NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs *for all*
Department of Health and Human Services

Interim Policy Summary for Isolation of Suspect Ebola Patients and Quarantine of Persons Potentially-Exposed to Ebola Virus

November 10, 2014

The purpose of isolation and quarantine is to control the spread of infectious diseases. Both are common practices in public health, and both aim to prevent the exposure of well persons to infected or potentially-infected persons. Both may be undertaken voluntarily or compelled by authorities if necessary. This document provides a framework for isolation and quarantine decisions in New Hampshire for Ebola virus disease (EVD), however, modifications may occur on a case-by-case basis and the policy will be updated as the situation evolves.

Voluntary Isolation

Isolation is the separation of persons who are ill. Persons will be placed in isolation at a hospital if they have possible symptoms of EVD and have been potentially-exposed to Ebola virus through travel or contact with an EVD case. Local officials will be notified.

Public Health Monitoring and Voluntary Quarantine

Quarantine is the separation and restriction of persons who, while not ill, may have been exposed to an infectious agent and therefore may become infectious. Quarantine can include a range of disease control strategies that may be used individually or in combination, including: short-term, voluntary home confinement; restrictions on travel by those who may have been exposed; and restrictions on passage into and out of a geographic area.

Persons who are not ill but were potentially-exposed to Ebola virus will be monitored by public health authorities for 21 days following their last possible exposure. Public health monitoring will be based on residency of the person and will be performed by the State of NH Division of Public Health Services (DPHS) and the cities of Manchester and Nashua health departments, who have authority for communicable disease control in NH. Public health monitoring activities are divided into four categories:

Exposure Category	Quarantined at Home	Prohibited from Public Transport	Notification to Local Officials	Symptom Monitoring	Public Health Daily Check-In
High[†] Risk Exposure	YES[$Ω] (mandatory)	YES	YES	YES	YES (direct active)
Some[‡] Risk Exposure	YES[$Ω] (voluntary)	YES	YES	YES	YES (direct active)
Low/Negligible[*] Risk Exposure (close airline contacts[¥] and US-based healthcare workers)	NO[&Ω]	NO	NO	YES	YES (direct active)
Low/Negligible[*] Risk Exposure (all others)	NO[&Ω]	NO	NO	YES	YES (active)

[$] Non-congregate public activities for persons in quarantine may be approved on a case-by-cases if a 3-foot distance from others is maintained (e.g., jogging outside, etc.).
[&] Attendance at large public gatherings and use of public transportation is discouraged. All travel outside of NH requires public health consultation and approval.
[Ω] The person will maintain a log of all activities for the 21 day time period, including a list of any close contacts.
[¥] Close airline contacts are those sitting within 3 feet of the symptomatic EVD case.
Direct Active: Check-in in-person or using visual virtual technology
Active: Check-in by phone call unless home visit or virtual technology is necessary on case-by-case basis

The federal government will notify DPHS of all travelers returning from Ebola-affected countries upon arrival in the United States. Healthcare providers, other public health agencies, employers, and the public may also report returning travelers to DPHS at 603-271-4496 (after hours 603-271-5300).

The assigned public health agency will make contact with the returning traveler to assess exposure history and assign the person to the appropriate public health monitoring category. The public health official will provide instructions to the traveler over the phone and will send a letter with instructions in writing. Persons with High or Some Risk exposures will be asked to sign a voluntary quarantine agreement.

The assigned public health agency will contact (in-person or via phone depending on risk of exposure) potentially-exposed persons every day to assess for symptoms, collect measured temperatures, and ensure the person is following all instructions.

For NH healthcare workers providing care to an Ebola patient in NH, DPHS will work closely with the hospital to identify all healthcare workers who had contact with the patient. Healthcare workers will be instructed on symptom monitoring. DPHS will work with the hospital to establish direct active symptom monitoring of the healthcare workers.

Exposure Definitions

Adapted with modification from CDC guidance dated October 28, 2014 available at:

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

PPE: Personal protective equipment

†High Risk Exposures:

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

‡Some Risk Exposures:

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

*Low/Negligible Risk Exposures:

1) Returning travelers from Ebola-affected countries with no specific exposures to virus
2) Brief indirect contact (e.g., being in same room) with symptomatic EVD case without appropriate PPE
3) Direct contact with symptomatic EVD case while using appropriate PPE in country without widespread Ebola transmission
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)

Rationale

The public health monitoring activities described in this document are based on the CDC Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure dated October 28, 2014. DPHS officials have reviewed and carefully considered these guidelines carefully in developing the NH plan. In a few instances, DPHS has elected to deviate from the CDC guidance. The specific items and associated rationale are described here:

1. Brief unprotected direct contact with an EVD case early in disease was moved from “Low” risk exposure to a “Some” risk exposure. The rationale for this change is that any direct contact with a symptomatic EVD case, regardless of the timing of onset of illness in relation to that contact, is higher risk for EVD than Low/Negligible.

2. Low risk exposure is described as “Low/Negligible” risk in this document. The rationale for this change is that the exposures listed under “Low” risk represent a negligible risk for EVD, and so from a messaging standpoint, DPHS prefers the term negligible.

3. In the CDC guidelines, movement restrictions for persons in the “Some” risk category are made case-by-case. In NH, DPHS will ask all persons in this risk category to voluntarily quarantine. The rationale for this policy is that persons in the "some" risk category, while not at high risk, still have had direct contact with a symptomatic EVD patient without proper PPE. Risk is not negligible and so for the purposes of closer monitoring and to prevent risk to the public, we are asking the persons in the "some" risk category to voluntarily quarantine themselves. If these persons refuse voluntary quarantine, no legal action will be taken unless there is imminent danger to the public, but the DPHS will continue direct active monitoring on a daily basis and request the person stays out of public places. They will also be restricted from public transportation.

Mandatory Isolation and Quarantine

The Department of Health and Human Services has the legal authority to issue mandatory orders of isolation and quarantine. The legal authority and processes for issuing and enforcing these orders under RSA 141-C are set forth in RSA 141-C:9,II; RSA 141-C:11; and RSA 141-C:12.

Legal orders will be pursued for all persons with suspect EVD who refuse voluntary isolation. If a suspect EVD case has not yet sought care for his or her illness and refuses to do so, a public health Order will be served by a public health official and law enforcement may be called upon to assist with serving the order if needed. The person will be transported to a hospital via ambulance for medical evaluation.

Legal orders will also be pursued for all persons with “high-risk” exposures to EVD who refuse voluntary quarantine. The order will be served by a public health official and law enforcement may be called upon to assist with serving the order if needed. If necessary, Legal orders will also be pursued if a potentially-exposed person does not comply with Direct Active of Active symptom monitoring.