be monitored by the local health department for 21 days upon entering the country. This includes twice daily temperature and symptom checks, which are recorded and provided to the State Health Department.</p>	<p>More Restrictive</p>	<p>Newsletter: State Health Department Prepares for Ebola 10-29-14</p>	<p>http://www.state.in.us/i_sdh/files/Fall_2014_Newslatter.pdf (last accessed 12-31-14)</p>

	Indiana was the first state in the nation to begin “direct active monitoring” of <i>all</i> returning travelers when Governor Pence and the State Health Department implemented the policy on Oct. 16. [A]ny individual coming to Indiana from Guinea, Sierra Leone or Liberia... [see next column]				
IA	Low Risk – Travelers from Sierra Leone, Liberia, or Guinea within last 21 days, but no known exposures to Ebola. No signs of illness are present.	Self-monitoring Order: Low risk travelers are allowed normal activities and twice daily self-monitoring and reporting of temperature and any other Ebola consistent symptoms. No signs of illness are present.	More Restrictive	Ebola Briefing (12/15/2014)	http://www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=CA03D283-382F-4C64-8879-04578984DE1B (last accessed 12-31-14)
	Some Risk – Travelers from Sierra Leone, Liberia, or Guinea within last 21 days, who worked directly with patients with Ebola, but had no identified personal protective equipment breaches. No signs of illness are present.	Quarantine Order: Some or high risk travelers are restricted to a specified location (i.e. home) and reporting of temperature (twice daily with at least once in presence of public health official) or any other Ebola consistent symptoms. No signs of illness are present.			
	High Risk – Travelers from Sierra Leone, Liberia, or Guinea within last 21 days, who worked directly with patients with Ebola, and had unprotected contact with the bodily fluids of an Ebola patient. No signs of illness are present.	Quarantine Order: Some or high risk travelers are restricted to a specified location (i.e. home) and reporting of temperature (twice daily with at least once in presence of public health official) or any other Ebola consistent symptoms. No signs of illness are present.			
KS	High Risk <ul style="list-style-type: none"> • Percutaneous (e.g., needle stick) or mucous membrane exposure to body fluids of Ebola patient • Direct skin contact with, or exposure to blood or body fluids of, an EVD patient without appropriate personal protective equipment (PPE) • Processing blood or body fluids of a 	<ul style="list-style-type: none"> • Active monitoring and restricted movement until 21 days after last known potential exposure Active Monitoring – Individuals identified as having had high-risk or some risk of exposure to Ebola or who have travelled to Ebola-affected countries in the preceding 21 days must undergo active monitoring for 21 days following the last exposure. If the last date of exposure is unknown, active monitoring should continue for 21 days after the last day in the affected country. Active monitoring	More Restrictive	Policy: KDHE Ebola Preparedness and Response Plan Version 5.0 (04 December 2014)	http://www.kdheks.gov/ebola/preparedness-plan/Appendix_2_Evaluation_and_Management_0

	<p>confirmed EVD patient without appropriate PPE or standard biosafety precautions</p> <ul style="list-style-type: none"> • Direct contact with a dead body without appropriate PPE in a country where an EVD outbreak is occurring 	<p>requires asymptomatic contacts to 1) measure body temperature and complete a fever log twice a day, 2) share this information with local health department staff verbally daily, 3) immediately contact KDHE if fever or other symptoms consistent with EVD develop, and 4) Contact their health care facility/provider in advance and arrange to seek health care so that appropriate precautions can be taken.</p> <p>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.</p>			<p>f_persons.pdf (last accessed 12-31-14)</p>
	<p>Some Risk</p> <ul style="list-style-type: none"> • Household contact with an EVD patient • Other close contact with an EVD patient in health care facilities or community settings 	<ul style="list-style-type: none"> • Active monitoring and restricted movement until 21 days after last known potential exposure <p>Active Monitoring – Individuals identified as having had high-risk or some risk of exposure to Ebola or who have travelled to Ebola-affected countries in the preceding 21 days must undergo active monitoring for 21 days following the last exposure. If the last date of exposure is unknown, active monitoring should continue for 21 days after the last day in the affected country. Active monitoring requires asymptomatic contacts to 1) measure body temperature and complete a fever log twice a day, 2) share this information with local health department staff verbally daily, 3) immediately contact KDHE if fever or other symptoms consistent with EVD develop, and 4) Contact their health care facility/provider in advance and arrange to seek health care so that appropriate precautions can be taken.</p> <p>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.</p>			

	<p>No Known Exposure</p> <ul style="list-style-type: none"> • Having been in a country in which an EVD outbreak occurred within the past 21 days and having had no exposures 	<ul style="list-style-type: none"> • Active monitoring until 21 days after leaving country <p>Active Monitoring – Individuals identified as having had high-risk or some risk of exposure to Ebola or who have travelled to Ebola-affected countries in the preceding 21 days must undergo active monitoring for 21 days following the last exposure. If the last date of exposure is unknown, active monitoring should continue for 21 days after the last day in the affected country. Active monitoring requires asymptomatic contacts to 1) measure body temperature and complete a fever log twice a day, 2) share this information with local health department staff verbally daily, 3) immediately contact KDHE if fever or other symptoms consistent with EVD develop, and 4) Contact their health care facility/provider in advance and arrange to seek health care so that appropriate precautions can be taken.</p> <ul style="list-style-type: none"> • No movement restrictions except NO travel by commercial conveyances 			
	<p>Special Considerations for Health Care Workers – Health care workers, broadly defined as any person working in a health care setting (including laboratory workers), and other workers who are potentially exposed to Ebola virus while caring for a patient with EVD or during environmental cleanup activities. . . [see column to the right]</p>	<p>. . . will be subject to the same requirements for active monitoring and restricted movement as any other person, with the following exceptions.</p> <p>Workers who utilize the Tier 1 level of 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. Active monitoring and a prohibition on travel by commercial conveyances will still apply for these individuals. 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.</p> <p>Health care workers potentially exposed to Ebola virus who utilize a lower than Tier 1 level of PPE during patient care will be subjected to active monitoring and restricted movement, except such workers may continue to work as part of a dedicated Ebola virus disease patient care team, and may not provide care or services to any other patient, until 21 days after the last known potential exposure.</p>			
<p>KY</p>	<p>HIGH RISK: direct contact with infected body fluids through:</p> <ul style="list-style-type: none"> • needle stick, splashes to eyes, nose, or mouth or directly on skin • handling body fluids such as in a laboratory, without wearing PPE or following recommended safety precautions 	<p>Monitor YES, Direct Active Monitoring: Local or state health department officials will actively monitor the individual by checking his or her temperature and any possible symptoms in person or via other approved means.</p> <p>Quarantine YES, the individual will be encouraged to sign an agreement to remain at home or another approved location. Household members</p>	<p>More Restrictive</p>	<p>Policy: At-A-Glance Guidance for Ebola Outbreak 11- 10-14</p>	<p>http://healthalerts.ky.gov/Document/At%20A%20Glance%20Ebola%20Guidance%20Final%2011%2010-14</p>

	<ul style="list-style-type: none"> ● touching a dead body without correctly wearing PPE in a country with widespread Ebola transmission ● living with and caring for a person showing symptoms of Ebola 	<p>can decide whether they will also remain in the home with the individual as long as he or she is not experiencing symptoms of Ebola. Visitors will not be allowed without state or local health department approval. However, state and local health department officials will work with community partners to help meet essential needs of the individual. If the individual refuses to agree to the quarantine, official may seek a court order for quarantine.</p> <p>Restrict Travel YES, The individual will be restricted to the home or another approved location and will not travel without prior approval of state or local health department officials.</p>			010%2014.pdf (last accessed 12-31-14)
	<p>SOME RISK:</p> <ul style="list-style-type: none"> ● close contact with a person showing symptoms of Ebola such as in a household, healthcare facility or the community without wearing PPE ● providing healthcare to a patient with Ebola in countries with widespread Ebola transmission even if PPE was worn 	<p>Monitoring YES, Direct Active Monitoring: The individual will be required to monitor his or her temperature twice daily and report those readings twice a day to local health officials on a schedule agreed upon by the individual and the health official.</p> <p>Quarantine CASE BY CASE: The need for a quarantine agreement or order will be determined on a case by case basis after extensive screening by a local or state health official based upon scientific/medical risk factor analysis specific to the individual's exposure history.</p> <p>Restrict Travel YES, the individual will be asked to forego travel by public means (taxis, buses, airplanes, etc.) without prior approval of state or local health officials. The individual will also be asked to forego travel outside of the county or state without prior approval of the local or state health department.</p>			

	<p>LOW RISK:</p> <ul style="list-style-type: none"> • having been in a country with widespread Ebola transmission within the previous 21 days and having no known exposures • providing healthcare to a patient with Ebola in the United States while wearing appropriate PPE and there was no evidence of a breach in infection control practices 	<p>Monitoring YES, Active Monitoring: The individual will be required to monitor his or her temperature twice daily and report those readings twice a day to local health officials on a schedule agreed upon by the individual and the health official.</p> <p>Quarantine NO, IF COMPLIANT WITH MONITORING As long as the individual is compliant with conditions of temperature monitoring and reporting, no quarantine will be required.</p> <p>Restrict Travel CASE BY CASE: The need for a controlled movement agreement or order will be decided on a case by case basis after extensive follow up screening by a local or state health official based upon scientific/medical risk factor analysis specific to the individual's exposure history.</p>			
LA	<p>7.4.6-Louisiana approach mandated by the DHH Administration The approach used in Louisiana is to use regardless of the risk category... [see next column]</p>	<ul style="list-style-type: none"> • Active direct monitoring and • Voluntary quarantine 	More Restrictive	Policy: Manual for Ebola Hemorrhagic Fever Ebola Virus Disease (EVD) 12-1-14	http://new.dhh.louisiana.gov/assets/oph/Center-PHCH/Centers-CH/infectious-epi/EpiManual/EbolaManual.pdf (last accessed 12-31-14)

