

## Example of SOP for Evaluation of Air Travelers Departing Country X During the Ebola Crisis

### Goals:

- To reduce the risk of spread of Ebola by commercial air travel across international borders
- To keep international borders open by maintaining safety of air travel for passengers, crewmembers, and airport workers
- To protect health of individual traveler and health of those with whom traveler had contact, and those in receiving community
- To ensure smooth referral of travelers with EVD symptoms from the airport to MOH/health facilities

### Assumptions and other considerations in evaluation of travelers

- Travelers who have been in Country X with no known exposure are at low (but not zero) risk
- Fever is a cardinal sign of EVD and if EVD positive, other symptoms will follow within 1 - 5 days
- Thresholds for defining fever for screening of travelers
  - US for entry  $\geq 38^{\circ}\text{C}$  or  $100.4^{\circ}\text{F}$
  - Country X Airport Authority for exit  $\geq 37.5^{\circ}\text{C}$  or  $99.4^{\circ}\text{F}$
- There are many other causes of fever from diseases endemic in Country X
- If a traveler acknowledges having taken a medication that can hide a fever and such a medicine has been used in the last 8 hours, irrespective of temperature, screening officers should refer that traveler for secondary assessment.
- Port and public health authorities should not impose requirements that would place sick travelers in situations where they could become exposed to Ebola virus through inappropriate medical referrals to centers where they are likely to be exposed to persons with EVD.

### Pre-Screening and Primary Screening at Country X International Airport

#### Current departing passenger flow/processes including Pre-Screening and Primary Screening

1. [Outside of airport gate] Incoming vehicles receive Pre-Screening screened before entry to airport gate by security guard to:
  - a. Allow only one driver and ticketed passengers to enter (no additional accompanying persons). Flow of vehicles limited to prevent congestion inside airport (lines form outside of airport gate on access road).
  - b. Conduct temperature measurement with ABC noncontact thermometer of all persons in vehicle. This is conducted through window with persons remaining in vehicle.
2. [Curb outside of Terminal] Passengers exit vehicle on curbside with luggage and wait in serpentine line outside terminal building departures entrance gate where they receive exit screening form (same as entry screen form shared previously). Some passengers may have received forms previously from airlines prior to arrival to airport (Airline X has bag drop off location downtown, and some of their passengers come with the form). A primary screening form must be completed for each passenger (accompanying adults may complete the form for child travelers).

3. [Terminal Building Departures Entry Gate] Passenger flow is controlled through entry gate where all passengers entering terminal are required to rinse hands in dilute bleach solution.
4. [Corridor between Departures Entry Gate and Port Health Screening Point] Passengers proceed down short covered outside corridor.
5. [Primary Screening Point] Prior to entrance to Terminal Building, health screener nurses stop passengers and:
  - a. Collect Health Screening Form
  - b. Review Health Screening Form
  - c. Check temperature with handheld noncontact Infrared (IR) thermometer (ABC). Passengers with temperature of 37.5°C or greater are to be referred for secondary screening as well as any passengers who answered ‘YES’ to Primary Screening questions for any illness symptom or any exposure (except health workers and laboratory workers who reported appropriate PPE use at all times). **(See Secondary Screening.)**
  - d. Health screener nurse places a colored sticker with date/screener initials on the back of passports of passengers who clear Primary Screening.
6. [Passport/Visa Screen Room] Passengers who clear Primary Screening enter room for preliminary ticket, visa, and passport checks at desks by airline staff. Airlines staff check for presence of colored sticker. Passengers without an appropriate colored sticker are returned to Primary Screening point.
7. [Airline Check-In Room] Passengers proceed to large single room with airline check-in counters. There is some signage with general advice on ways to prevent Ebola exposure and also travel-specific messaging to monitor for symptoms for 21 days to notify a healthcare provider about illness and recent travel to Country X if a traveler becomes ill after departure.
8. [Immigration Passport Check] Passengers walk back along short narrow corridor to Immigration check. There are 2 enclosed booths for the outbound immigration check. Immigration staff have received CDC training to recognize, isolate, notify, and give support to persons with visual signs consistent with possible Ebola virus disease.
9. [Security Checkpoint] Passengers proceed through Security check through X-ray and metal detector. Security staff have received CDC training.
10. [Departures Lounge] Passengers enter Departures lounge to await call to board buses for aircraft. Departures Lounge in Terminal A is a single room with central seating surrounded by doors to shops selling snacks and souvenirs. A Business Class Lounge is accessed through a door from the Departures Lounge.
11. [Gate to Ramp and Bus Loading] Health screeners conduct an additional temperature check with handheld noncontact IR thermometers (ABC) when passengers are lined up to board the departure buses. Temperatures not currently recorded at this location. Passengers with a temperature of 37.5°C or greater are referred to Secondary Screening with members of their travel party who choose to stay. (See Secondary Screening.) Passengers who clear temperature check at departure gate exit Terminal building through double glass door Gate and walk onto Airport Bus.
12. [Airline X only] Passengers also pass a Thermal Camera in waiting area prior to boarding departure bus.
13. [Airport Bus] Passengers board bus for short 1-2 minute) drive to aircraft
14. [Mobile Stairwell to Aircraft] Passengers ascend stairwell into aircraft

