

U.S. CDC's Response to the Ebola Outbreak

CAPSCA Global Meeting

Cairo, Egypt

November 17-19, 2014

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Ebola Response, Global Migration Task Force

Division of Global Migration and Quarantine

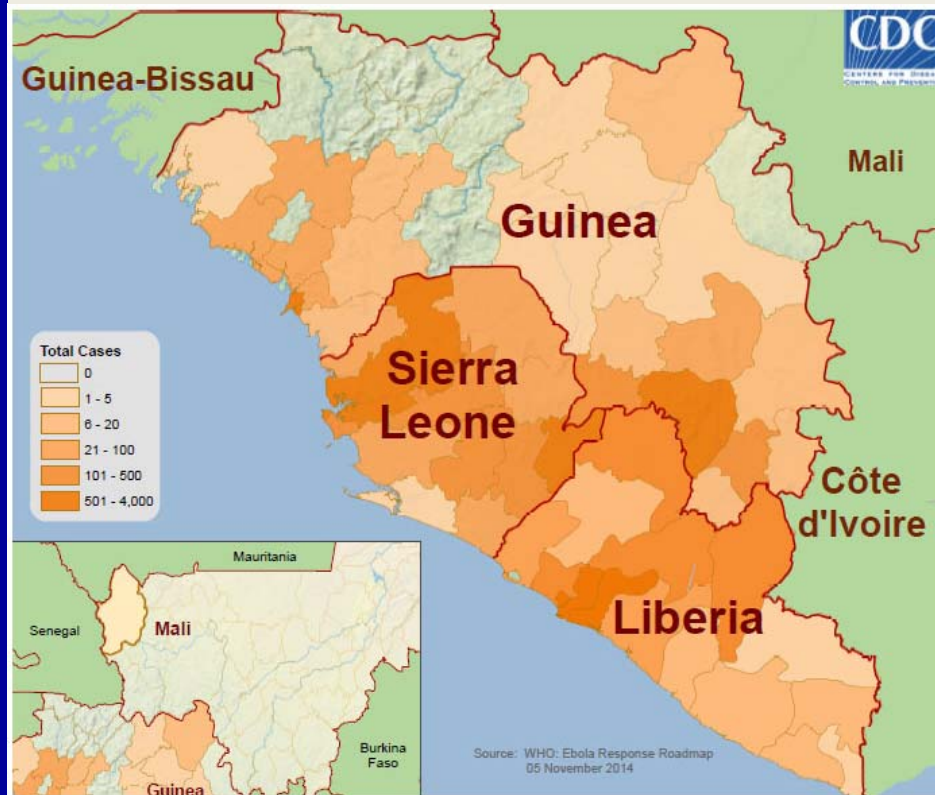
Centers for Disease Control and Prevention

Global Migration Task Force

- **Addressing Aviation Concerns**
 - Working with domestic and international partners
 - Educating travelers
 - Enhancing detection of and response to ill travelers entering the United States
- **Ebola Response in West Africa**
 - Technical assistance for exit screening
 - Development of reporting tools
- **Activities in the U.S.**
 - Entry screening
 - Monitoring and movement guidance
 - Airplane contact investigations

2014 Ebola Outbreak

Total cases in Guinea, Liberia, and Sierra Leone
as of November 7, 2014



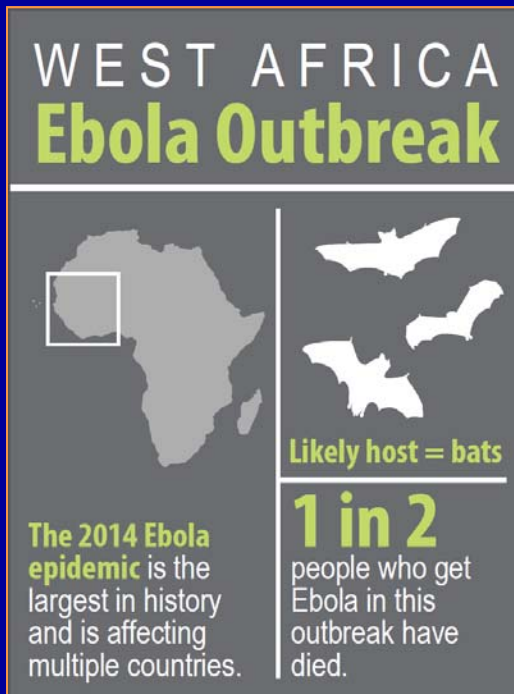
- This is the largest Ebola epidemic in history
- CDC's response to Ebola is the largest international outbreak response in CDC's history

<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>

Ebola Outbreak, West Africa

- On August 8, the World Health Organization (WHO) declared that the current Ebola outbreak is a Public Health Emergency of International Concern (PHEIC)

WEST AFRICA
Ebola Outbreak



The 2014 Ebola epidemic is the largest in history and is affecting multiple countries.

Likely host = bats

1 in 2 people who get Ebola in this outbreak have died.

- The PHEIC declaration underscores the need for a coordinated international response to contain the spread of Ebola
- For countries with Ebola transmission, recommendations were made to conduct exit screening of all persons at international airports, seaports and major land crossings.

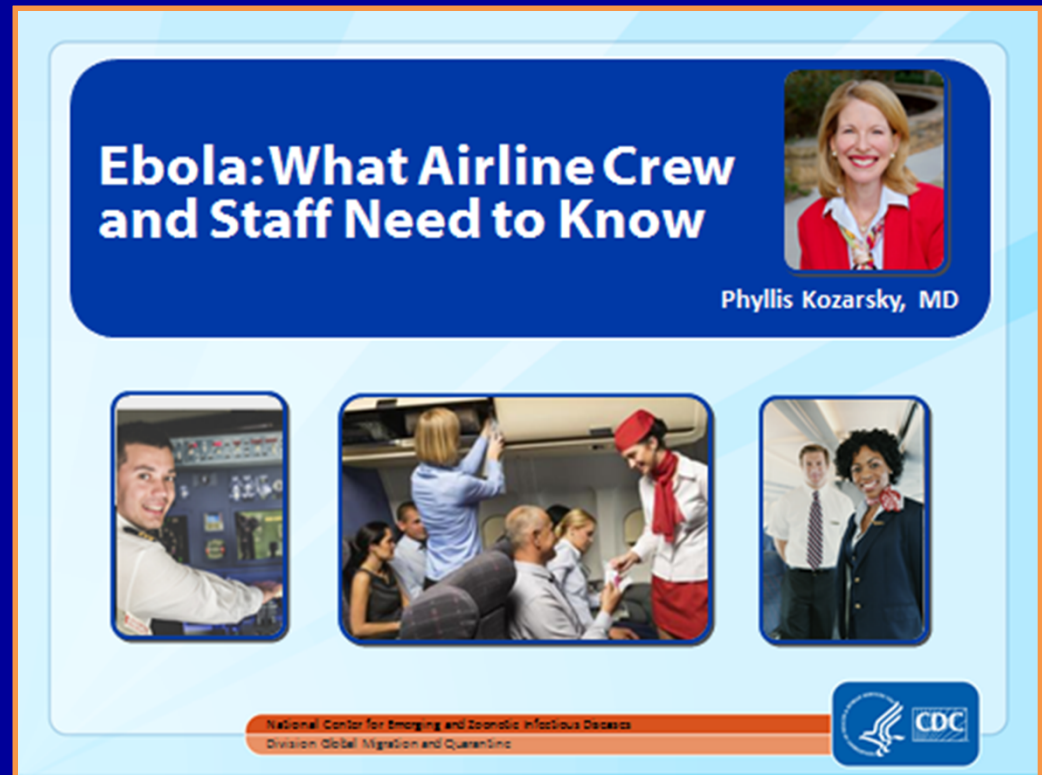
Review of Transmission

- **Ebola virus is spread through direct contact (through broken skin or unprotected mucous membranes) with:**
 - A sick person's blood or body fluids, including urine, saliva, sweat, feces, vomit, and semen
 - Contaminated objects (like needles and syringes)
 - Infected fruit bats and primates (apes and monkeys)
- **Mosquitos or other insects cannot transmit Ebola virus**
- **It is not believed that pets (like dogs and cats) are at significant risk for Ebola**