	<p>[Note: the following monitoring policy only applies to individuals returning from travel in an Ebola-affected country who are affiliated with]</p> <p>Higher education institutions</p> <ul style="list-style-type: none"> • Students • Faculty • Staff • State departments, offices, budget units • Employees <p>See full list of applicable agencies attached.</p>	<p>After travel</p> <ul style="list-style-type: none"> • With 24 hours after an individual returns from travel in an Ebola-affected country, DHH EPI must be notified. • For example, if a student returns from travel in Sierra Leone on Dec. 10 at 10 am, DHH EPI must be notified no later than 10 am Dec. 11. <p>Restrictions on travel in Louisiana following a trip to an Ebola-affected area</p> <ul style="list-style-type: none"> • For 21 days following travel, individuals may not use any form of commercial transportation, including the following: <ul style="list-style-type: none"> - Airplane - Ship - Bus - Train - Taxi - Other public conveyance <p>Restrictions on use of public places following travel to an Ebola-affected area</p> <ul style="list-style-type: none"> • For 21 days following travel, individuals may not go to places where the public congregate, including but not limited to the following: <ul style="list-style-type: none"> - Restaurants - Grocery stores - Gymnasiums - Theaters - Schools - Places of worship <p>Public health monitoring</p> <ul style="list-style-type: none"> • For 21 days following travel, individuals are required to allow public health medical monitoring in order to quickly identify any potential symptoms of Ebola. <ul style="list-style-type: none"> - Medical monitoring shall include, but is not limited to, the following: <ul style="list-style-type: none"> o Daily monitoring of body temperature and other vital signs, and o Daily monitoring of symptoms that could be related to contracting Ebola. • Individuals must also maintain communication with DHH EPI staff. 		<p>Policy mandated by Executive Order (plan annex and guidance) 10-30-14</p>	<p>http://gohse.p.la.gov/plans/2014_Louisiana_Ebola_Response_Plan_Annex.pdf (last accessed 12-31-14)</p> <p>http://new.dhh.louisiana.gov/assets/oph/ebola/TravelGuidanceForm-Letter.pdf (last accessed 12-31-14)</p>
<p>ME</p>	<p>A traveler who did not come into direct contact with Ebola positive individuals and who is not currently exhibiting symptoms of the disease</p>	<p>Pursuant to the federal CDC guidelines, an individual will be required to make contact daily with the Maine CDC to report his or her temperature, which is taken twice daily. In addition, the traveler will be required to notify the Maine CDC immediately of any other Ebola symptoms, such as headache, joint and muscle aches,</p>	<p>More Restrictive</p>	<p>Policy Document 10-27-14</p>	<p>http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/</p>

		weakness, diarrhea, vomiting, stomach pain, lack of appetite or abnormal bleeding, as well as any additional travel plans.			zoonotic/ebola/documents/Maine-Ebola-Protocols-October-27.pdf (last accessed 12-31-14)
	A traveler who did come into direct contact with or treat Ebola-positive individuals and who is not currently exhibiting symptoms of the disease	In addition to the federal CDC guidelines outlined above, Maine will require active monitoring to be followed in this instance. In addition Maine will take further measures, out of an abundance of caution, to ensure public safety. We will work collaboratively with the affected individual to establish quarantine of the individual in his or her home for 21 days after the last possible exposure to Ebola. Twenty-one days is the longest time it can take from the time a person is infected with Ebola until that person has symptoms of Ebola. Maine Center for Disease Control and Prevention October 27, 2014. Under this policy, Maine will make every possible effort to implement an agreed-upon in-home quarantine. We fully expect individuals to voluntarily comply with an in-home quarantine. The Maine CDC will coordinate care services such as food and assistance with partners as needed.			
MD	High Risk Those with known exposure to Ebola-containing bodily fluids without protection	Home restriction for individuals at “high risk.” Individuals with a known exposure to Ebola virus, such as through a splash of body fluid on exposed skin or a needle-stick injury will remain at home for the 21-day period and will be closely monitored. <ul style="list-style-type: none"> • Stay at home • Temperature is taken four times a day • Report all symptoms • Daily contact with health officials, including in-person assessment • Signed agreement • Option for public health order 	More Restrictive	Policy Background Document Policy Presentation 10-27-14	http://dhmh.maryland.gov/newsroom/Documents/Traveler%20Monitoring%20backgrounder%2010.27.14%20FINAL.pdf (last accessed 12-31-14)
	Some Risk Those with known exposure to Ebola-containing bodily fluids with protection	Activity restriction for individuals at “some risk.” Healthcare workers who were wearing personal protective equipment during care for patients with Ebola virus are at “some risk.” They will refrain from attending mass gatherings and using public transportation, will refrain from traveling long distances without approval from health department officials, and will also be closely monitored by state and local health officials. <ul style="list-style-type: none"> • Activity restrictions: no public transportation, no large gatherings • Consult public health on all travel • Temperature is taken four times a day • Daily contact with health officials, including in-person assessment • Sign agreement on restrictions • Option for public health order 			http://dhmh.maryland.gov/newsroom/Documents/Active%20Traveler%20Monitoring%20slides%20FI

	Low Risk (but not zero) Other travelers from affected countries	<ul style="list-style-type: none"> • Twice daily, temperature is taken • Daily contact with public health officials • Option for public health order 			NAL%20102714.pdf (last accessed 12-31-14)
MA	High Risk [based on CDC screening]	<p>Travelers in the... “some risk” or “high risk” categories will undergo direct active monitoring.</p> <p>Movement ...For travelers in the higher risk categories, movement restrictions will be decided on a case-by- case basis, but will be prohibited from direct patient care activities and instructed to limit their contact with groups of people.</p>	Equal	Post-arrival Monitoring of Travelers Returning to Massachusetts from Countries with Ebola Virus Transmission (last accessed 12-31-2014)	http://www.mass.gov/eohhs/docs/dph/emergency-prep/ebola-plan-cdc-guidance-monitoring.pdf (last accessed 12-31-14)
	Some Risk [based on CDC screening]	<p>Travelers in the... “some risk” or “high risk” categories will undergo direct active monitoring. ... Direct active monitoring includes twice-daily temperature checks and a general health assessment conducted through a visual check of the traveler.</p> <p>Movement ...For travelers in the higher risk categories, movement restrictions will be decided on a case-by- case basis, but will be prohibited from direct patient care activities and instructed to limit their contact with groups of people.</p>			

	Low Risk [based on CDC screening]	<p>Travelers in the “low risk” category will undergo active monitoring. ...Active monitoring involves daily communication between the traveler and a public health department regarding twice-daily temperature readings and a general health assessment, which does not require in-person contact with the traveler.</p> <p>Movement There are no movement restrictions for “low risk” travelers. These travelers are asked to check in once per day with twice-daily temperature checks and to communicate any travel plans outside the state or country during their monitoring period.</p>			
MI	<p>High Risk</p> <ul style="list-style-type: none"> • Direct contact • Needle stick or splash to mucous membranes • Body fluids directly on skin • Handling body fluids without PPE or recommended lab precautions • Touching a dead body without PPE • Cared for a patient in a US hospital at which another healthcare worker contracted Ebola with unknown transmission 	<p>Monitoring Type</p> <ul style="list-style-type: none"> • Self-Quarantine <ul style="list-style-type: none"> - Controlled movement - Exclusion from public places - Exclusion from work places • Direct Active Monitoring • Client <ul style="list-style-type: none"> - No travel unless approved by LHD - Stay home - Must communicate with LHD twice daily: temperature and health status • Local Health Department (LHD) Actions <ul style="list-style-type: none"> - Maintain visual and oral communications with individual twice daily (one per day may be by phone, email or text) - Ensure additional restrictions: controlled movement, exclusion from public places, and exclusion from gatherings - Coordinate allowed travel according to controlled movement standards - Facilitate uninterrupted direct active monitoring • Work <ul style="list-style-type: none"> - No work outside of home (telework permitted) 	More Restrictive	<p>Policy: MDCH Interim Guidance for Monitoring and Movement of Asymptomatic Persons with Potential Ebola Virus Exposure 10-30-14</p>	<p>http://www.michigan.gov/document/s/emergingdiseases/MI_Monitoring_of_Asymptomatic_Persons_473055_7.pdf (last accessed 12-31-14)</p>

<p>Some Risk</p> <ul style="list-style-type: none"> • Close contact (within 3 feet) of a person with or showing symptoms of Ebola without PPE for a long time • In countries with widespread Ebola, direct contact with a person showing symptoms of Ebola while wearing PPE 	<p>Monitoring Types</p> <ul style="list-style-type: none"> • Direct active monitoring (If self-quarantine recommended follow high risk category) • Client <ul style="list-style-type: none"> - Travel coordinated with LHD - No movement using mass transit, no public places or gatherings - Must communicate with LHD twice daily: temperature and health status • Local Health Department (LHD) Actions <ul style="list-style-type: none"> - Maintain visual and oral communications with individual twice daily (one per day may be by phone, email or text) 3 - Assess individual's situation and determine additional restrictions: controlled movement, exclusion from public places, and exclusion from gatherings • Coordinate any travel to assure uninterrupted direct active monitoring <p>Work</p> <ul style="list-style-type: none"> • Work dependent on employer and LHD approval 			
<p>Low Risk (but not zero)</p> <ul style="list-style-type: none"> • Been in a country with widespread Ebola within the past 21 days, without exposure • Brief contact or being in the room with a person with Ebola • Traveled on an aircraft with a person while the person was symptomatic • Epidemiologists, contact tracers, screeners, lab workers who used appropriate PPE • Cared for Ebola patient in US facility while wearing appropriate PPE with no known breaches 	<p>Monitoring Type</p> <ul style="list-style-type: none"> • Active monitoring of general population • Direct active monitoring for healthcare workers • Client <ul style="list-style-type: none"> - No travel restrictions - Must communicate with LHD twice daily: temperature and health status • Local Health Department (LHD) Actions <ul style="list-style-type: none"> - Active: LHD may receive reports twice daily by phone, email or text if appropriate - Direct active: Maintain visual and oral communications with individual twice daily (one per day may be by phone, email, or text) - Assess individual's situation and determine additional restrictions: controlled movement, exclusion from public places, and exclusion from gatherings - Coordinate any travel to assure uninterrupted direct active monitoring • Work <ul style="list-style-type: none"> - No restrictions on work 			
<p>No Identified Risk</p> <ul style="list-style-type: none"> • Traveled more than 21 days ago or to other unaffected countries in Africa • Contact with an asymptomatic person with Ebola before the person developed symptoms 	<p>No Actions</p>			

MN	<p>High Risk</p> <p>Direct contact of infected body fluids through</p> <ul style="list-style-type: none"> • Needle stick, or splashes to eyes, nose, or mouth • Getting body fluids directly on skin • Handling body fluids, such as in a laboratory, without wearing personal protective equipment (PPE) or following recommended safety precautions • Touching a dead body without correctly wearing PPE in a country with widespread Ebola transmission (In countries with widespread Ebola transmission, it is not always known what a person died of. Therefore, touching any dead body in one of these countries is considered a high-risk exposure.) • Living with and caring for a person showing symptoms of Ebola 	<p>Direct active monitoring</p> <p>Restricted Public Activities Yes</p> <p>Restricted Travel Yes</p>	Equal	<p>Ebola Exposure Risk Categories 10-31-2014</p> <p>Active Traveler Monitoring 11-5-2014</p>	<p>http://www.health.state.mn.us/divs/idepc/diseases/vhf/monitoringriskcats.pdf (last accessed 12-31-14)</p> <p>http://www.health.state.mn.us/divs/idepc/diseases/vhf/monitoring.html#risk (last accessed 12-31-14)</p>
	<p>Some Risk</p> <ul style="list-style-type: none"> • Close contact with a person showing symptoms of Ebola such as in a household, healthcare facility, or the community (no PPE worn). Close contact means being within three feet of the person with Ebola for a long time without wearing PPE. • In countries with widespread Ebola transmission: direct contact with a person showing symptoms of Ebola while wearing PPE 	<p>Direct active monitoring</p> <p>Restricted Public Activities Case by case</p> <p>Restricted Travel Case by case</p>			

