TEXAS TASK FORCE
ON INFECTIOUS DISEASE PREPAREDNESS AND RESPONSE

October 31, 2014

The Honorable Rick Perry
Governor of Texas
P.O. Box 12428
Austin, Texas 78711

Dear Governor Perry,

With the ongoing Ebola virus disease outbreak in West Africa, and the continued need for American health care workers to stem the outbreak at its origin, Texas must anticipate and embrace the return home of these heroic professionals while providing appropriate safeguards for public health.

The following recommendations are submitted to the Office of the Governor for consideration by the Department of State Health Services and other state agencies to address the monitoring and potential restriction of movement for health care workers returning to Texas.

On behalf of all the members of the Task Force, I would like to again express our appreciation for the opportunity to serve the state by providing evidence-based assessments and recommendations for consideration by your Office and other relevant state agencies.

Sincerely,

Brett P. Giroir, M.D.
Director

TEXAS TASK FORCE
ON INFECTIOUS DISEASE PREPAREDNESS AND RESPONSE

Recommendations

October 31, 2014

Guidelines for the Monitoring of Health Care Workers and Others Returning to Texas from Ebola-Endemic Areas in West Africa

With the ongoing Ebola virus disease outbreak in West Africa, and the continued need for American health care workers to stem the outbreak at its origin, Texas must anticipate and embrace the return home of these heroic professionals back to their state of residence. Recently, various states have implemented a number of approaches to monitoring and restriction of movement of health care workers returning from West Africa, and the CDC issued new guidelines on October 27. Recommendations and policies, even for non-symptomatic individuals without high-risk exposure, vary from voluntary monitoring to complete quarantine for 21 days in a specialized facility. The following recommendations are submitted to the Office of the Governor for use by the Department of State Health Services and other state agencies to address the monitoring and potential restriction of movement for health care workers returning to Texas after caring for Ebola patients in West Africa.

Background Information on Ebola Transmission

The Task Force reaffirms that Ebola virus is transmitted only by direct contact with fluids, secretions, or blood from a symptomatic patient with Ebola virus disease. Consistent with this mode of transmission, it is noteworthy that none of the 48 household or other close non-health care worker contacts of the Dallas index patient (Mr. Thomas Eric Duncan) contracted Ebola. Although active monitoring is still occurring, all of the other direct contacts of Mr. Duncan and subsequent patients remain asymptomatic and Ebola free. Two ICU nurses did acquire Ebola disease after caring for Mr. Duncan when he was critically ill and his viral load was exceedingly high, in the context of invasive ICU procedures (breathing tube in trachea, dialysis, rectal tube), and during the clinical phase when there were many liters per day of secretions and diarrhea. The Texas experience to date reflects the previous global experience of transmission occurring

through close contact with body fluids from a symptomatic patient, typically in the more advanced stages of Ebola disease, or from the body of a person who died from Ebola.

The Task Force affirms, and the science supports, that the risk of transmission of Ebola from an asymptomatic individual is near zero and that direct monitoring of these individuals provides effective early warning of impending disease and allows appropriate isolation and treatment before further transmission of the disease can occur. Based on the scientific literature as well as experience from the recent Texas cases and outbreaks in other parts of the world, the Task Force offers the following recommendations, which will apply to the great majority of returning health care workers. In addition, the Task Force affirms the importance of guidelines while noting that guidelines are not a substitute for assessment and decision-making by qualified health professionals, who may find extenuating circumstances which could modify the level of risk and then increase or decrease the level of restrictions based on factors such as exposure risk and the cooperation of the individual being monitored.

Recommendations:

1. In the following Task Force recommendations, ‘asymptomatic” is defined as having a temperature <100.4 ^{o}F without fever-reducing medication AND no vomiting, diarrhea, bruising/bleeding, or other symptoms consistent with Ebola virus disease. All patients being monitored should be instructed to avoid fever-reducing medications such as Tylenol and ibuprofen without first consulting their assigned public health professional.

2. Regardless of risk level, any returning health care workers with symptoms consistent with Ebola upon arrival into the State of Texas should be immediately isolated and transported to a facility capable of evaluation and testing as appropriate. If evaluation and/or testing indicate a person does not have Ebola, the individual should be monitored based on risk category for the remainder of the 21 days following the last possible exposure to the Ebola virus.

3. Asymptomatic, returning health care workers with a “ High risk exposure” are defined as individuals who have had any of the following:

    a. a percutaneous (needle stick injury) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic;
    b. 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 and without the use of appropriate Personal Protective Equipment (PPE);

c. processed blood or body fluids of a person with Ebola while the affected person was symptomatic and without the use of appropriate PPE or standard biosafety precautions;
d. direct contact with a dead body without the use of appropriate PPE in a country with widespread Ebola virus transmission;
e. lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic.