AVIATION AND TRAVEL RELATED WORK

Addressing Aviation Concerns

- Ebola airline webcast available online for on-demand viewing
- Weekly discussions with international partners
 - WHO, ICAO, IATA, ACI
- Ongoing discussions with airlines



Ebola: What Airline Crew and Staff Need to Know

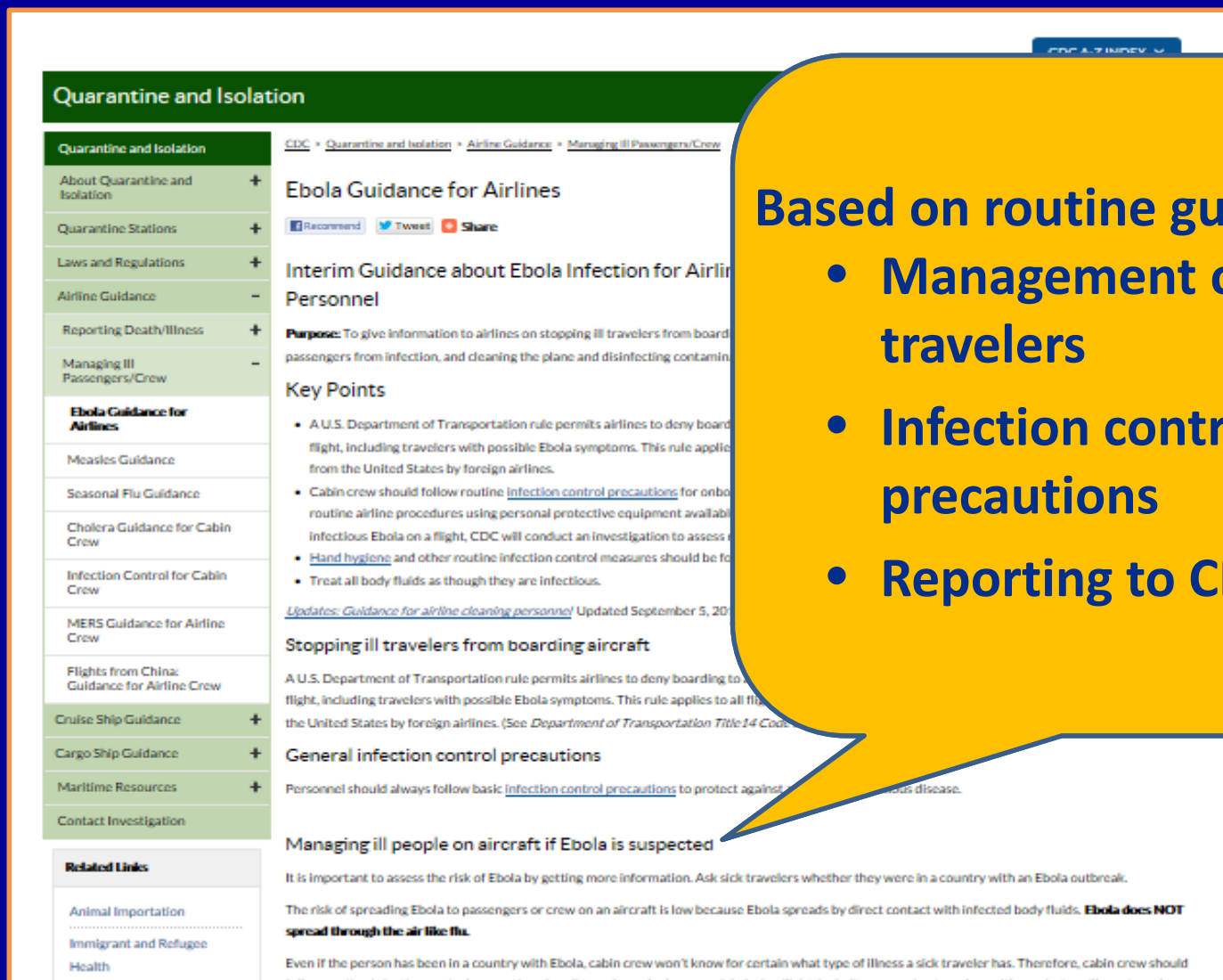
Phyllis Kozarsky, MD

National Center for Emerging and Zoonotic Infectious Diseases
Division: Global Migration and Quarantine

CDC

The graphic features a blue header with the title and a portrait of Phyllis Kozarsky, MD. Below the header are three small images: a pilot in the cockpit, a flight attendant serving a passenger, and two people in business attire. The footer includes the CDC logo and text identifying the National Center for Emerging and Zoonotic Infectious Diseases, Division: Global Migration and Quarantine.

Ill Travelers: Detection and Response



The screenshot shows the CDC website's 'Quarantine and Isolation' section. The main heading is 'Ebola Guidance for Airlines'. Below the heading are social media sharing options (Recommend, Tweet, Share). The page is divided into sections: 'Interim Guidance about Ebola Infection for Airline Personnel', 'Key Points', 'Stopping ill travelers from boarding aircraft', 'General infection control precautions', and 'Managing ill people on aircraft if Ebola is suspected'. A yellow callout box is overlaid on the right side of the page, containing a list of three bullet points.

Quarantine and Isolation

Quarantine and Isolation

- About Quarantine and Isolation +
- Quarantine Stations +
- Laws and Regulations +
- Airline Guidance -
- Reporting Death/Illness +
- Managing Ill Passengers/Crew -

Ebola Guidance for Airlines

Measles Guidance

Seasonal Flu Guidance

Cholera Guidance for Cabin Crew

Infection Control for Cabin Crew

MERS Guidance for Airline Crew

Flights from China: Guidance for Airline Crew

Cruise Ship Guidance +

Cargo Ship Guidance +

Maritime Resources +

Contact Investigation

Related Links

- Animal Importation
- Immigrant and Refugee Health

Ebola Guidance for Airlines

Recommend Tweet Share

Interim Guidance about Ebola Infection for Airline Personnel

Purpose: To give information to airlines on stopping ill travelers from boarding passengers from infection, and cleaning the plane and disinfecting contaminants.

Key Points

- A U.S. Department of Transportation rule permits airlines to deny boarding to flight, including travelers with possible Ebola symptoms. This rule applies to all flights from the United States by foreign airlines.
- Cabin crew should follow routine [infection control precautions](#) for on-board routine airline procedures using personal protective equipment available on board. If a crew member suspects infectious Ebola on a flight, CDC will conduct an investigation to assess the risk of transmission.
- [Hand hygiene](#) and other routine infection control measures should be followed.
- Treat all body fluids as though they are infectious.