	<p>Low Risk (but not zero)</p> <ul style="list-style-type: none"> • Having been in a country with widespread Ebola transmission within the previous 21 days and having no known exposure • Being in the same room for a brief period of time (without direct contact) with a person showing symptoms of Ebola • Having brief skin contact with a person showing symptoms of Ebola when the person was believed to be not very contagious • In countries without widespread Ebola transmission: direct contact with a person showing symptoms of Ebola while wearing PPE • Travel on an airplane with a person showing symptoms of Ebola 	<p>Active monitoring for most; direct active monitoring for some</p> <p>Restricted Public Activities No</p> <p>Restricted Travel No</p>			
	<p>No Risk</p> <ul style="list-style-type: none"> • Contact with a person who is not showing symptoms after that person was in contact with a person with Ebola • Contact with a person with Ebola before the person was showing symptoms • Having traveled to a country with Ebola outbreak more than 21 days ago 	<p>Monitoring No</p> <p>Restricted Public Activities No</p> <p>Restricted Travel No</p>			
MS	<p>Anyone arriving in MS with travel to Guinea, Liberia, Mali and Sierra Leone in the previous 21 days... [see next column]</p>	<p>... will be directly monitored by MSDH for signs and symptoms of EVD for the duration of the potential incubation period (21 days). Restrictive movement or quarantine orders will be issued based on the potential exposure risk to EVD. In the event of fever or other EVD symptoms, transportation to a biological containment facility will be arranged by MSDH and pre-identified partners. All response plans are designed to bypass local healthcare facilities and prevent any infectious exposures to local residents.</p>	<p>More Restrictive</p>	<p>MS Health Alert Network (HAN) Advisory for All Physicians, Hospitals, and Health care Providers, 11-24-14</p>	<p>http://msdh.ms.gov/msdhsite/index.cfm/23,6059,386,661,pdf/EbolaResponsePlanningMSHANGMSHAN-20141124-00107-ADV.pdf (last accessed 12-31-14)</p>

<p>MO</p>	<p>All Travelers</p>	<p>DHSS will be notified when a traveler is arriving in Missouri and will immediately notify Local Public Health authorities to coordinate health monitoring activities. Health monitoring of any travelers meeting these screening criteria will consist of temperature and symptoms evaluations, daily for 21 days.</p> <p>Public Health Response</p> <ul style="list-style-type: none"> Monitoring Symptoms and Controlling Movement to Stop Spread of Ebola (CDC) 	<p>Equal</p>	<p>Policy: Missouri Department of Health & Senior Services Update 2: Ebola Virus Disease (EVD) Health Update 10-23-14</p>	<p>http://health.mo.gov/emergencies/ert/alertsadvories/pdf/HU102314.pdf (last accessed 12-31-14)</p> <p>http://health.mo.gov/emergencies/ert/med/hemorrhagic.php#response (last accessed 12-31-14)</p>
<p>MT</p>	<p>Governor Steve Bullock announced on October 31, 2014, new state health agency protocols for Montanans who have returned from Ebola-affected regions of West Africa.</p> <p>The new protocols, based on Centers for Disease Control and Prevention (CDC) guidelines, direct how all passengers who return from West Africa will be monitored.</p>	<p>["New state health agency protocols" links directly to pdf of CDC guidance]</p>	<p>Equal</p>	<p>Policy Governor Bullock Announces New Protocols for Montanans Returning from Ebola-Affected Regions 10-31-14</p>	<p>http://dphhs.mt.gov/publichealth/cedepi/diseases/Ebola.aspx (last accessed 12-31-14)</p> <p>http://dphhs.mt.gov/Portals/85/publichealth/documents/CD Epi/Ebola/EbolaStateProtocols.pdf (last accessed 12-31-14)</p>

NE	Monitoring travelers from West Africa for signs and symptoms of Ebola according to CDC guidance.	[see CDC guidance]	Equal	Website: DHHS Ebola Facts and Resources: Nebraska Specific Information	http://dhhs.ne.gov/publichealth/Ebola/Pages/NESpecific.aspx (last accessed 12-31-14)
NV	[No screening or monitoring policy found as of 12/31/2014]				
NH	<p>High Risk Exposures:</p> <ol style="list-style-type: none"> 1) Percutaneous or mucous membrane exposure to body fluids of symptomatic EVD patient, 2) Direct contact with body fluids of symptomatic EVD patient without appropriate PPE 3) Processing body fluids of symptomatic EVD patient without appropriate PPE or standard biosafety precautions 4) Direct contact with dead body without appropriate PPE in country with widespread Ebola transmission 5) Immediate household contact who provided care to EVD case while person was symptomatic <p>Some Risk Exposures:</p> <ol style="list-style-type: none"> 1) Direct contact with symptomatic EVD case while using appropriate PPE in country with widespread Ebola transmission 2) Brief direct contact (e.g., shaking hands) with symptomatic EVD case early in disease without appropriate PPE 3) Other close household contacts to symptomatic EVD case (within 3 feet) while not wearing appropriate PPE <p>Low/Negligible* Risk Exposure (close airline contacts and US-based healthcare workers)</p> <p>Low/Negligible Risk Exposures:</p>	<p>Quarantined at Home (Yes - mandatory)</p> <p>Prohibited from Public Transport (Yes)</p> <p>Notification to Local Officials (Yes)</p> <p>Symptom Monitoring (Yes)</p> <p>Public Health Daily Check-In (Yes direct active)</p> <hr/> <p>Quarantined at Home (Yes - voluntary)</p> <p>Prohibited from Public Transport (Yes)</p> <p>Notification to Local Officials (Yes)</p> <p>Symptom Monitoring (Yes)</p> <p>Public Health Daily Check-In (Yes direct active)</p> <hr/> <p>Quarantined at Home (No)</p> <p>Prohibited from Public Transport (No)</p> <p>Notification to Local Officials (No)</p>	More Restrictive	Interim Policy Summary for Isolation of Suspect Ebola Patients and Quarantine of Persons Potentially-Exposed to Ebola Virus November 10, 2014	http://www.dhhs.state.nh.us/dphs/communications/isolationquarantine-interim.pdf (last accessed 12-31-14)

	<p>1) Returning travelers from Ebola-affected countries with no specific exposures to virus</p> <p>2) Brief indirect contact (e.g., being in same room) with symptomatic EVD case without appropriate PPE</p> <p>3) Direct contact with symptomatic EVD case while using appropriate PPE in country without widespread Ebola transmission</p> <p>4) Travel on an aircraft with a symptomatic EVD case (those sitting within 3 feet of the patient will have direct active monitoring and others will have active monitoring unless an individual had direct contact with the person)</p>	<p>Symptom Monitoring (Yes)</p> <p>Public Health Daily Check-In (Yes direct active)</p>			
	<p>Low/Negligible* Risk Exposure (all others)</p> <p>Low/Negligible Risk Exposures:</p> <p>1) Returning travelers from Ebola-affected countries with no specific exposures to virus</p> <p>2) Brief indirect contact (e.g., being in same room) with symptomatic EVD case without appropriate PPE</p> <p>3) Direct contact with symptomatic EVD case while using appropriate PPE in country without widespread Ebola transmission</p> <p>4) Travel on an aircraft with a symptomatic EVD case (those sitting within 3 feet of the patient will have direct active monitoring and others will have active monitoring unless an individual had direct contact with the person)</p>	<p>Quarantined at Home (No)</p> <p>Prohibited from Public Transport (No)</p> <p>Notification to Local Officials (No)</p> <p>Symptom Monitoring (Yes)</p> <p>Public Health Daily Check-In (Yes, active)</p>			
<p>NJ</p>	<p>Low Risk</p> <p>If the individual traveled to one of the three affected West African nations, but had no known exposure to anyone with the Ebola Virus, the individual is considered Low Risk and the following actions will be taken [see column to the right]:</p>	<ul style="list-style-type: none"> • If the individual is a New Jersey resident, Division of Global Migration and Quarantine (DGMQ) send the individual's contact information to NJDOH. <ul style="list-style-type: none"> - CDC provides the individual with an Ebola Care Kit and a 24/7 phone number for NJDOH. - NJDOH contacts the individual's local health department for active monitoring for 21 days from the date of their departure from the affected country. - Local health department provides the individual contact information for area hospitals and Emergency Medical Services. • If the individual is a non-New Jersey resident, they are released and NJDOH sends the individual's contact information to the 	<p>More Restrictive</p>	<p>Policy: New Jersey Mandatory Quarantine and Screening Protocols 10-31-14</p>	<p>http://www.state.nj.us/health/news/2014/approved/20141031b.html (last accessed 12-31-14)</p>

		<p>Department of Health in their home state.</p> <ul style="list-style-type: none"> • If the passenger is determined to have had some risk following the questionnaire and oral interview, the passenger completes a more detailed exposure and risk assessment. Following the more detailed exposure and risk assessment, the passenger is moved into one of two other risk categories: 			
	<p>Some Risk</p> <p>If the individual traveled to one of the three affected West African nations, and for example, was a healthcare worker who treated an Ebola patient with active symptoms while wearing PPE, the individual is considered to have Some Risk and the following actions will be taken in such a case [see column to the right]:</p>	<ul style="list-style-type: none"> • Individual is subject to NJDOH mandatory quarantine order. • No commercial conveyance or movement by the individual is permitted. • NJDOH will contact the individual's local health department for active monitoring for 21 days from the date of their last exposure. • The local health department will provide the individual contact information for area hospitals and Emergency Medical Services. 			
	<p>High Risk</p> <p>If the individual traveled to one of the three affected West African nations and had direct contact with the body fluids of an individual with the Ebola Virus, he/she is considered to have High Risk and the following actions will be taken [see column to the right]:</p>	<ul style="list-style-type: none"> • Individual is subject to NJDOH mandatory quarantine order. • No commercial conveyance or movement by the individual is permitted. • NJDOH will contact the individual's local health department for active monitoring for 21 days from the date of their last exposure. • The local health department will provide the individual contact information for area hospitals and Emergency Medical Services. All other scenarios will be addressed on a case-by-case basis for possible mandatory quarantine, with the following additional measures as appropriate: • CDC provides an Ebola Care Kit with 24/7 phone number for NJDOH. • NJDOH sends information to local health department. • NJDOH limits or prohibits commercial conveyance or movement of the individual. • Local health departments will contact the individual for direct active monitoring for symptoms for 21 days and provide contact information for area hospitals and Emergency Medical Services. • Controlled movement and conditional release based upon person's compliance and adherence to local health department's instructions. 			
NM	<p>High Risk</p> <ul style="list-style-type: none"> • Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of EVD patient • Direct skin contact with, or exposure to blood or body fluids of, an EVD patient without appropriate personal protective equipment (PPE) 	<ul style="list-style-type: none"> • If asymptomatic, high risk and some risk persons will be required to conduct a 21-day fever log. NMDOH staff will conduct direct active monitoring of the person over the phone and in person to assess whether the person remains asymptomatic during the 21 days following exposure. • These persons will be monitored by the NMDOH for 21 days after their last known potential Ebola virus exposure to ensure that immediate actions are taken if they develop symptoms consistent 	Equal	Policy: Ebola Virus Disease Response Plan 10-29-14	http://nmhealth.org/publication/view/plan/953/ (last accessed 12-31-14)