Figure 1. Departing Passenger Flow at XXXX Airport Terminal A (Insert diagram showing passenger flow)

## Referral to Secondary Screening

A passenger is referred to secondary screening if he or she indicates:

A “YES” answer to any of the signs or symptoms of illness on the Primary Screening Form (timeframe is during the previous 2 days)

A “YES” answer to any of the exposure questions on the Primary Screening Form (timeframe is during the previous 21 days), with the exception of healthcare workers or laboratory workers who indicated appropriate use of protective equipment at all times.

Additionally, if during primary screening or at any other point in the departures process, a traveler is observed to have one or more signs of EVD, he or she should be escorted to secondary screening by staff wearing PPE or who maintain a minimum distance of 3 feet from the passenger during the transfer. Family members or other travel companions should be given the opportunity to also accompany the traveler to the secondary screening area, being encouraged to remain 3 feet away from the ill traveler if possible.

Signs and symptoms seen in EVD besides fever include: headache, muscle pain, weakness, diarrhea, vomiting, abdominal (stomach) pain and unexplained hemorrhage (bleeding or bruising). Screening staff and other airport staff (including security, immigration, airline workers) have been trained to recognize and respond to signs consistent with Ebola in travelers using the CDC Recognize-Isolate-Notify-Give Support (RING) training and have received RING card job aids to attach to their ID badges.

## Secondary Screening

General measures for symptomatic passengers are listed below.

Step 1: Deny boarding and move passenger away from other persons (initially to Secondary Screening Room)

Step 2: Identify what resources are available to the patient for healthcare

- If traveler is an Ebola responder affiliated with a government, company, or non-governmental organization that provides health support for their staff – have them call their supervisor to notify, supervisor will contact Embassy or MOH to consider referral to xxx medical unit near airport
- If traveler is private citizen
  - Inquire whether traveler has in country employer, medical evacuation or overseas emergency medical insurance policy – if yes, tell them to call their employer/insurer immediately to follow employer/insurers protocol. If no, explain that they will need to self-pay for services rendered by private healthcare providers during the course of their evaluation and treatment.

Step 3: Call County Health Team to notify.

Step 4: Triage ill passengers for further public health and medical evaluation based on Secondary Screening Table **(see attachment)**.

Step 5: Notify Airline POC that boarding was denied to request re-booking on future flight after passenger has been cleared

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**Table 1. Secondary Screening Processes for Passengers Denied Boarding at Country X Airports – draft version (insert date)**

Exposure History	Signs or Symptoms	Action at Secondary Screening	Criteria to Clear for Travel	Management of Travel Companions
High Risk	None	<ol style="list-style-type: none"> <li>1. Deny boarding</li> <li>2. Contact County Health Team (CHT) in county of residence to enroll in contact tracing as per MOH/County protocols</li> <li>3. If traveler has agency, company, or government affiliation that can provide health support, notify appropriate POC</li> <li>4. Add to Travel Restriction List</li> <li>5. Notify Airline POC that boarding denied and communicate minimum period of delayed travel</li> <li>6. Release from airport for follow-up by CHT</li> <li>7. Request official county certification to clear traveler and remove from Travel Restriction List after monitoring period is complete</li> </ol>	<ul style="list-style-type: none"> <li>• 21 days have passed after last exposure to Ebola</li> <li>• Official Clearance Letter from County Health Team that monitoring is completed</li> </ul>	<ul style="list-style-type: none"> <li>• Determine whether travel companion also had an exposure. If exposed, follow directions based on level of exposure.</li> <li>• If not exposed, follow instructions for traveler with low risk exposure.</li> <li>• If travel companions are cleared to travel but elect to delay travel to remain with traveler, contact Airline POC</li> </ul>
	Meets EVD case definition	<ol style="list-style-type: none"> <li>1. Deny boarding</li> <li>2. Keep traveler away from others</li> <li>3. If traveler has agency, company, or government affiliation that can provide health support, notify appropriate POC</li> <li>4. Contact County Health Team (CHT) at ## [need 24 hour phone number for immediate response] requesting immediate ambulance transfer to appropriate facility for Ebola testing and care, such as an Ebola Treatment Unit (ETU)</li> <li>5. Add to Travel Restriction List</li> <li>6. Notify Airline POC that boarding denied and communicate minimum period of delayed travel</li> </ol>	<p>If traveler tests Negative for Ebola (on at least two Ebola tests collected 72 hours apart):</p> <ul style="list-style-type: none"> <li>• 21 days have passed after last exposure to Ebola</li> <li>• Official Clearance Letter from County Health Team that monitoring is completed</li> </ul> <p>If traveler tests Positive for Ebola:</p> <ul style="list-style-type: none"> <li>• Appropriate documentation from CHT that traveler was treated and is no longer considered infectious (negative Ebola serum PCR)</li> </ul>	<ol style="list-style-type: none"> <li>1. Deny boarding as possible contacts of a Probable Ebola case</li> <li>2. Contact County Health Team or airport medical consultant to assist with assessment of status</li> <li>3. Add to Travel Restriction List until status of ill traveler is determined (Confirmed Ebola or Negative for Ebola)</li> </ol> <p>If initial ill traveler tests Positive for Ebola</p> <ul style="list-style-type: none"> <li>• Contacts must complete 21 days of monitoring by CHT in country of residence</li> <li>• Official clearance letter from CHT must be presented to remove companions from Travel</li> </ul>