[Updates: Guidance for airline cleaning personnel!](#) Updated September 5, 2014

Stopping ill travelers from boarding aircraft

A U.S. Department of Transportation rule permits airlines to deny boarding to flight, including travelers with possible Ebola symptoms. This rule applies to all flights from the United States by foreign airlines. (See *Department of Transportation Title 14 Code of Federal Regulations*.)

General infection control precautions

Personnel should always follow basic [infection control precautions](#) to protect against the spread of infectious disease.

Managing ill people on aircraft if Ebola is suspected

It is important to assess the risk of Ebola by getting more information. Ask sick travelers whether they were in a country with an Ebola outbreak.

The risk of spreading Ebola to passengers or crew on an aircraft is low because Ebola spreads by direct contact with infected body fluids. **Ebola does NOT spread through the air like flu.**

Even if the person has been in a country with Ebola, cabin crew won't know for certain what type of illness a sick traveler has. Therefore, cabin crew should

Based on routine guidance:

- Management of ill travelers
- Infection control precautions
- Reporting to CDC

U.S. Travelers to West Africa

- CDC has issued a Warning, Level 3 travel notice for 3 countries

- U.S. citizens should avoid nonessential travel to Guinea, Liberia, and Sierra Leone

- If you travel to Guinea, Liberia, or Sierra Leone, pay attention to your health after you return

- Even if you weren't exposed, monitor your health for 21 days if you were in an area with an Ebola outbreak
 - Seek medical care immediately if you develop fever, severe headache, muscle pain, fatigue, vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising
 - Call in advance to tell the doctor about your recent travel **before** going to the office or emergency room



Travel to Guinea, Liberia, or Sierra Leone

- **Practice careful hygiene. Avoid contact with blood and body fluids**
- **Travelers who have been exposed to Ebola will not be permitted to travel on commercial planes, buses, trains, or ships**
 - These travelers may have to extend their stay at least 21 days until authorities ensure it is safe for them to travel
- **CDC and WHO do not recommend stopping travel from countries with Ebola outbreaks**
 - International humanitarian assistance must continue

Airport Messaging: Travelers Departing the United States



HEALTH ADVISORY: EBOLA OUTBREAK



The screenshot shows the CDC Travelers' Health website. At the top, it says "CDC Home" and "Centers for Disease Control and Prevention". Below that, there's a search bar and a navigation menu. The main heading is "TRAVELERS' HEALTH" with the tagline "TRAVEL SAFE. TRAVEL SMART." A prominent banner reads "Ebola in West Africa" with a warning: "Warning: Avoid Nonessential Travel to Guinea, Liberia, and Sierra Leone." Below the banner, there are sections for "For Travelers" and "For Clinicians". The "For Travelers" section includes a "Where are you going?" dropdown menu and a "What kind of traveler are you?" section with checkboxes for various traveler types like "Traveling with Children", "Chronic Disease", "Cruise Ship", "Extended Stay/Study Abroad", "Immunocompromised Travelers", and "Pregnant Women". The "For Clinicians" section has a "Special population(s)" dropdown and checkboxes for "Traveling with Children", "Chronic Disease", "Cruise Ship", "Extended Stay/Study Abroad", "Immunocompromised Travelers", and "Pregnant Women".

Going to West Africa?

Check travelers' health updates at
www.cdc.gov/travel

For more information:
call 800-CDC-INFO



Ebola Information for Travelers

Travel notices, infographics, and more

www.cdc.gov/travel/diseases/ebola

CDC Home
CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

● Travelers' Health
○ All CDC Topics
Choose a topic above **SEARCH**

A-Z Index [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) <#>

TRAVELERS' HEALTH ✈️

TRAVEL SAFE. TRAVEL SMART.

Home
Destinations
Travel Notices
Find a Clinic
Disease Directory
Information Centers
For Travelers
Common Travel Health Topics
Infographics for Travelers
2014 World Cup in Brazil
MERS Health Advisory poster
Food and Water: What's Safer
Health Advisory: MERS Pictograms
Risky vs. Safer
Food and Water: What to Know

Home > Information Centers > For Travelers

[Recommend](#) [Tweet](#) [Share](#)

Ebola Outbreak - Recently in West Africa?

HEALTH ADVISORY: EBOLA

Recently in West Africa?

Watch for fever, headaches, and body aches in the next 3 weeks.

3 WEEKS						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

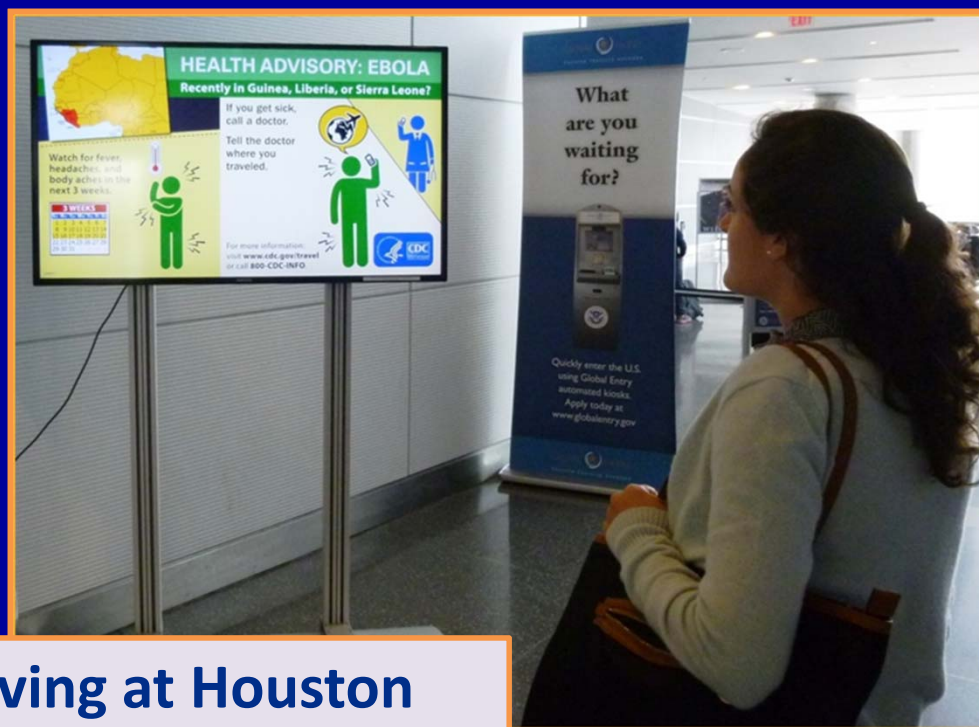
If you get sick, call a doctor.
Tell the doctor where you traveled.

For more information: visit www.cdc.gov/travel or call 800-CDC-INFO.