<ul style="list-style-type: none"> • Processing blood or body fluids of a confirmed EVD patient without appropriate PPE or standard biosafety precautions • Direct contact with a dead body without appropriate PPE in a country where an EVD outbreak is occurring • Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic. 	<p>with EVD during this period. Persons will be required to be available during in-person visits by NMDOH staff and immediately notify the NMDOH if they develop fever or other symptoms.</p> <ul style="list-style-type: none"> • Asymptomatic high risk and some risk persons will not travel by commercial conveyances (e.g., airplane, ship, long-distance bus, or train). These individuals will also be excluded from public places and from work places. 			
<p>Some Risk</p> <ul style="list-style-type: none"> • In countries with widespread Ebola virus transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic. • Close contact in household, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic. 	<p>If asymptomatic, high risk and some risk persons will be required to conduct a 21-day fever log. NMDOH staff will conduct direct active monitoring of the person over the phone and in person to assess whether the person remains asymptomatic during the 21 days following exposure.</p> <p>These persons will be monitored by the NMDOH for 21 days after their last known potential Ebola virus exposure to ensure that immediate actions are taken if they develop symptoms consistent with EVD during this period. Persons will be required to be available during in-person visits by NMDOH staff and immediately notify the NMDOH if they develop fever or other symptoms.</p> <p>Asymptomatic high risk and some risk persons will not travel by commercial conveyances (e.g., airplane, ship, long-distance bus, or train). These individuals will also be excluded from public places and from work places.</p>			
<p>Low Risk</p> <ul style="list-style-type: none"> • Having been in a country with widespread Ebola virus transmission within the past 21 days and having had no known exposures. • Having brief direct contact (e.g. shaking hands), while not wearing appropriate PPE, with a person with Ebola while the person was in the early stages of the disease. • Brief proximity, such as being in the same room for a brief period of time, with a person with Ebola while the person was symptomatic. • In countries without widespread Ebola virus transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic. • Traveled on an aircraft with a person with Ebola while the person was symptomatic. 	<ul style="list-style-type: none"> • If individuals are low risk and they are asymptomatic, they will be required to be available for NMDOH staff when they visit in person during the 21-day fever monitoring period. • For asymptomatic low risk persons, NMDOH staff will actively (or direct actively) monitor their temperature and assess whether the person remains asymptomatic during the 21 days following exposure. • These persons will be monitored by the NMDOH for 21 days after their last known potential Ebola virus exposure to ensure that immediate actions are taken if they develop symptoms consistent with EVD during this period. • Any movement restrictions for asymptomatic low risk persons will be negotiated between the traveler and the NMDOH. 			

<p>NY</p>	<p><u>"Direct contact" shall mean a "higher risk exposure" or "lower risk exposure," as defined herein.</u></p> <p>"Higher risk exposure" includes, but is not limited to, the following experienced by a person while in a country where there exists widespread transmission of EVD (including Guinea, Liberia, and Sierra Leone):</p> <ol style="list-style-type: none"> 1. Physical contact with, or exposure to blood or body fluids of, a person with EVD, or a person with a fever and a second symptom of EVD, or with a dead body, regardless of Personal Protective Equipment (PPE) used. This includes but is not limited to any person who performed direct medical or nursing care to persons with EVD in such countries; 2. Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with EVD, or of a person with a fever and a second symptom of EVD; 3. Processing blood or body fluids of a person with EVD, or a person with a fever and a second symptom of EVD, without appropriate PPE or standard biosafety precautions; and 4. Living in the same household as a person with EVD while such person has EVD symptoms. <p>"Lower risk exposure" includes, but is not limited to, the following experienced by a person while in a country where there exists widespread transmission of EVD (including Guinea, Liberia, and Sierra Leone):</p> <ol style="list-style-type: none"> 1. Coming within 3 feet of a person with EVD while not wearing appropriate PPE; and 2. Being in a room or other enclosed location with a person with EVD for a prolonged period of time while not wearing appropriate PPE as determined by the facts and circumstances of that particular case. 	<ol style="list-style-type: none"> 1. Destination: Residence in New York City: <ol style="list-style-type: none"> a. NYC DOHMH will issue a quarantine order to the passenger requiring them to stay in quarantine in their residence for 21 days from the date of their last exposure; b. NYS DOH will arrange transportation by private vehicle to their residence; c. NYC DOHMH will implement quarantine protocol in coordination with NYSDOH. 2. Destination: Hotel or other non-residential accommodation in New York City: <ol style="list-style-type: none"> a. NYC DOHMH will assess the suitability of the hotel or other non-residential accommodation in New York City for quarantine. If not suitable, NYS DOHMH will identify other suitable quarantine location; b. NYC DOHMH will issue a quarantine order to the passenger requiring them to stay in quarantine in a suitable residence for 21 days from the date of their last exposure; c. NYS DOH will arrange transportation by private vehicle to their residence; d. NYC DOHMH will implement quarantine protocol in coordination with NYSDOH. 3. Destination: A location in New York State outside New York City: <ol style="list-style-type: none"> a. NYC DOHMH and NYSDOH may approve the relocation of such a person to another jurisdiction. b. NYC DOHMH will notify the local health official in the receiving jurisdiction. c. NYS DOH will arrange suitable transportation to the receiving jurisdiction if the passenger does not have suitable transportation arrangements. d. The receiving jurisdiction will issue a quarantine order pursuant to the NYSDOH Commissioner's Order and assure a suitable location for quarantine giving preference to the passenger's residence. e. If during a screening process that includes personnel of NYSDOH or its designee, such person does not voluntarily consent to an arrangement deemed appropriate by NYSDOH to travel to his or her ultimate destination outside of NYC, DOHMH and its Commissioner shall issue a QO for 21 days from the date of the person's last exposure, consistent with due process of law and follow the steps in paragraph 2, above. f. If the facts and circumstances of the particular situation warrant, for example if suitable transportation is not available until the next day, NYC DOHMH will issue a quarantine order, consistent with due 	<p>More Restrictive</p>	<p>Health Department Order 10-27-14</p>	<p>http://www.health.ny.gov/diseases/communicable/ebola/docs/commissioner_order_2.pdf (last accessed 12-31-14)</p> <p>http://www.health.ny.gov/diseases/communicable/screening_protocol_jfk.pdf (last accessed 12-31-14)</p>
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		<p>process of law, and follow the steps in paragraph 2, above.</p> <p>4. Destination: A location outside New York State.</p> <ul style="list-style-type: none"> a. NYC DOHMH and NYSDOH may approve the relocation of such a person to another jurisdiction. b. NYS DOH will notify the state health official in the receiving jurisdiction. c. NYS DOH will arrange suitable transportation to the receiving jurisdiction if the passenger does not have suitable transportation arrangements. d. If the facts and circumstances of the particular situation warrant, for example, if suitable transportation is not available until the next day, NYC DOHMH will issue a quarantine order, consistent with due process of law, and follow the steps in paragraph 2, above. 			
	<p>"No direct contact": Arriving from a country where there exists widespread transmission of EVD (including Guinea, Liberia, and Sierra Leone), but with no reported "direct contact", as defined herein.</p>	<p>Scenario</p> <p>3: If a person arrives from one of the affected areas with no symptoms and has had no direct contact with anyone infected with the Ebola virus:</p> <ul style="list-style-type: none"> a. NYC DOHMH will notify the local health department if the passenger's destination is within in New York State outside New York City, or the NYS DOH will notify the state health department if the passenger's destination is another state; b. The passenger will be allowed to travel to their destination. c. If the facts and circumstances of the particular situation warrant, for example, if suitable transportation is not available until the next day, NYC DOHMH will issue a quarantine order, consistent with due process of law, and follow the steps in paragraph 2, above. 			

<p>NC</p>	<p>High Risk</p> <ul style="list-style-type: none"> • Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic • Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate personal protective equipment (PPE)* • Processing blood or body fluids of a person with Ebola while the person was symptomatic without appropriate PPE* or standard biosafety precautions • Direct contact with a dead body without appropriate PPE* in a country with widespread Ebola virus transmission • Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic 	<ul style="list-style-type: none"> • Direct Active Monitoring • Public health authority will ensure, through orders as necessary, the following minimum restrictions: <ul style="list-style-type: none"> - Controlled movement: exclusion from all long-distance and local public conveyances (aircraft, ship, train, bus, and subway) - Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings - Exclusion from workplaces for the duration of the public health order, unless approved by the state or local health department (telework is permitted) • Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park) • Federal public health travel restrictions (Do Not Board) will be implemented to enforce controlled movement • If travel is allowed, individuals are subject to controlled movement <ul style="list-style-type: none"> - Travel by noncommercial conveyances only - Coordinated with public health authorities at both origin and destination - Uninterrupted direct active monitoring 	<p>Equal</p>	<p>Policy 10-30-14</p>	<p>http://www.ncdhhs.gov/ebola/pdfs/ProgramAlert8_Ebola_Update_Oct_30.pdf (last accessed 12-31-14)</p>
	<p>Some Risk</p> <ul style="list-style-type: none"> • In countries with widespread Ebola virus transmission: direct contact while using appropriate PPE* with a person with Ebola while the person was symptomatic • Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic <ul style="list-style-type: none"> - Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE* within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic 	<ul style="list-style-type: none"> • Direct active monitoring • The public health authority, based on a specific assessment of the individual's situation, will determine whether additional restrictions are appropriate, including <ul style="list-style-type: none"> - Controlled movement: exclusion from long-distance commercial conveyances (aircraft, ship, train, bus) or local public conveyances (e.g., bus, subway) - Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings - Exclusion from workplaces for the duration of a public health order, unless approved by the state or local health department (telework is permitted) • Any travel will be coordinated with public health authorities to ensure uninterrupted direct active monitoring <ul style="list-style-type: none"> - Federal public health travel restrictions (Do Not Board) may be implemented based on an assessment of the particular circumstance - For travelers arriving in the United States, implementation of federal public health travel restrictions would occur after the traveler reaches the final destination of the itinerary 			