For individuals in this category, the Task Force recommends:

i. assessment upon arrival (airport, train station, etc.) by a qualified public health professional from the Department of State Health Services, potentially in conjunction with local health officials. This evaluation will confirm the absence of fever and any other symptoms of Ebola virus infection;
ii. direct monitoring for fever and other symptoms of Ebola infection for 21 days, which could include a combination of direct visits by a trained public health or medical professional and digitally enabled, visualized supervision and monitoring (such as Skype video-teleconferencing);
iii. placement of the individual on the CDC Do Not Board (DNB) status to prevent travel by airplane;
iv. issuance of a Control Order for quarantine, meaning that the individual cannot leave his or her house without approval from the Public Health Authority.

4. Asymptomatic, returning health care workers with “Some Risk,” are defined as individuals who have had any of the following:

   a. direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic;
   b. close contact but not direct care in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic.

   For individuals in this category, the Task Force recommends:

i. assessment upon arrival by a qualified public health professional from the Department of State Health Services, potentially in conjunction with local health officials. This evaluation will confirm the absence of fever and other symptoms of Ebola infection, as well as the absence of High Risk exposure as defined by the CDC by in-person interview;
ii. direct monitoring for fever and other symptoms for 21 days, which could include a combination of direct visits by a trained public health or medical professional and digitally enabled, visualized supervision and monitoring (such as Skype video-teleconferencing);
iii. limitations on public interaction and exposure, including prohibiting the person from participating in public travel (e.g., aircraft, train, bus, etc.), in public events, in large congregate setting activities and in patient care. Public health authorities should work with local governments to ensure the individuals' basic needs are being addressed. Visitors may be permitted;
iv. failure to comply with these public health directions can result in Control Order. A control order may also be considered based on risk or probable compliance with public health directions.

Current data indicate that the likelihood for someone to transmit Ebola without being symptomatic is near zero. The recommendations for evaluation, direct monitoring, and especially for some level of quarantine or limited movement are made with the highest possible concern for public safety and peace of mind. This category of recommendations should be revisited as more data on disease transmission are accumulated.

To further emphasize this point, the Task Force does not support mandatory government-imposed strict quarantine for cooperative asymptomatic health care workers who do not fall in the "High Risk" category.

5. Recognizing the financial strain that 21-day isolation could place on workers, the state should adopt policies that do not result in discouraging people from aiding Ebola patients in West Africa. A number of options already exist that employers could use to ensure health care workers are not financially penalized while quarantined. Those options include regular sick leave, FMLA, administrative leave, emergency leave, and where possible telecommuting. The state also should consider options to encourage the private sector to do its part in minimizing financial hardship to quarantined health care workers. Asymptomatic, returning health care workers with " Low risk exposure" are defined as individuals who have:

a. been in a country with widespread Ebola virus transmission within the past 21 days and have had no known exposures;
b. had brief direct contact (e.g., shaking hands), with a person infected with Ebola virus prior to displaying symptoms
c. had brief proximity, such as being in the same room for a short period of time, with a person with Ebola virus while the person was symptomatic;
d. traveled on commercial or public conveyance with a person with Ebola while that person was symptomatic, but were not exposed to body fluids.

For individuals in this category, the Task Force recommends:

i. in-home visit by a medical or public health professional within 12 hours of notification;
ii. consultation with DSHS Emerging and Acute Infection Diseases Branch if the initial interview by local public health establishes a higher level of risk;
iii. implementation of appropriate measures if there is establishment of a higher level of risk;
iv. twice daily temperature checks at least 6 hours apart for 21 days after departure from an affected country.

Summary Table

Risk Categories:

High risk exposures: 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.

Some risk exposures: 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.)

Low (but not zero) risk exposures: 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.

No identifiable risk exposures: 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 transmission and not having any other exposures as defined above.

Exposure Category	**Clinical Criteria**	**Public Health Actions**
High Risk	Asymptomatic upon arrival in Texas	• 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 congregate setting activities, and no leaving home) • Twice daily temperature checks at least 6 hours apart for 21 days after departure from country o 2 temperature/symptom checks per day in person by local health authority • Proceed to “symptomatic” if indicated

<table>
<tr><th>Exposure Category</th><th>Clinical Criteria</th><th>Public Health Actions</th></tr>
<tr><td>Some Risk</td><td>Asymptomatic upon arrival in Texas</td><td>
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
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
</td></tr>
</table>

Exposure Category	Clinical Criteria	Public Health Actions
Low Risk	Asymptomatic upon arrival in Texas	• 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 o 2 temperature/symptom checks per day via visualization by video conferencing. • Proceed to “symptomatic” if indicated

Exposure Category	Clinical Criteria	Public Health Actions
No Identifiable Risk	Not Applicable	No monitoring

Exposure Category	Clinical Criteria	Public Health Actions
A person of any risk category	Symptomatic upon arrival in Texas: Fever (subjective fever or measured temperature ≥100.4° F/38°C) OR any of the following: • Severe headache • Muscle pain • Vomiting • Diarrhea • Stomach pain • Unexplained bruising or bleeding	• Implement rapid isolation • Arrange for designated transport • Arrange for medical evaluation • If medically determined not to have Ebola infection, return to assessed risk-appropriate asymptomatic protocol for remainder of 21 days • Notify DSHS Emerging and Acute Infection Diseases Branch of outcome of medical evaluation