Print page
Our Twitter
Our Facebook page
Get email updates

Contact Us:
Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333
800-CDC-INFO
(800-232-4636)
TTY:
(888) 232-6348
[Contact CDC-INFO](#)

Airport Messaging: Travelers Arriving in the United States



Traveler arriving at Houston Intercontinental Airport views Ebola information on an electronic message board

EBOLA RESPONSE IN WEST AFRICA

Outbreak Challenges In West Africa

- Overburdened public health and healthcare systems
 - Unpaid healthcare workers
 - Insufficient treatment centers, beds, medical supplies, and personal protective equipment (PPE)



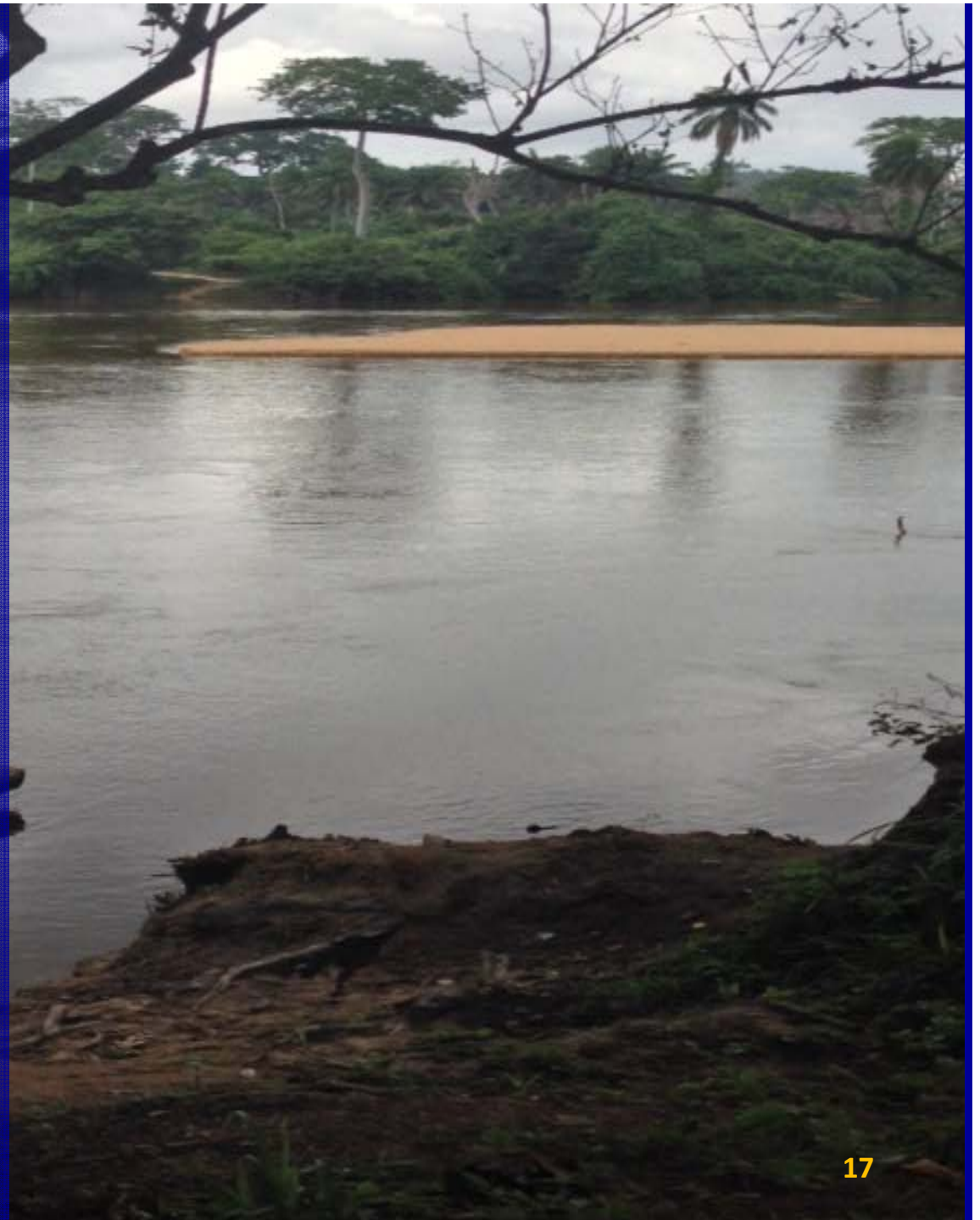


Outbreak Challenges In West Africa

- Inefficient use of stakeholders
 - Backlog of data cleaning and entry
 - Need for complete data
 - Need to report suspected cases instead of waiting for lab confirmation

Outbreak Challenges In West Africa

- Porous borders
- High population mobility
- Geographic breadth



Overall Goals in Outbreak Response

- **Patient Care**
 - Experienced and/or trained staff
 - Strict use of personal protective equipment (PPE)
- **Stop human to human transmission**
 - Case identification
 - Contact tracing
 - Infection control



Overall Goals in Outbreak Response

- **Community education**
 - Text messages, radio and video messages in local languages, fact sheets, health posters and pamphlets

WHEN SOMEONE DIES OF EBOLA AT HOME

Do NOT touch the body, bedding or body fluids.

Stay 3 feet (1 meter) away from the body.

Call a health worker.

Allow health workers into your home.

Allow health workers to handle the body and clean the home.

Go with the health workers to the funeral site. Those who die from Ebola must be buried promptly.

Avoid sharing food, drink and communal washing of hands during funeral rites. Delay funeral feasts till later in the year.

Once your home is clean It is safe to return

Safe cleaning and hand washing

Clean your home with 1 part bleach and 9 parts water.

Wash your hands often with soap.

There is Strength in Unity!

U.S. Centers for Disease Control and Prevention

MALADIE DUE AU VIRUS EBOLA
Signes et symptômes

DIARRHÉES SANGLANTES

FIEVRE

SAIGNEMENTS DE NEZ OU DES GENÈCVES

VOMISSEMENTS SANGLANTS

DOULEURS MUSCULAIRES OU ARTICULAIRES

ERUPTION CUTANÉE

SI VOUS AVEZ CES SIGNES, CONSULTEZ IMMÉDIATEMENT LE CENTRE DE SANTÉ LE PLUS PROCHE.

[Listen to Ebola radio health messages in local languages](#)

What CDC is Doing in West Africa

- **Staff deployed to West Africa assist with surveillance, contact tracing, data management, laboratory testing, health education**
- **Working to support the Disaster Assistance Response Team (DART), which oversees the U.S.'s Ebola response in West Africa**
- **Works with airlines, airports, ministries of health to provide technical assistance to develop exit screening and travel restrictions in countries with outbreaks. This includes:**
 - Assessing capacity of Ebola-affected countries and airports to do exit screening
 - Assisting with development of exit screening protocols
 - Developing tools such as posters, screening forms, and job-aids
 - Training staff on exit screening protocols and appropriate PPE use
 - Training in-country staff to provide future trainings

Working in Countries with Ebola

Nigeria



Sierra Leone



Guinea



Liberia





U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Checklist for Patients Being Evaluated for Ebola Virus Disease (EVD) in the United States

Upon arrival to clinical setting/triage

- Assess the patient for a fever (subjective or $\geq 100.4^{\circ}\text{F}$ / 38.0°C)
- Determine if the patient has symptoms compatible EVD such as headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage
- Assess if the patient has a potential exposure from traveling to a country with widespread Ebola transmission* or having contact with an Ebola patient in the 21 days before illness onset

Suspect Ebola if fever or compatible Ebola symptoms and an exposure are present

See next steps in this checklist and the Algorithm for Evaluation of the Returned Traveler for Ebola at <http://www.cdc.gov/vhf/ebola/pdf/ebola-algorithm.pdf>

Upon initial assessment

- Isolate patient in single room with a private bathroom and with the door to hallway closed
- Implement standard, contact, & droplet precautions
- Notify the hospital Infection Control Program at _____
- Report to the health department at _____