	<p>Low Risk (but not zero)</p> <ul style="list-style-type: none"> • Having been in a country with widespread Ebola virus transmission within the past 21 days and having had no known exposures • Having brief direct contact (e.g., shaking hands), while not wearing appropriate PPE,* with a person with Ebola while the person was in the early stage of disease • Brief proximity, such as being in the same room for a brief period of time, with a person with Ebola while the person was symptomatic • In countries without widespread Ebola virus transmission: direct contact while using appropriate PPE* with a person with Ebola while the person was symptomatic • Processing blood or body fluids of a person with Ebola while the person was symptomatic while using appropriate PPE* and standard biosafety precautions • Traveled on an aircraft with a person with Ebola while the person was symptomatic 	<ul style="list-style-type: none"> • No restrictions on work or congregate gatherings • Obtain local health department permission prior to using public transportation or leaving the county • Direct active monitoring for <ul style="list-style-type: none"> - US-based healthcare workers caring for symptomatic Ebola patients while wearing appropriate PPE - Travelers on an aircraft with, and sitting within 3 feet of, a person with Ebola • Active monitoring for all others in this category 			
	<p>No Identifiable Risk</p> <ul style="list-style-type: none"> • Contact with an asymptomatic person who had contact with person with Ebola • Contact with a person with Ebola before the person developed symptoms • Having been more than 21 days previously in a country with widespread Ebola virus transmission • Having been in a country without widespread Ebola virus transmission and not having any other exposures as defined above 	<ul style="list-style-type: none"> • No monitoring or restrictions recommended 			

ND	<p>“We are monitoring people who have traveled from the affected countries in accordance with CDC guidelines. Our department tracks and shares the latest information on Ebola with health care providers and other stakeholders on a daily basis,” according to the State Health Officer Terry Dwelle, MD.</p>	[See CDC guidance.]	Equal	Press Release 10-29-14	<p>http://www.ndhan.gov/d/ata/mrNews/Ebola%20014-10-29-Ebola%20Updates%20Final%20(2).pdf (last accessed 12-31-14)</p> <p>http://ndhealth.gov/disease/ebola/CDC.aspx#121368 (please copy and paste URL) (last accessed 12-31-14)</p>
NMI	<p>Warren Villagomez, director of CHCC Public Health and Hospital Emergency Preparedness Programs, makes sure that all surveillance activities and monitoring are done at all critical access points and sentinel sites every day, in accordance with Centers for Disease Control and Prevention guidelines and protocol.”</p>	[See CDC guidance]	Equal	Press Release: CHCC, CPA working to identify isolation site for Ebola if it comes	<p>http://www.cpa.gov/mp/newsitm.asp?newsID=1394 (last accessed 12-31-14)</p>
OH	<p>Any direct skin to skin or mucus membrane contact or contact with blood and body fluids without using appropriate personal protective equipment (PPE)</p>	<ul style="list-style-type: none"> • Full quarantine: Supported confinement at home or in temporary housing provided by the state AND • Direct active monitoring: Twice daily temperature and symptom checks for 21 days after departing the impacted country, observed once and reported once by phone AND • Movement restrictions: Confined to home and no commercial conveyance for 21 days after last contact 	More Restrictive	Policy ODH Crosswalk for Ebola Exposure and Risk Intervention 10-31-14	<p>http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/ebola/Strengthened%20Traveler%20Protocols.ashx</p>

	<ul style="list-style-type: none"> • Any healthcare worker (HCW) in one of the countries impacted by Ebola who had been treating patients with the Ebola virus within 21 days, including HCWs who used PPE OR • Any traveler who has been to one of the countries impacted by Ebola within 21 days with uncertain direct contact or uncertain exposure 	<ul style="list-style-type: none"> • Home confinement: Supported confinement at home AND • Direct active monitoring: Twice daily temperature and symptom checks for 21 days after departing the impacted country, observed once and reported once by phone AND • Movement restrictions: The public health authority, based on a specific assessment of the individual's situation, will determine whether additional restrictions are appropriate, including <ul style="list-style-type: none"> - Exclusion from long-distance commercial conveyances (e.g., aircraft, ship, bus, train) or local public conveyances (e.g., bus, subway); - Any travel outside of the jurisdiction of the local health authority must be under mutual agreement of the health authority of jurisdiction and the public health official who will assume responsibility for daily observation; - Exclusion from public places and congregate gatherings; - Exclusion from workplaces for the duration of a public health order, unless approved by the state or local health department (telework is permitted) - Some non-congregate public activities while maintaining a 3-foot distance from others may be permitted - Federal public health travel restrictions (Do Not Board) may be implemented based on an assessment of particular circumstances 			(last accessed 12-31-14)
	<ul style="list-style-type: none"> • No direct skin to skin or mucus membrane contact or contact with blood and body fluids but within a 3-foot radius ("risk zone") of an infected individual OR • Any traveler who has been to one of the countries impacted by Ebola1 within 21 days but with no direct contact or known exposure OR • US-based health care workers caring for symptomatic Ebola patients while wearing appropriate PPE 	<ul style="list-style-type: none"> • Direct active monitoring: Twice daily temperature and symptom checks, observed once and reported once by phone, for 21 days after last contact AND • Movement restrictions: The public health authority, based on a specific assessment of the individual's situation, will determine whether additional restrictions are appropriate, including <ul style="list-style-type: none"> - Exclusion from long-distance commercial conveyances (e.g., aircraft, ship, bus, train); - Any travel outside of the jurisdiction of the local health authority must be under mutual agreement of the health authority of jurisdiction and the public health official who will assume responsibility for daily observation; and - Some restrictions on local public transit, work, and congregate activities may apply 			

	Brief proximity, such as being in the same room for a brief period of time, with a person with Ebola while the person was symptomatic	<ul style="list-style-type: none"> • Active monitoring: Twice daily temperature and symptom checks, reported daily to a public health official, for 21 days after last contact AND <ul style="list-style-type: none"> • Movement restrictions: No travel outside of the United States due to the inability to verify and act upon non-compliance with reporting requirements. 			
	No direct contact, but within broad vicinity	Education			
OK	<ul style="list-style-type: none"> • High Risk: A person who has provided care for a patient diagnosed with Ebola and may have had a needle stick or direct contact with blood or bodily fluids of the infected person; or someone who has lived with or cared for a person showing symptoms with Ebola. • Some Risk: A person who has been in the vicinity (within 3 feet) of someone with Ebola virus disease for an extended period of time, but who had no direct contact or who did not provide care for a person infected with Ebola. This category also includes health care workers who used personal protection equipment while providing care to patient(s) showing symptoms of Ebola in countries with widespread Ebola transmission. • Low Risk: A person who has traveled to Guinea, Liberia, or Sierra Leone within the previous 21 days, but did not have any known exposure to Ebola. This category also includes persons with brief skin contact with a person showing symptoms of Ebola when the person was not very contagious, and health care workers at a US facility in contact with an Ebola patient while wearing personal protection equipment. • No Identified Risk: A person who did not travel to one of the affected countries within the previous 21 days, or someone who is a close contact of an asymptomatic person who traveled to one of the Ebola-affected countries. A person who had contact with someone with Ebola BEFORE 	<p>Each state will be required to provide active monitoring of its residents in the low to high risk categories to ensure public health and safety while at the same time recognizing the rights of individuals and the science of how Ebola virus is spread. Persons assessed to be at the high risk level will be quarantined and unable to travel on commercial airplanes or other public conveyances until completion of the 21-day monitoring period for development of fever or other symptoms of Ebola virus disease.</p> <p>Concurrent with CDC’s announcement, key staff at the Oklahoma State Department of Health (OSDH) met to revise the state’s Ebola contact monitoring protocols to align with the national guidance. As this responsibility unfolds, many public health workers will be involved with monitoring persons arriving from Ebola-affected countries. Epidemiologists in the OSDH Acute Disease Service will receive notifications of arriving passengers, assess the risk level of the individual, and coordinate the monitoring with staff at the county health department where the individual resides. For residents or visitors staying in Tulsa or Oklahoma counties, the respective city-county health department will supervise the monitoring process. In all other Oklahoma counties, communicable disease nurses in the county health department will provide the active daily monitoring.</p>	Equal	<p>Press Releases Situation Update No. 11 – Updated Guidelines for Monitoring and Restricting Movement of Persons with Suspected Ebola Contact 10-27-14</p> <p>News Health Officials Monitoring Travelers Returning from Ebola-Affected Countries 10-30-14</p>	<p>http://www.ok.gov/health/Organization/Office_of_Communications/News_Releases/Situation_Updates/Surveillance_and_Preparedness_for_Ebola_Virus_Disease/EVD_Situation_Update_No_11.html (last accessed 12-31-14)</p> <p>http://www.tulsa-health.org/news/health-officials-monitoring-travelers-returning-ebola-affected-countries#.VF09AHZOm9I</p>

	the person was showing symptoms of disease is also classified as having no identifiable risk.				(last accessed 12-31-14)
		In accordance with recently implemented Oklahoma State Department of Health active post-arrival monitoring program, Tulsa Health Department officials have been monitoring an individual in Tulsa County who recently traveled from West Africa for the Ebola virus. Per the CDC post-arrival monitoring guidelines, the individual is classified as low risk, which means the person has traveled to Guinea, Liberia or Sierra Leone within the previous 21 days, but did not have any known exposure to Ebola.			
OR	Oregon public health officials are following federal CDC guidance for monitoring and movement of people with potential Ebola virus exposure.	[See CDC guidance.]	Equal	Oregon Public Health: Interim Ebola Monitoring Plan Updated November 12, 2014	https://public.health.oregon.gov/Preparedness/CurrentHazards/Events/EbolaResponse/Documents/Ebola-Monitoring-Plan.pdf (last accessed 12-31-14)

PA	Uncertain Risk—meaning they don't know if they were exposed to Ebola or does not acknowledge any exposure	<p>If travelers do not have or report any symptoms, have no measured fever and have been determined to have an "uncertain exposure risk"—meaning they don't know if they were exposed to Ebola or does not acknowledge any exposure—they will be allowed to continue their journey, as long as they follow-up with public health authorities and are monitored for 21 days. Federal officials will provide the traveler's key information to relevant state health departments. Travelers will be given a "CARE" (Check and Report Ebola) kit which includes a fact sheet and instructions to self-monitor for signs and symptoms of Ebola, a temperature and symptoms log, a thermometer, and a contact sheet with the 24/7 phone numbers of state health departments.</p> <p>Travelers who stay in counties that have local health departments will be monitored on the local level. The Pennsylvania Department of Health will monitor travelers staying in counties that do not have local health departments. Travelers will be monitored daily for 21 days after their arrival to the US. The method—whether by phone, Skype, or in-person—will be determined by the health department during the monitoring. Passengers will use a "Passenger Symptom Follow-Up Diary" to track the following types of information twice daily and report to the health department: Temperature (taken at two different times per day) Other symptoms like: chills, weakness, headache, joint or muscle aches, abdominal pain, diarrhea (and the number of times per day), vomiting, unexplained bleeding, stomach pain, lack of appetite, other symptoms</p> <p>Travelers will also be asked daily if they have plans to travel anywhere within the 21-day monitoring period. This will ensure health officials can check in with travelers.</p>	Equal	Policy Document Webpage Ebola	http://www.portal.state.pa.us/portal/server.pt?open=514&objID=1904738&mode=2 (last accessed 12-31-14)
	No Known Potential Exposure	If the individuals have no known potential exposures to Ebola, they will not be given any travel restrictions.			
	Possible Exposures to Ebola (not defined)	If individuals had possible exposures to Ebola, their travel will be restricted and they will be instructed not to use commercial travel methods (planes, buses, trains, etc.).			
PR	[See link to guidance document]	[See link to guidance document]	Unclear pending official translation	Policy	http://www.salud.gov.pr/ebola/Documents/Hoja%20informativa%20niveles%20de%2