		7. Request official county certification to clear traveler and remove from Travel Restriction List	test)	Restriction List If initial ill traveler tests Negative for Ebola <ul style="list-style-type: none"> <li>Remove companions from Travel Restriction List and allow to travel</li> </ul>
High Risk	Fever or other symptoms consistent with Ebola but does not meet EVD case definition	<ol style="list-style-type: none"> <li>Deny boarding</li> <li>Keep traveler away from others</li> <li>If traveler has agency, company, or government affiliation that can provide health support, notify appropriate POC</li> <li>Contact County Health Team (CHT) at ## [need 24 hour phone number for immediate response requesting immediate ambulance transfer to appropriate facility for Ebola testing and care, such as an ETU or CCC</li> <li>Add to Travel Restriction List</li> <li>Notify Airline POC that boarding denied and communicate minimum period of delayed travel</li> <li>Request official county certification to clear traveler and remove from Travel Restriction List</li> </ol>	<p>If traveler tests Negative for Ebola (on at least two Ebola tests collected 72 hours apart):</p> <ul style="list-style-type: none"> <li>21 days have passed after last exposure to Ebola</li> <li>Official Clearance Letter from County Health Team that monitoring is completed</li> </ul> <p>If traveler tests Positive for Ebola:</p> <ul style="list-style-type: none"> <li>Appropriate documentation from CHT that traveler was treated and is no longer considered infectious (negative Ebola serum PCR test)</li> </ul>	<ol style="list-style-type: none"> <li>Deny boarding as possible contacts</li> <li>Contact CHT or airport medical consultant to assist with assessment of status</li> <li>Add to Travel Restriction List until status of ill traveler is determined (Confirmed Ebola or Negative for Ebola)</li> </ol> <p>If initial ill traveler tests Positive for Ebola</p> <ol style="list-style-type: none"> <li>Contacts must complete 21 days of monitoring by CHT in country of residence</li> <li>Official clearance letter from CHT must be presented to remove companions from Travel Restriction List</li> </ol> <p>If initial ill traveler tests Negative for Ebola</p> <ol style="list-style-type: none"> <li>Remove companions from Travel Restriction List and allow to travel</li> </ol>
Some Risk: NOT health worker	None	<ol style="list-style-type: none"> <li>Deny boarding</li> <li>If traveler has agency, company, or government affiliation that can provide health support, notify appropriate POC</li> <li>Contact County Health Team (CHT) in county of residence to enroll in contact tracing as per MOHSW/County protocols</li> <li>Add to Travel Restriction List</li> <li>Notify Airline POC that boarding denied and communicate minimum period of delayed travel</li> <li>Release from airport for follow-up by CHT</li> </ol>	<ul style="list-style-type: none"> <li>21 days have passed after last exposure to Ebola</li> <li>Official Clearance Letter from County Health Team that monitoring is completed</li> </ul>	<ul style="list-style-type: none"> <li>Determine whether travel companion also had an exposure. If exposed, follow directions based on level of exposure.</li> <li>If not exposed, follow instructions for traveler with low risk exposure.</li> <li>If travel companions are cleared to travel but elect to delay travel, contact Airline POC.</li> </ul>