Conduct a risk assessment for: High-risk exposures

- Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids from an EVD patient
- Direct skin contact with skin, blood or body fluids from an EVD patient
- Processing blood or body fluids from an EVD patient without appropriate PPE
- Direct contact with a dead body in an Ebola-affected area without appropriate PPE

Low-risk exposures

- Household members of an EVD patient or others who had brief direct contact (e.g., shaking hands) with an EVD patient without appropriate PPE
- Healthcare personnel in facilities with EVD patients who have been in care areas of EVD patients without recommended PPE

Use of personal protective equipment (PPE)

- Use a buddy system to ensure that PPE is put on and removed safely

Before entering patient room, wear:

- Gown (fluid resistant or impermeable)
- Facemask
- Eye protection (goggles or face shield)
- Gloves

If likely to be exposed to blood or body fluids, additional PPE may include but isn't limited to:

- Double gloving
- Disposable shoe covers
- Leg coverings

Upon exiting patient room

- PPE should be carefully removed without contaminating one's eyes, mucous membranes, or clothing with potentially infectious materials
- Discard disposable PPE
- Re-useable PPE should be cleaned and disinfected per the manufacturer's reprocessing instructions
- Hand hygiene should be performed immediately after removal of PPE

During aerosol-generating procedures

- Limit number of personnel present
- Conduct in an airborne infection isolation room
- Don PPE as described above except use a NIOSH certified fit-tested N95 filtering facepiece respirator for respiratory protection or alternative (e.g., PAPR) instead of a facemask

Patient placement and care considerations

- Maintain log of all persons entering patient's room
- Use dedicated disposable medical equipment (if possible)
- Limit the use of needles and other sharps
- Limit phlebotomy and laboratory testing to those procedures essential for diagnostics and medical care
- Carefully dispose of all needles and sharps in puncture-proof sealed containers
- Avoid aerosol-generating procedures if possible
- Wear PPE (detailed in center box) during environmental cleaning and use an EPA-registered hospital disinfectant with a label claim for non-enveloped viruses**

Initial patient management

- Consult with health department about diagnostic EVD RT-PCR testing***
- Consider, test for, and treat (when appropriate) other possible infectious causes of symptoms (e.g., malaria, bacterial infections)
- Provide aggressive supportive care including aggressive IV fluid resuscitation if warranted
- Assess for electrolyte abnormalities and replete
- Evaluate for evidence of bleeding and assess hematologic and coagulation parameters
- Symptomatic management of fever, nausea, vomiting, diarrhea, and abdominal pain
- Consult health department regarding other treatment options

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

* See 2014 Ebola Outbreak in West Africa—Case Counts or <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html> to determine if a country has widespread Ebola transmission

** See Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus or <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

*** See Interim Guidance for Specimen Collection, Transport, Testing, and Submission for Persons Under Investigation for Ebola Virus Disease in the United States or <http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html>

Messaging in Countries with Ebola


Nigeria



AVIS SANITAIRE: EBOLA

Ebola se propage par contact direct avec le sang ou les fluides corporels (notamment la salive ou l'urine) d'une personne infectée.

Comptez-vous quitter la Guinée?




Surveillez les symptômes éventuels de fièvre, de maux de tête et de courbatures dans les 3 prochaines semaines.

3 SEMAINES

Dim.	Lun.	Mar.	Mer.	Jeu.	Ven.	Sam.
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Si vous tombez malade, appelez un médecin.

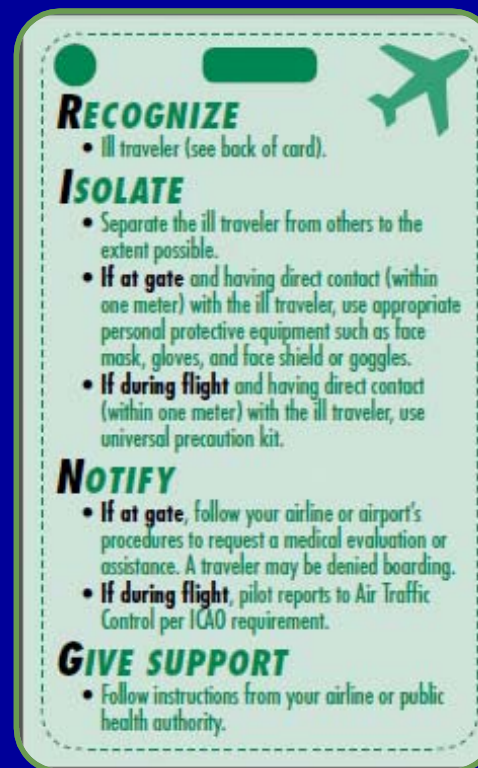
Dites au médecin que vous avez séjourné dans un pays touché par Ebola.




CS250513

Reporting Tools

- Reporting tools for cabin crew and pilots
 - Online
 - Responsive design for mobiles and tablets
- RING cards
- Slides on how to use these



RECOGNIZE
• Ill traveler (see back of card).

ISOLATE

- Separate the ill traveler from others to the extent possible.
- **If at gate** and having direct contact (within one meter) with the ill traveler, use appropriate personal protective equipment such as face mask, gloves, and face shield or goggles.
- **If during flight** and having direct contact (within one meter) with the ill traveler, use universal precaution kit.

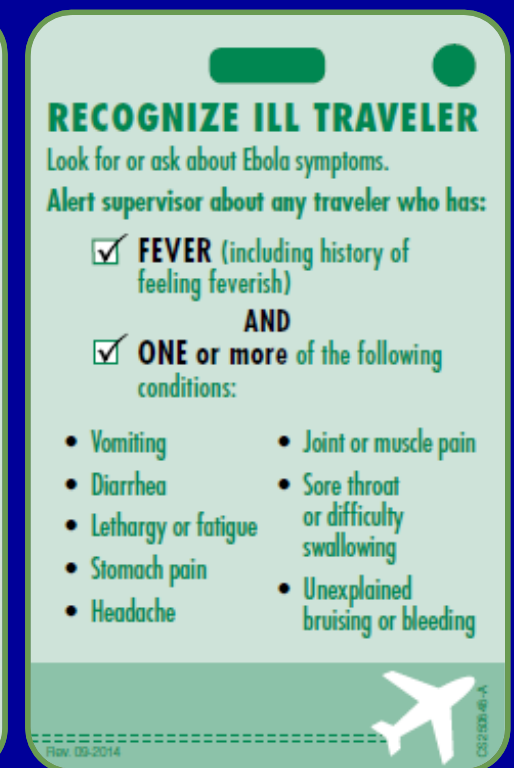
NOTIFY

- **If at gate**, follow your airline or airport's procedures to request a medical evaluation or assistance. A traveler may be denied boarding.
- **If during flight**, pilot reports to Air Traffic Control per ICAO requirement.

GIVE SUPPORT

- Follow instructions from your airline or public health authority.

Fig. 03-2014



RECOGNIZE ILL TRAVELER
Look for or ask about Ebola symptoms.
Alert supervisor about any traveler who has:

- FEVER** (including history of feeling feverish)

AND

- ONE or more** of the following conditions:

• Vomiting	• Joint or muscle pain
• Diarrhea	• Sore throat or difficulty swallowing
• Lethargy or fatigue	• Unexplained bruising or bleeding
• Stomach pain	
• Headache	

Fig. 03-2014

EBOLA RESPONSE IN THE UNITED STATES

What CDC is Doing in the U.S.