					Oriesgo%20Ebola.pdf (last accessed 12-31-14)
RI	Implementing CDC recommendations for Monitoring and Movement	[See CDC guidance]	Equal	Policy: Presentation Ebola and Rhode Island: Calm, Thoughtful, Vigilant 12-29-14	https://docs.google.com/presentation/d/1Q5y_xMx3s7luIOImYcSjgPQyRPSRCgob6J-8BzbZ-iw/edit?pli=1#slide=id.g4209d5066013 (last accessed 12-31-14)
SC	<p>Ebola – A Message from DHEC "Our goal is prevention, as we strictly follow guidance provided by the federal Centers for Disease Control and Prevention."</p> <p>Additional information addressing the specific questions for the updated guidelines for the monitoring and risk stratification specifically for international travelers returning from affected countries.</p> <ul style="list-style-type: none"> • Questions and Answers about CDC's Ebola Monitoring and Movement Guidance (Nov. 1): http://www.cdc.gov/vhf/ebola/exposure/questions-monitoring-and-movement-guidance.html <p>***</p> <p>10. What is the involved with the eleven people currently enrolled in monitoring? The details of the CDC traveler monitoring and movement guidance are available through the DHEC and CDC website (http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html).</p>	<p>[See CDC guidance]</p> <p>***</p> <p>DHEC checks-in daily with the travelers throughout the duration of the 21-days from their dates of departure with either active or direct active monitoring depending on the identified risk factors. Travelers are also instructed to contact DHEC immediately if any symptoms develop.</p>	Equal	<p>Website DHEC Health Update 11-5-14 ***</p> <p>South Carolina Ebola Preparedness Statewide Conference Call November 6, 2014 ***</p> <p>South Carolina Ebola Preparedness Statewide Conference Call November 13, 2014</p>	<p>http://www.scdhec.gov/Health/docs/HAN/10341-DHU-11-05-2014-EBOLA.pdf (last accessed 12-31-14)</p> <p>***</p> <p>http://www.scdhec.gov/Health/docs/Ebola/Ebola%20Statewide%20Conference%20Call%2011-6-14%20minutes.pdf (last accessed 12-31-14)</p>

	<p>***</p> <p>SC receives notification from the CDC about travelers arriving from the affected countries with SC as the final destination. We receive information from the screening completed at the airport and follow-up with the travelers complete a separate risk assessment.</p>				<p>***</p> <p>http://www.scdhec.gov/Health/docs/Ebola/StakeholderCallMinutes11132014.pdf (last accessed 12-31-14)</p>
SD	<p>South Dakota Ebola Update (as of 12/30/2014)</p> <p>...•Number of individuals currently being monitored – 2 (South Dakota follows CDC guidance for monitoring of persons with potential Ebola virus exposure)</p>	[See CDC guidance]	Equal	<p>Website: South Dakota Department of Health: Ebola Virus Disease South Dakota Ebola Update (as of 12/30/2014)</p>	<p>http://doh.sd.gov/diseases/ebola.aspx (last accessed 12-30-14)</p>
TN	<p>High Risk:</p> <p>1) Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic,</p> <p>2) Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate personal protective equipment (PPE)</p> <p>3) Processing blood or body fluids of a person with Ebola while the person was symptomatic without appropriate PPE or standard biosafety precautions,</p> <p>4) Direct contact with a dead body without appropriate PPE in a country with widespread transmission or cases in urban areas with uncertain control measures¹,</p>	<p>Monitoring</p> <p>21- Day Direct Active Monitoring:</p> <p>Twice-daily public health monitoring:</p> <ul style="list-style-type: none"> • Initial assessment in person • Once daily temperature and symptoms in person • Once daily temperature and symptoms by phone • Completion letter in person <p>Movement</p> <p>Not allowed:</p> <ul style="list-style-type: none"> • Long-distance commercial transportation <p>Not allowed without discussion and pre-approval from the Health Department:</p> <ul style="list-style-type: none"> • Use of local public transportation • Attending public places and group gatherings • Out-of-state travel by personal vehicle • Working • Out-of-town travel by personal vehicle 	Equal	<p>TDH Interim Ebola Exposure, Monitoring and Movement Definitions Updated 12/18/2014</p>	<p>https://tnhahn.tn.gov/Documents/Ebola_Viral_Disease_(EVD)/TDH%20Interim%20Exposure,%20Monitoring,%20and%20Movement%20Definitions_Public_2014_1218.pdf (last accessed 12-31-14. Link not working as of 12-31-</p>

<p>5) Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic</p>				<p>14: view cached version here: http://webcache.googleusercontent.com/search?q=cache:w0INmqVEvYJ:https://tnhan.tn.gov/Documents/Ebola_Viral_Disease_(EV_D)/TDH%2520Interim%2520Exposure,%2520Monitoring,%2520and%2520Movement%2520Definitions_Public_20141218.pdf+&cd=1&hl=en&ct=clnk&gl=us)</p>
<p>Some Risk: 1) In countries with widespread transmission or cases in urban areas with uncertain control measures: a. Direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic or with the person's body fluids b. Any direct patient care in other healthcare settings 2) Close contact in households, health care facilities, or community settings with a person with Ebola while the person was symptomatic a. Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic 3) In countries without widespread transmission or cases in urban areas with uncertain control measures: 1: a breach in PPE (including during doffing process) resulting in skin exposure to blood or body fluids of a person with Ebola while the person was symptomatic or person deemed at increased risk (e.g., cared for an Ebola</p>	<p>Monitoring 21- Day Direct Active Monitoring: Twice-daily public health monitoring: <ul style="list-style-type: none"> Initial assessment in person Once daily temperature and symptoms in person Once daily temperature and symptoms by phone Completion letter in person Movement Not allowed: <ul style="list-style-type: none"> Long-distance commercial transportation Not allowed without discussion and pre-approval from the Health Department: <ul style="list-style-type: none"> Use of local public transportation Attending public places and group gatherings Out-of-state travel by personal vehicle Working Out-of-town travel by personal vehicle </p>			

<p>patient who was vomiting/diarrhea/bleeding and person</p>				
<p>Low Risk: 1) Having been in a country with widespread transmission or cases in urban areas with uncertain control measures¹ within the past 21 days and having had no known exposures 2) Having brief direct contact (e.g., shaking hands) while not wearing appropriate PPE, with a person with Ebola while the person was in the early stage of disease 3) Brief proximity, such as being in the same room for a brief period of time, with a person with Ebola while the person was symptomatic 4) In countries with widespread transmission or cases in urban areas with uncertain control measures¹: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic</p> <p>Traveled on an aircraft with a person with Ebola while the person was symptomatic.</p>	<p>Monitoring 21- Day Active Monitoring: Once-daily public health monitoring: <ul style="list-style-type: none"> • Initial assessment in person • Once daily phone contact to assess twice daily temperature and symptoms • Completion letter in person 21- Day Direct Active Monitoring (see above) for: <ul style="list-style-type: none"> • U.S. healthcare workers caring for symptomatic Ebola Patients while wearing appropriate PPE • Travelers on an aircraft with, and sitting within 3 feet of, a person with Ebola Movement Notify the Health Department prior to out-of-state travel. No restrictions on: <ul style="list-style-type: none"> • Travel • Work • Public transportation • Group gatherings </p>			

	<p>No Identifiable Risk:</p> <ol style="list-style-type: none"> 1) Contact with an asymptomatic person who had contact with person with Ebola 2) Contact with a person with Ebola before the person developed symptoms 3) Having been more than 21 days previously in a country with widespread transmission or cases in urban areas with uncertain control measures¹ 4) Having been in a country with Ebola cases, but without widespread transmission or cases in urban settings with uncertain control measures, and not having any other exposures as defined above 5) Having remained on or in the immediate vicinity of an aircraft or ship during the entire time that the conveyance was present in a country with widespread transmission or cases in urban areas with uncertain control measures¹, and having had no direct contact with anyone from the community 	<p>Monitoring No restrictions</p> <p>Movement No restrictions</p>			
<p>TX</p>	<p>High Risk Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic; exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate PPE; processing blood or body fluids of a person with Ebola while the person was symptomatic without appropriate PPE or standard biosafety precautions; direct contact with a dead body without appropriate PPE in a country with widespread Ebola virus transmission; having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic.</p>	<ul style="list-style-type: none"> • Public Health meets at the airport, and retakes temperature • Support Do Not Board (DNB) if issued by CDC • Notification of local health authority followed by in-home visit within 12 hours of notification • Control Order issued for quarantine (No public transportation, participation in large congregating activities, and no leaving home) • Twice daily temperature checks at least 6 hours apart for 21 days after departure from country <ul style="list-style-type: none"> - 2 temperature/symptom checks per day in person by local health authority • Proceed to “symptomatic” if indicated 	<p>More Restrictive</p>	<p>Policy: Task Force Recommendations 10-31-14</p>	<p>http://governor.state.tx.us/files/presentation-office/2014-10-31-TX-Task_Force_Recommendations.pdf (last accessed 12-31-14)</p>

	<p>Some Risk In countries with widespread Ebola virus transmission, having direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic; close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic. (Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE within approximately 3 feet of a person with Ebola while the person was symptomatic.)</p>	<ul style="list-style-type: none"> • Public Health meets at the airport, and retakes temperature • If initial interview demonstrates need to reassess risk, consult with DSHS Emerging and Acute Infection Diseases Branch • If elevation of risk is agreed upon, follow instructions for the higher risk category • Support Do Not Board (DNB) if issued by CDC • Notification of local health authority, followed by in-home visit within 12 hours of notification • Twice daily temperature checks at least 6 hours apart for 21 days after departure from country <ul style="list-style-type: none"> - 2 temperature/symptom checks per day face-to-face by local health authority for 14 days - Last 7 days 2 temperature/symptom check per day via visualization by video conferencing by local health authority • No public transportation or participation in large congregate setting activities; failure to comply can result in Control Order • Visitors may be permitted. • Healthcare workers are not allowed to care for any patients • Proceed to “symptomatic” if indicated 			
	<p>Low Risk (but not zero) Having been in a country with widespread Ebola virus transmission within the past 21 days and having had no known exposures; had brief direct contact (e.g., shaking hands), with a person infected with Ebola virus prior to displaying symptoms; brief proximity, such as being in the same room for a brief period of time, with a person with Ebola while the person was symptomatic; in countries without widespread virus Ebola transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic; traveled on an aircraft with a person with Ebola while the person was symptomatic.</p>	<ul style="list-style-type: none"> • Notification of local health authority followed by in-home visit within 12 hours of notification • If initial interview demonstrates need to reassess risk, consult with DSHS Emerging and Acute Infection Diseases Branch • If elevation of risk is agreed upon, follow instructions of the higher risk category • Twice daily temperature checks at least 6 hours apart for 21 days after departure from country <ul style="list-style-type: none"> - 2 temperature/symptom checks per day via visualization by video conferencing. • Proceed to “symptomatic” if indicated 			
	<p>No Identifiable Risk: Contact with an asymptomatic person who had contact with a person with Ebola; contact with a person with Ebola before the person developed symptoms; having been more than 21 days previously in a country with widespread Ebola virus transmission; having been in a country without widespread Ebola virus</p>	<p>No monitoring</p>			

	transmission and not having any other exposures as defined above.				
UT	<p>Information for Healthcare Workers and Clinicians: Fact Sheet for Guidance on Monitoring and Movement of Persons with Potential Ebola Virus Exposure NEW [links to copy of CDC guidance]</p> <p>*** Monitoring Travelers . . . In Utah, state and local public health workers are participating in the nationwide program to conduct “active monitoring” of all travelers returning from Ebola-affected countries...[see next column]</p>	<p>[See CDC guidance.]</p> <p>*** . . . This means public health will contact the traveler daily for 21 days from the date of departure from an Ebola-affected country to inquire about fever and other symptoms the person may develop.</p> <ul style="list-style-type: none"> • Active monitoring will allow for early detection of symptoms, and limit the number of contacts after symptoms develop. Ebola is not transmitted by persons who have no symptoms. <ul style="list-style-type: none"> - It will also allow public health to coordinate with local EMS providers and hospitals to prepare ahead of time for the possibility of transporting or receiving a sick patient. 	Equal	<p>Webpage: Ebola Virus (Last accessed 11-5-14)</p> <p>What Utah Public Health is Doing to Prepare for Ebola (Last accessed 11-17-14)</p>	<p>http://health.utah.gov/epi/diseases/ebola/Monitoring_Movement_Guidance_FS.pdf (last accessed 12-31-14)</p> <p>http://health.utah.gov/epi/diseases/ebola/ebola_public_health_preparedness.pdf (last accessed 12-31-14)</p>
VI	The Department of Health’s Territorial Epidemiologist, Dr. Esther Ellis stated that travelers returning from West Africa. . . [see column to the right]	. . . Should monitor their health for 21 days if they were in an area with an Ebola outbreak, especially if they were in contact with blood or body fluids, items that have come in contact with blood or body fluids, animals or raw meat, or hospitals where Ebola patients are being treated or participated in burial rituals.	Unclear (Unclear if this is an established policy or just suggestions for returning travelers; press release predates CDC guidance)	<p>Press Release: DOH Issues Public Health Alert on Ebola DOH Collaborating and Communicating with CDC, Local Hospital Officials and Healthcare Partners to Ensure Strong Ebola Preparedness and Response In</p>	<p>http://www.healthvi.org/news/press-releases/2014/10/health-alert-ebola.html (last accessed 12-31-14)</p>

				the US Virgin Islands 10.7.14	
VT	<p>Additional Recommended Resources</p> <ul style="list-style-type: none"> Guidance for Monitoring and Movement of Persons with Ebola Virus Disease Exposure(exit VDH) [links to http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html] 	[See CDC guidance.]	Unclear (Unclear if this applies to VT or is just an informational link)	Webpage: Ebola Information for Health Care Professionals and Facilities	http://health.vermont.gov/prevent/ebola/vt_hcp.aspx (last accessed 12-31-14)
VA	<p>High Risk</p> <ul style="list-style-type: none"> Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate personal protective equipment (PPE) Processing blood or body fluids of a person with Ebola while the person was symptomatic without appropriate PPE or standard biosafety precautions Direct contact with a dead body without appropriate PPE in a country with widespread Ebola virus transmission Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic 	<ul style="list-style-type: none"> LHD Documentation Needed: Voluntary Agreement – High Risk (or quarantine order) Movement and activities restriction Travel restrictions via state agreement and Federal Do Not Board list Public health monitoring 2x/day including 1 in-person visit Work/school restrictions 	Equal	Policy Document Ebola – Basic Airport Screening and Active Monitoring Protocol Last Updated: 12-11-2014	http://www.vdh.virginia.gov/epidemiology/ebola/BasicAirportProtocol.htm (last accessed 12-31-14) Basic
	<p>Some Risk</p> <ul style="list-style-type: none"> In countries with widespread Ebola virus transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic <ul style="list-style-type: none"> Close contact is defined as being for a 	<ul style="list-style-type: none"> LHD Documentation Needed: Voluntary Agreement – Some Risk Movement and Activities: Permitted: <ul style="list-style-type: none"> Live in usual home and engage in usual family/friend interactions Run errands to meet essential needs, e.g., grocery shopping, visiting pharmacies. Note: Errands for essential needs should be run during off-peak shopping hours and person should maintain 3 ft distance from others Small group gatherings are allowed where all attendees are 			

	<p>prolonged period of time while not wearing appropriate PPE within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic</p>	<p>known and can be identified later</p> <ul style="list-style-type: none"> - Interactions where ≥ 3 feet can be maintained from strangers <p>Restricted:</p> <ul style="list-style-type: none"> - Activities in the community where ≥ 3 feet from strangers cannot be maintained (e.g., the gym, restaurants, places of worship) - Attendance at large gatherings where ≥ 3 feet from strangers cannot be maintained (e.g., concerts, ball games, movies) <ul style="list-style-type: none"> • Travel restrictions <ul style="list-style-type: none"> - Travel on commercial conveyance (e.g., bus, subway, train, plane) is not allowed; travel within community on foot or private vehicle is allowed. - Any travel outside of the community (≥ 50 miles) is not allowed; public health may grant exceptions on a case-by-case basis depending on multiple factors (e.g., monitoring compliance, trip duration, continued ability to monitor, timing with respect to incubation period, and access to care if symptoms develop). - Federal restrictions may be imposed to restrict commercial conveyance (Federal Do Not Board list) • Public health monitoring 2x/day including 1 in-person visit • Work/school restrictions: <ul style="list-style-type: none"> - If a healthcare worker, direct patient care is not allowed <ul style="list-style-type: none"> o Generally restricted but exceptions can be granted on a case-by-case basis depending upon multiple factors (e.g., employer's approval, ability to maintain 3 feet distance, minimize contacts with strangers) o Teleworking from home (with employer's approval) is encouraged if feasible o Children are not allowed to attend school or daycare o College/university students are not allowed to attend classes in person 			
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	<p>Low Risk (but not zero)</p> <ul style="list-style-type: none"> • Having been in a country with widespread Ebola virus transmission within the past 21 days and having had no known exposures • Having brief direct contact (e.g., shaking hands), while not wearing appropriate PPE, with a person with Ebola while the person was in the early stage of disease • Brief proximity, such as being in the same room for a brief period of time, with a person with Ebola while the person was symptomatic • In countries without widespread Ebola virus transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic • Traveled on an aircraft with a person with Ebola while the person was symptomatic 	<ul style="list-style-type: none"> • LHD Documentation Needed: Voluntary Agreement – Low but not Zero Risk • No movement and activities restriction • No travel restriction, but traveler should notify LHD of travel ≥ 50 miles from the residence and monitoring should be ensured • Public health monitoring: Usually 1x/day check-in (remotely via phone, Facetime, email, text, survey, etc)‡ ‡If the individual is either 1) a healthcare worker (HCW) based in the US caring for a symptomatic Ebola patient while wearing appropriate PPE, or 2) a traveler on an aircraft with, and sitting within 3 feet of, a person with Ebola, then direct active monitoring (i.e., in-person visit) 1x/day is required. • No work/school restrictions 			
WA	<p>High Risk</p> <ul style="list-style-type: none"> • Percutaneous, mucous membrane or skin exposure to body fluids or excreta of a VHF case • Processed specimens from a VHF patient without personal protective equipment (PPE) • Direct contact with human remains in a country with widespread transmission without appropriate PPE • Lived in household and provided direct care to symptomatic case 	<p>For persons with high risk exposures initiate restricted travel and restricted public activities (stay home for 21 days; do not attend work or school; do not leave the residence for shopping, meals, or other activities). Consider these restrictions on a case-by-case basis for persons with some risk of exposure. The local jurisdiction should make sure the person restricted to their residence has access to any needed food, medications, personal care items, etc. and assistance with essential errands.</p> <p>For persons with high risk exposures with others in the household, recommend if possible they use a separate bathroom and sleeping area, wash hands frequently with soap and warm water, clean and disinfect the bathroom daily and any surface with body fluid contamination, not share dishes and eating utensils, not share linens (e.g., towels, sheets, blankets), do laundry separately, not share a toothbrush or razor, and bag anything with body fluids (e.g., tissues, used razor) and put in trash.</p> <p>For persons with any risk exposure (high, some, low), initiate daily temperature and symptom monitoring for 21 days from last exposure. Monitoring should include initially at least an in-person visit by local health jurisdiction personnel for temperature and symptom check (direct active monitoring). Daily in-person visits should continue for persons with high or some exposure risk. Twice daily visits may be appropriate for high risk exposures. Low risk could have in-person visits or be monitored through being</p>	More Restrictive	Policy 11-7-14	http://www.doh.wa.gov/Portals/1/Documents/5100/420-126-Guideline-Ebola.pdf (last accessed 12-31-14)