- CDC has 20 Border Health Field Offices, previously known as Quarantine Stations, located at international airports and land borders
- CDC uses regulatory authority and works with partners at U.S. airports, seaports, or land borders to help prevent the introduction and spread of infectious diseases in the United States
 - Customs and Border Protection (CBP)
 - Airlines
 - Emergency Medical Services (EMS) units
- CDC and the Department of Homeland Security (DHS) are conducting enhanced entry screening to detect possible case of Ebola in travelers at five U.S. airports

What CDC is Doing in the U.S.



- CDC is actively working to educate U.S. healthcare workers on how to isolate patients and how to protect themselves from infection
- CDC continues to update its communication products and webpages with new information on the Ebola outbreak

What CDC is Doing in the U.S.

- **CDC teams deployed to Dallas, Ohio, and New York to assist in finding, assessing, and assisting everyone who came into contact with the Ebola patients**
- **CDC and DHS are conducting enhanced entry screening at five U.S. airports**
- **Post-arrival monitoring began in late October**
- **CDC tightened previous infection control guidance for healthcare workers caring for patients with Ebola to ensure there is no ambiguity**

Ebola Cases in the United States

- **Four cases of Ebola have been diagnosed in the U.S.**
 - **Index patient (first case) –**
 - Traveler from Liberia to Dallas, Texas
 - Confirmed on September 30
 - Passed away October 8
 - **Healthcare Worker (second case) –**
 - Healthcare worker who provided care for index patient in Dallas
 - Confirmed on October 10
 - Recovered and discharged from the NIH Clinical Center October 24
 - **Healthcare Worker (third case) –**
 - Another healthcare worker who provided care for index patient in Dallas
 - Confirmed on October 15
 - Traveled by air to and from Cleveland, Ohio before reporting symptoms
 - Recovered and discharged from Emory Hospital in Atlanta, Georgia October 28
 - **Medical Aid Worker (fourth case) –**
 - Medical aid worker who traveled from Guinea to New York
 - Confirmed on October 24
 - Recovered and discharged from a New York City hospital

Monitoring and Movement of People with Ebola

- **CDC created guidance for monitoring people exposed to Ebola and for evaluating their travel, including the application of movement restrictions when indicated**
- **These recommendations were issued to**
 - Reduce the risk of Ebola spreading to other passengers or crew
 - Ensure that people infected with Ebola are able to quickly access appropriate medical care
- **The guidance is subject to revision as more is learned about Ebola – check the CDC website for the most up-to-date recommendations**

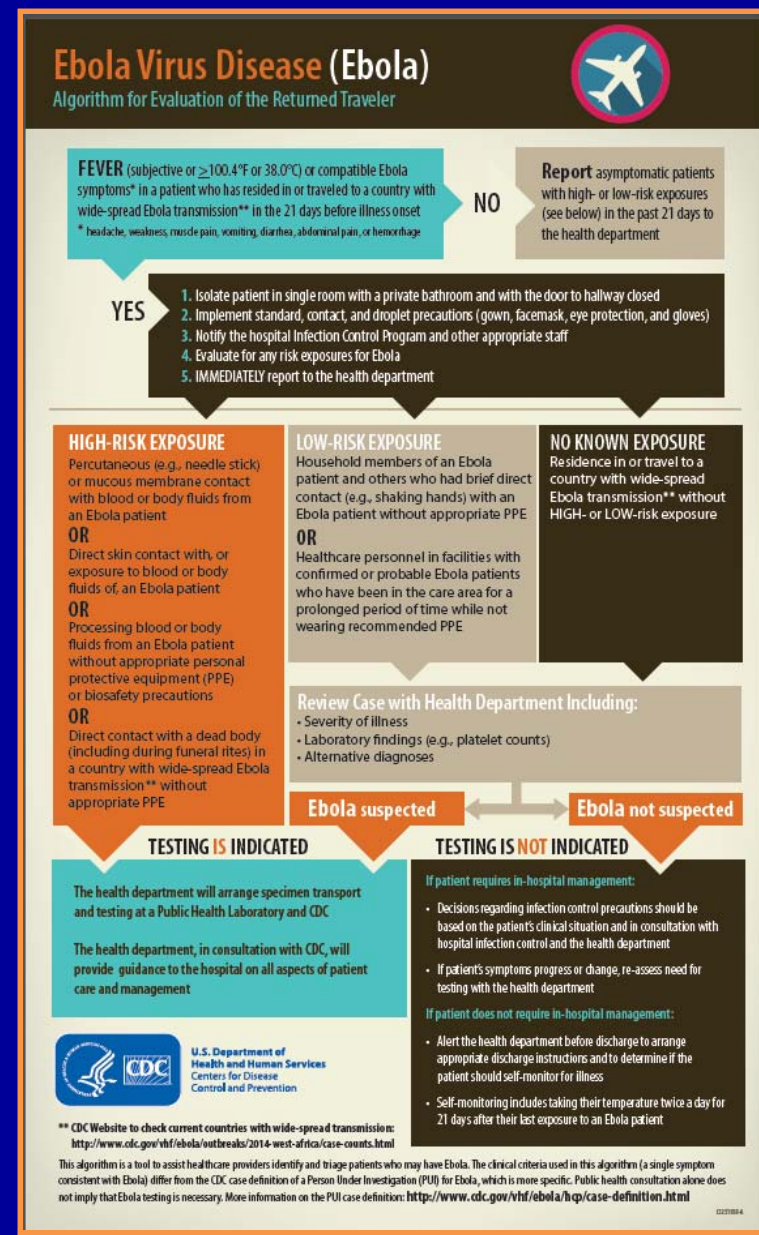
Monitoring and Movement of People with Ebola

The screenshot shows the CDC website interface. At the top left is the CDC logo and the text 'Centers for Disease Control and Prevention CDC 24/7: Saving Lives. Protecting People.™'. On the top right is a search bar with the word 'SEARCH' and a magnifying glass icon. Below the search bar is a blue button labeled 'CDC A-Z INDEX' with a dropdown arrow. A dark blue banner below the navigation contains the text 'Ebola (Ebola Virus Disease)'. The main content area has a breadcrumb trail: 'CDC > Ebola (Ebola Virus Disease) > Risk of Exposure'. The page title is 'Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure'. Below the title are social media sharing buttons for 'Recommend', 'Tweet', and 'Share'. The update date is 'Updated: October 29, 2014'. There is a link to 'Download the pdf version (PDF - 10 pages)'. The main text begins with 'The world is facing the biggest and most complex Ebola outbreak in history. On August 8, 2014, the Ebola outbreak in West Africa was declared by the World Health Organization (WHO) to be a Public Health Emergency of International Concern (PHEIC) because it was determined to be an 'extraordinary event' with public health risks to other countries. The possible consequences of further international spread are particularly serious considering the following factors:'. On the right side, there is a 'Language: English' dropdown menu and a section titled 'On this Page' with a list of links: 'Definitions used in this document', 'Early Recognition and Reporting of Suspected Ebola Virus Exposures', 'Important Evaluation Factors', and 'Recommendations for Evaluating Ebola Exposure Risk to Determine'. On the left side, there is a table of contents with expandable sections: 'Ebola (Ebola Virus Disease)', 'About Ebola', '2014 West Africa Outbreak', '2014 Democratic Republic of the Congo Outbreak', 'Outbreaks', 'Signs and Symptoms', 'Transmission', 'Risk of Exposure', and 'Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure'.

<http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html>

Evaluating Patients and Returned Travelers in the United States

- CDC has released two job aids for U.S. healthcare workers to help determine if a patient has been exposed to Ebola
 - Algorithm for Evaluating Returned Travelers for Ebola
 - Checklist for Patients Being Evaluated for Ebola Virus Disease (EVD) in the United States



CARE Kit

Introduction and Health Advisory

EBOLA CARE KIT

INTRODUCTION

Welcome to the United States

Whether you are returning home or just visiting, we hope you enjoy your time in the United States. We know that you just came from a country with an Ebola outbreak and that this can cause worry and fear. We want to make sure that you know what to do now. We also want to make sure you know what to do to protect your health and the health of those who are close to you.


This is the Check and Report Ebola (or, CARE) Kit. The kit has information about Ebola. It also contains tools to help you do daily health checks for the next 21 days. Your daily health check will include a temperature check and a symptom check.

You will find these 6 items in your CARE Kit:

1	Digital thermometer <i>A thermometer is in your kit so that you can take your temperature every morning and every night for 21 days.</i>
2	Directions for your digital thermometer (Title: Take your Temperature Two Times a day, Morning and Night) <i>Explains how to:</i> <ul style="list-style-type: none"> take your temperature using the thermometer in your kit, and record your thermometer reading
3	Ebola CARE Kit Health Advisory <i>The health advisory is a quick tool to remind you to check your temperature and do health checks 2 times each day for 21 days. This tool also reminds you who to call if you have symptoms.</i>
4	Symptom Card and Symptom Log <i>The Symptom Card shows the signs and symptoms of Ebola.</i> <i>The Symptom Log asks you to do a health check each day. Then, write down the date, your temperature, and any symptoms you may have. You should do this health check 2 times a day, for 21 days after your arrival into the United States.</i>
5	A Check and Report Ebola (CARE) Card <i>The CARE Card is a simple reminder to do a health check each day and who to call if you have symptoms. If you call the state health department or a doctor, tell them you have a CARE card. Keep this card with you for 21 days after your arrival in the United States</i>
6	List of State Health Department Telephone Numbers <i>This is a list of telephone numbers for state health departments across the United States. The list is given so you may contact the state health department in the state you are in to report any symptoms.</i>

Once 21 days have passed, if you have no symptoms or fever, you are no longer at risk of Ebola.


We hope you find this kit useful. Please use it to keep yourself safe and help others around you to stay safe too. Together, we can protect everyone from Ebola.



HEALTH ADVISORY: EBOLA


Ebola spreads through direct contact with the blood or body fluids (such as spit or pee) of a person who is sick with Ebola symptoms.


Watch for fever, headaches, and body aches for the next 3 weeks.



If you get sick, stay at home, then call the State Health Department or call CDC: 1-800-232-4636.

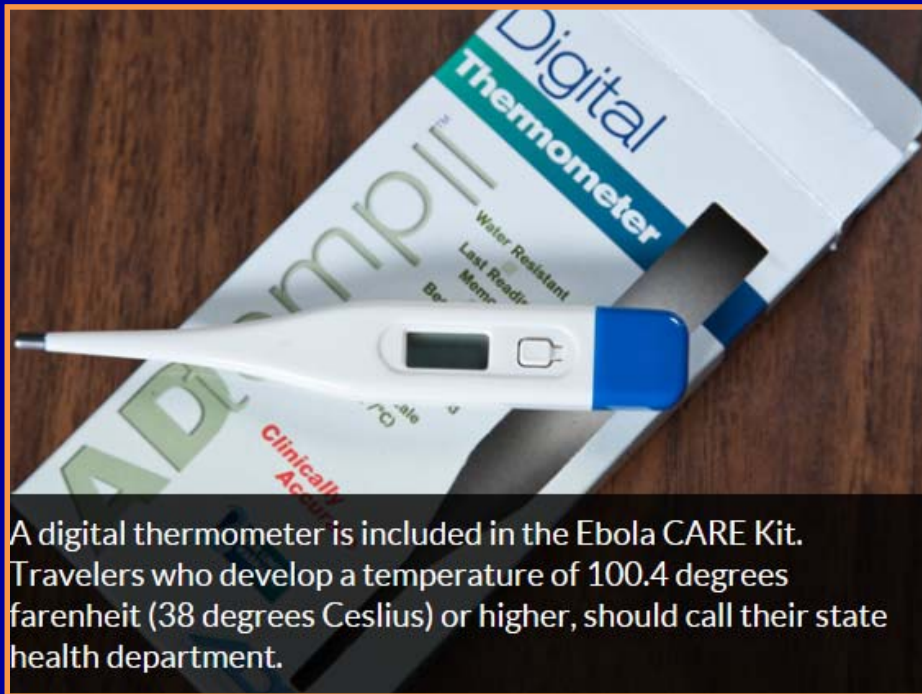
If you have a medical emergency, call 911.




 U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention

CARE Kit

Thermometer and Instructions for Use



A digital thermometer is included in the Ebola CARE Kit. Travelers who develop a temperature of 100.4 degrees fahrenheit (38 degrees Celsius) or higher, should call their state health department.

Take your temperature two times a day, morning and night.



• This thermometer is for **YOU ONLY**.

• Please **DO NOT SHARE** it.

• **KEEP IT** for yourself for the next 21 days.



DO NOT take your temperature right after eating or drinking.



1. Turn the thermometer on. It will show an "L" in the screen when it is ready.



2. Hold the tip under your tongue for 60 seconds until it beeps.



3. Read the temperature.



4. Write your temperature on the Symptom Log you got in your CARE Kit.



If your temperature is **100.4° F / 38° C** or above OR if you have any of the symptoms on your Symptom Card, stay at home. Follow what you were told by the public health worker who contacted you.

If you are not able to reach someone immediately, call:

- the state health department or
- CDC: 1-800-232-4636.

If you have a medical emergency, call 911.