		contacted daily or reporting in daily through electronic means (telephone, text, email, Skype).			
	<p>Some Risk</p> <ul style="list-style-type: none"> • In country with widespread transmission had direct contact with symptomatic case while using appropriate PPE • Close contact (3 feet for prolonged period) with a symptomatic person such as household, healthcare facility, or community without PPE 	<p>For persons with high risk exposures initiate restricted travel and restricted public activities (stay home for 21 days; do not attend work or school; do not leave the residence for shopping, meals, or other activities). Consider these restrictions on a case-by-case basis for persons with some risk of exposure. The local jurisdiction should make sure the person restricted to their residence has access to any needed food, medications, personal care items, etc. and assistance with essential errands.</p> <p>For persons with any risk exposure (high, some, low), initiate daily temperature and symptom monitoring for 21 days from last exposure. Monitoring should include initially at least an in-person visit by local health jurisdiction personnel for temperature and symptom check (direct active monitoring). Daily in-person visits should continue for persons with high or some exposure risk. Twice daily visits may be appropriate for high risk exposures. Low risk could have in-person visits or be monitored through being contacted daily or reporting in daily through electronic means (telephone, text, email, Skype).</p>			
	<p>Low Risk</p> <ul style="list-style-type: none"> • In a country with widespread transmission and with no known exposures, briefly in a room of a symptomatic person without direct contact, brief skin contact with a symptomatic person when the person was not very contagious, travel on an airplane with a symptomatic person 	<p>For persons with any risk exposure (high, some, low), initiate daily temperature and symptom monitoring for 21 days from last exposure. Monitoring should include initially at least an in-person visit by local health jurisdiction personnel for temperature and symptom check (direct active monitoring). Daily in-person visits should continue for persons with high or some exposure risk. Twice daily visits may be appropriate for high risk exposures. Low risk could have in-person visits or be monitored through being contacted daily or reporting in daily through electronic means (telephone, text, email, Skype).</p>			
	No Risk: All other exposures				
WV	<ul style="list-style-type: none"> • Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola • Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate personal protective equipment (PPE) • Processing blood or body fluids of a person with Ebola while the person was 	<p>HIGH RISK INDIVIDUALS</p> <ul style="list-style-type: none"> • Direct active monitoring • Public health authority will ensure, through orders as necessary, the following minimum restrictions: <ul style="list-style-type: none"> o Controlled movement: exclusion from all long-distance and local public conveyances (aircraft, ship, train, bus, and subway) o Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings o Exclusion from workplaces for the duration of the public health order, unless approved by the state or local health department (telework is permitted) 	Equal	Ebola Returned Traveler Active Surveillance Form (Adapted from CDC Ebola Contact Tracing	http://www.dhhr.wv.gov/oeps/disease/zoonosis/other/ebola/documents/ebola-traveller-

<p>symptomatic without appropriate PPE or standard biosafety precautions</p> <ul style="list-style-type: none"> • Direct contact with a dead body without appropriate PPE in a country with widespread Ebola virus transmission or cases in urban settings with uncertain control measures • Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic <p>If the contact reported any of the above risk factors→ Go to Section J for High Risk</p>	<ul style="list-style-type: none"> • Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g. jog in a park) • Federal public health travel restrictions (Do Not Board) will be implemented to enforce controlled movement • If travel is allowed, individuals are subject to controlled movement <ul style="list-style-type: none"> o Travel by noncommercial conveyances only o Coordinated with public health authorities at both origin and destination o Uninterrupted direct active monitoring 		Form) December 2014	surveillance.pdf (last accessed 12-31-14)
<ul style="list-style-type: none"> • Direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic in countries with widespread transmission or cases in urban settings with uncertain control measures • Any direct patient care in other healthcare settings in countries with widespread transmission or cases in urban settings with uncertain control measures • Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic (close contact is defined as being for a prolonged period of time while not wearing appropriate PPE within approximately 3 feet (1 meter) of a person with Ebola). <p>If the contact reported any of the above risk factors→ Go to Section J for Some Risk</p>	<p>SOME RISK INDIVIDUALS</p> <ul style="list-style-type: none"> • Direct active monitoring • Public health authority will ensure, through orders as necessary, the following minimum restrictions: <ul style="list-style-type: none"> o Controlled movement: exclusion from all long-distance commercial and local public conveyances (aircraft, ship, train, bus, and subway) o Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings o Exclusion from workplaces for the duration of the public health order, unless approved by the state or local health department (telework is permitted) • Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g. jog in a park) • Other activities should be assessed as needs and circumstances change to determine whether these activities may be undertaken • Any travel will be coordinated with public health authorities to ensure uninterrupted direct active monitoring • Federal public health travel restrictions (Do Not Board) may be implemented based on an assessment of the particular circumstance 			
<ul style="list-style-type: none"> • Having been in a country with widespread Ebola virus transmission or cases in urban settings with uncertain control measures within the past 21 days and having had no known exposures • Having brief direct contact (e.g., shaking hands), while not wearing appropriate PPE, with a person with Ebola while the person was in the early stage of disease). 	<p>LOW(BUT NOT ZERO) RISK INDIVIDUALS</p> <ul style="list-style-type: none"> • No restrictions on travel, work, public conveyances, or congregate gatherings • Direct active monitoring for: <ul style="list-style-type: none"> o U.S.-based healthcare workers caring for symptomatic Ebola patients while wearing appropriate PPE o Travelers on an aircraft with, and sitting within 3 feet of, a person with Ebola • Active monitoring for all others in this category 			

	<ul style="list-style-type: none"> • Brief proximity, such as being in the same room for a brief period of time, with a person with Ebola while the person was symptomatic • In countries without widespread Ebola virus transmission or cases in urban settings with uncertain control measures: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic • Traveled on an aircraft with a person with Ebola while the person was symptomatic <p>If the contact reported any of the above risk factors→ Go to Section J for Low(but not zero) Risk</p>				
	<ul style="list-style-type: none"> • Contact with an asymptomatic person who had contact with person with Ebola • Contact with a person with Ebola before the person developed symptoms • Having been more than 21 days previously in a country with widespread Ebola virus transmission or cases in urban settings with uncertain control measures <p>If the contact reported any of the above risk factors →Go to Section J for No Identifiable Risk</p>	<p>NO IDENTIFIABLE RISK INDIVIDUALS</p> <ul style="list-style-type: none"> •No actions needed 			
WI	<p>CDC notifies DHS of all individuals traveling from the affected West African countries to Wisconsin, and DHS notifies the local public health agencies (LPHAs) where those individuals reside.</p>	<p>These LPHAs are in daily communication with the travelers and are checking for the presence of fever or other symptoms. This active monitoring ensures that if these individuals become ill, they can be rapidly isolated and evaluated.</p> <p>On Monday, November 3, DHS released a memo containing Guidance for Local Health Department Staff Regarding Direct Active Post-Arrival Monitoring of Travelers from West Africa. This guidance includes a new directive from the CDC requiring that persons who have been classified as either high or some risk experience daily direct active monitoring by the LHD. Direct active monitoring requires that a public health official personally observes the individual in question at least once a day as they check their temperature and review any symptoms.</p>	Equal	<p>Press Release: Ebola Situation Report November 20, 2014</p>	<p>https://www.dhs.wisconsin.gov/dis-ease/sitrep-11-20-14.pdf (last accessed 12-31-14)</p>

<p>WY</p>	<p>High Risk</p> <ul style="list-style-type: none"> • Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic • Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate personal protective equipment (PPE) • Processing blood or body fluids of a person with Ebola while the person was symptomatic without appropriate PPE or standard biosafety precautions • Direct contact with a dead body without appropriate PPE in a country with widespread Ebola virus transmission • Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic 	<p>Asymptomatic (no fever or other symptoms consistent with Ebola)</p> <ul style="list-style-type: none"> • Direct active monitoring • Public health authority will ensure, through orders as necessary, the following minimum restrictions: <ul style="list-style-type: none"> - Controlled movement: exclusion from all long-distance and local public conveyances (aircraft, ship, train, bus, and subway) - Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings - Exclusion from workplaces for the duration of the public health order, unless approved by the state or local health department (telework is permitted) • Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park) • Federal public health travel restrictions (Do Not Board) will be implemented to enforce controlled movement • If travel is allowed, individuals are subject to controlled movement <ul style="list-style-type: none"> - Travel by noncommercial conveyances only - Coordinated with public health authorities at both origin and destination - Uninterrupted direct active monitoring 	<p>Equal</p>	<p>Policy: Monitoring Persons Potentially Exposed to Ebola 11-17-14</p>	<p>http://www.health.wyo.gov/Media.aspx?mediaId=16400 (last accessed 12-31-14)</p>
	<p>Some Risk</p> <ul style="list-style-type: none"> • In countries with widespread Ebola virus transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic • Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic <ul style="list-style-type: none"> - Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic 	<p>Asymptomatic (no fever or other symptoms consistent with Ebola)</p> <ul style="list-style-type: none"> • Direct active monitoring • The public health authority, based on a specific assessment of the individual's situation, will determine whether additional restrictions are appropriate, including <ul style="list-style-type: none"> - Controlled movement: exclusion from long-distance commercial conveyances (aircraft, ship, train, bus) or local public conveyances (e.g., bus, subway) - Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings - Exclusion from workplaces for the duration of a public health order, unless approved by the state or local health department (telework is permitted) • Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park) • Other activities should be assessed as needs and circumstances change to determine whether these activities may be undertaken • Any travel will be coordinated with public health authorities to ensure uninterrupted direct active monitoring • Federal public health travel restrictions (Do Not Board) may be implemented based on an assessment of the particular circumstance <ul style="list-style-type: none"> - For travelers arriving in the United States, implementation of 			

		<p>federal public health travel restrictions would occur after the traveler reaches the final destination of the itinerary</p>			
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	<p>Low (but not zero) Risk</p> <ul style="list-style-type: none"> • Having been in a country with widespread Ebola virus transmission within the past 21 days and having had no known exposures • Having brief direct contact (e.g., shaking hands), while not wearing appropriate PPE, with a person with Ebola while the person was in the early stage of disease • Brief proximity, such as being in the same room for a brief period of time, with a person with Ebola while the person was symptomatic • In countries without widespread virus Ebola transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic • Traveled on an aircraft with a person with Ebola while the person was symptomatic 	<p>Fever (subjective fever or measured temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) OR any of the following:*</p> <ul style="list-style-type: none"> • Vomiting • Diarrhea • Unexplained bruising or bleeding • Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation • Medical evaluation is required. <ul style="list-style-type: none"> - Isolation orders may be used to ensure compliance - Air travel is permitted only by air medical transport • If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply <p>Asymptomatic (no fever, vomiting, diarrhea, or unexplained bruising or bleeding)</p> <ul style="list-style-type: none"> • No restrictions on travel, work, public conveyances, or congregate gatherings • Direct active monitoring for <ul style="list-style-type: none"> - US-based healthcare workers caring for symptomatic Ebola patients while wearing appropriate PPE - Travelers on an aircraft with, and sitting within 3 feet of, a person with Ebola • Active monitoring for all others in this category 			
	<p>No Identifiable Risk</p> <ul style="list-style-type: none"> • Contact with an asymptomatic person who had contact with person with Ebola • Contact with a person with Ebola before the person developed symptoms • Having been more than 21 days previously in a country with widespread Ebola virus transmission • Having been in a country without widespread Ebola virus transmission and not having any other exposures as defined above 	<p>Asymptomatic</p> <ul style="list-style-type: none"> • No actions needed 			
<p>Acknowledgements: Public Health Law Program's Matthew Penn, JD, MLIS, Gregory Sunshine, JD & Dawn Pepin, JD, MPH & Office of the Associate Director for Policy's Georgia Moore, MS & Kate Agin, MPA. For questions, please email Matthew Penn at mpenn@cdc.gov or Gregory Sunshine at gsunshine@cdc.gov.</p>					