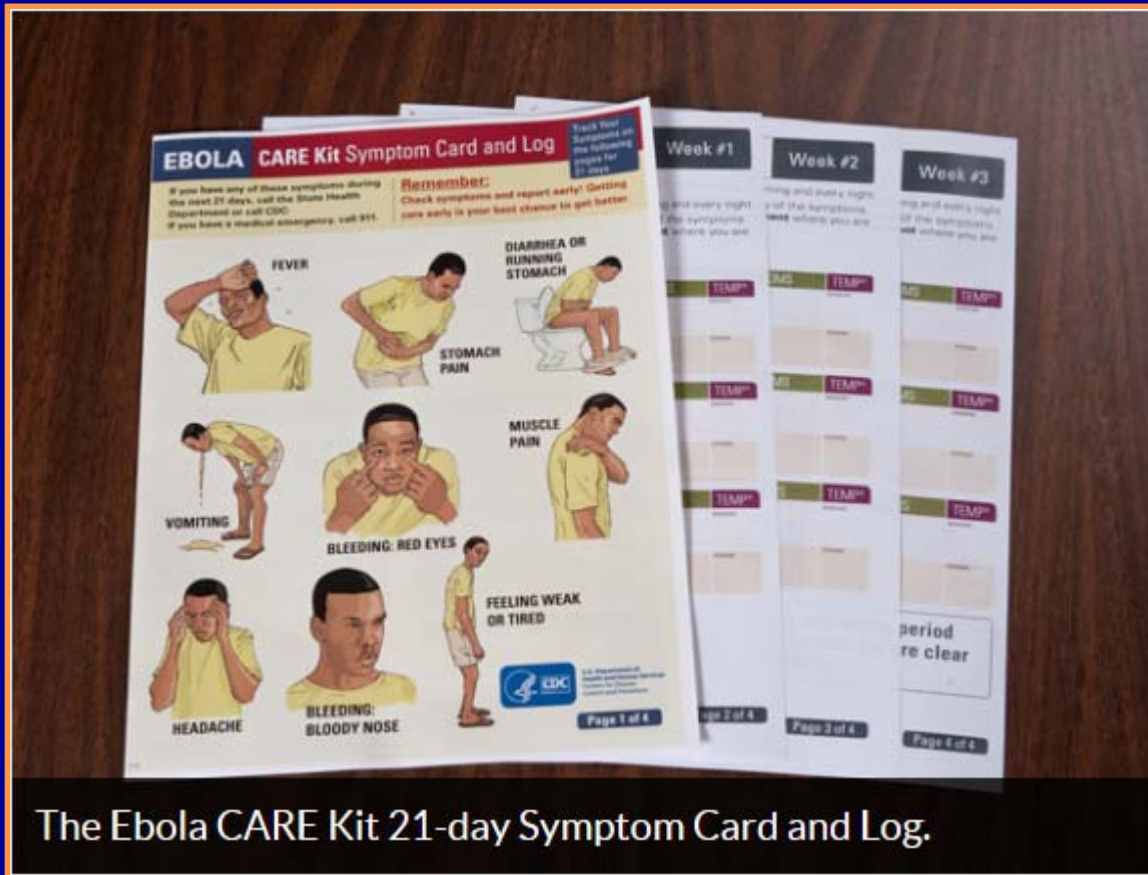
5. You can clean your thermometer with soap and water.



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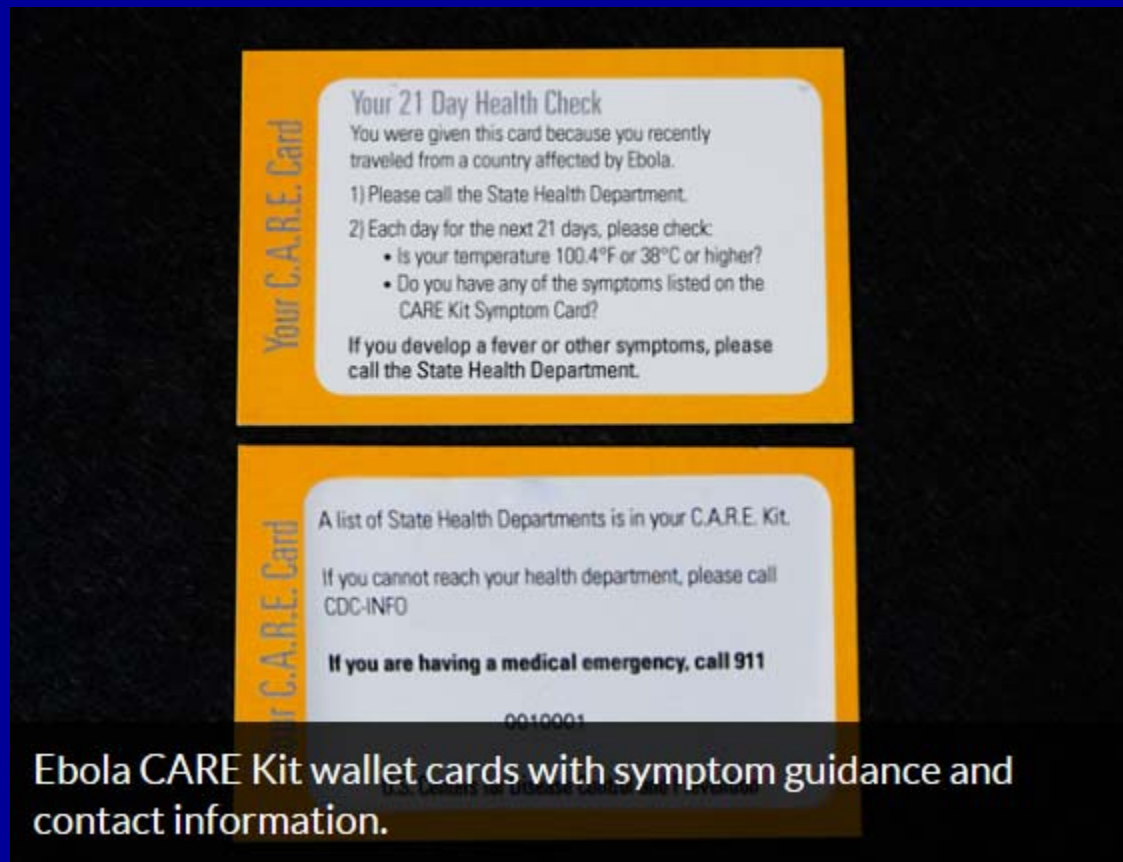
CARE Kit

Twenty-one Day Symptom Card and Log



The Ebola CARE Kit 21-day Symptom Card and Log.

CARE Kit Wallet Card



Ebola CARE Kit wallet cards with symptom guidance and contact information.

Objectives of Air Travel-Related Contact Investigations

- **Identify contacts of a traveler reported to CDC who was contagious during a flight**
- **Notify, educate, and evaluate travelers about their potential exposure in a timely manner**
- **Provide post-exposure prophylaxis, or other treatment, as appropriate**
- **Evaluate public health response and effectiveness of protocols**
- **Notify foreign public health authorities of contacts and flights into their country**

Airplane Contact Investigations

- **Flight #1**
 - 164 passengers in 5 states
 - 11 in “contact zone”
 - 6 flight crew and 5 cleaning crew
- **Flight #2**
 - 133 passengers in 4 states
 - 9 in “contact zone”
 - 6 flight crew and 3 cleaning crew

Airplane Contact Investigations

- **All passengers and crew contacted within 72 hours of initiating contact investigation**
- **Operational concerns:**
 - Contact information limited on domestic flights
 - Flight information public before travelers informed of possible exposure
 - Varying degrees of conditional movement and monitoring by states
- **After 21-day incubation period no transmission found**

Key Points

- We understand the vital need for continued travel to regions with widespread Ebola transmission
- We continue to work closely with WHO, ICAO, IATA, ACI
- CDC is committed to assisting the aviation industry and authorities in countries with Ebola through guidance, tools, and consultation

Additional Resources on Ebola Travelers' Health Updates

www.cdc.gov/travel



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[CDC A-Z INDEX](#) ▾

Ebola Hemorrhagic Fever

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About Ebola

2014 West Africa Outbreak

The 2014 Ebola outbreak is one of the largest Ebola outbreaks in history and the first in West Africa. It is affecting four countries in West Africa: Guinea, Liberia, Nigeria, and Sierra Leone, but does not pose a significant risk to the U.S. public.

[Latest CDC Outbreak Information](#)
Updated August 28, 2014

What's New

For the most current information, visit
<http://www.cdc.gov/vhf/ebola/index.html>

For more information, please contact:

Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636) / TTY: 1-888-232-6348

Web: www.cdc.gov

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.