		7. Request official county certification to clear traveler and remove from Travel Restriction List after monitoring period is complete		
Some Risk: Health Worker with Appropriate PPE Use	None	<ol style="list-style-type: none"> <li>1. Allow to travel</li> <li>2. Advise to seek immediate medical care if symptoms develop and to notify health system of risk of Ebola exposure</li> <li>3. Recommend traveler follow-up with public health authority in destination country</li> </ol>	None	No Restrictions
Some Risk	Meets EVD case definition	<ol style="list-style-type: none"> <li>1. Deny boarding</li> <li>2. Keep traveler away from others</li> <li>3. If traveler has agency, company, or government affiliation that can provide health support, notify appropriate POC</li> <li>4. Contact CHT at ## [need 24 hour phone number for immediate response] requesting immediate ambulance transfer to appropriate facility for Ebola testing and care, such as an Ebola Treatment Unit (ETU)</li> <li>5. Add to Travel Restriction List</li> <li>6. Notify Airline POC that boarding denied and communicate minimum period of delayed travel</li> <li>7. Request official county certification to clear traveler and remove from Travel Restriction List</li> </ol>	<p>If traveler tests Negative for Ebola (on at least two Ebola tests collected 72 hours apart):</p> <ul style="list-style-type: none"> <li>• 21 days have passed after last exposure to Ebola</li> <li>• Official Clearance Letter from County Health Team that monitoring is completed</li> </ul> <p>If traveler tests Positive for Ebola:</p> <ul style="list-style-type: none"> <li>• Appropriate documentation from CHT that traveler was treated and is no longer considered infectious (negative Ebola serum PCR test)</li> </ul>	<ol style="list-style-type: none"> <li>1. Deny boarding as possible contacts of a Probable Ebola case</li> <li>2. Contact CHT or airport medical consultant to assist with assessment of status</li> <li>3. Add to Travel Restriction List until status of ill traveler is determined (Confirmed Ebola or Negative for Ebola)</li> </ol> <p>If initial ill traveler tests Positive for Ebola</p> <ol style="list-style-type: none"> <li>4. Contacts must complete 21 days of monitoring by CHT in country of residence</li> <li>5. Official clearance letter from CHT must be presented to remove companions from Travel Restriction List</li> </ol> <p>If initial ill traveler tests Negative for Ebola</p> <ol style="list-style-type: none"> <li>6. Remove companions from Travel Restriction List and allow to travel</li> </ol>
Some Risk: NOT health	Fever or other symptoms consistent	<ol style="list-style-type: none"> <li>1. Deny boarding</li> <li>2. Keep traveler away from others</li> <li>3. If traveler has agency, company, or government affiliation that can provide</li> </ol>	If Ebola testing was done and traveler tests Negative for Ebola (on at least two Ebola tests collected 72 hours apart):	<ul style="list-style-type: none"> <li>• Contact CHT or airport medical consultant to assist with assessment of status and to</li> </ul>

worker	with Ebola but does not meet EVD case definition	<p>health support, notify appropriate POC</p> <ol style="list-style-type: none"> <li>4. Contact CHT or airport medical consultant to discuss case and determine if EVD testing is indicated. If EVD testing indicated, arrange appropriate ambulance transfer to ETU or CCC</li> <li>5. If EVD testing is not indicated, arrange referral to non-ETU/non-CCC healthcare facility for further evaluation and care.</li> <li>6. Add to Travel Restriction List</li> <li>7. Notify Airline POC that boarding denied and communicate minimum period of delayed travel</li> <li>8. Request official county certification to clear traveler and remove from Travel Restriction List</li> </ol>	<ul style="list-style-type: none"> <li>• 21 days have passed after last exposure to Ebola</li> <li>• Official Clearance Letter from County Health Team that monitoring is completed</li> </ul> <p>If Ebola testing was done and traveler tests Positive for Ebola:</p> <ul style="list-style-type: none"> <li>• Appropriate documentation from CHT that traveler was treated and is no longer considered infectious (negative Ebola serum PCR test)</li> </ul> <p>If NO Ebola testing was done:</p> <ul style="list-style-type: none"> <li>• 21 days have passed after last exposure to Ebola</li> <li>• Official Clearance Letter from County Health Team that monitoring is completed</li> </ul>	<p>determine whether to deny boarding</p> <ul style="list-style-type: none"> <li>• Determine whether travel companion also had an exposure. If exposed, follow directions based on level of exposure.</li> <li>• If not exposed, follow instructions for traveler with low risk exposure.</li> <li>• If travel companions are cleared to travel but elect to delay travel to remain with traveler, contact Airline POC</li> </ul>
Some Risk: Health Worker with Appropriate PPE Use	Fever or other symptoms consistent with Ebola but does not meet EVD case definition	<ol style="list-style-type: none"> <li>1. Deny boarding</li> <li>2. Keep traveler away from others</li> <li>3. If traveler has agency, company, or government affiliation that can provide health support, notify appropriate POC</li> <li>4. Contact CHT or airport medical consultant to discuss case and determine if EVD testing is indicated. If EVD testing indicated, arrange appropriate ambulance transfer to ETU or CCC</li> <li>5. If EVD testing is not indicated, arrange referral to non-ETU/non-CCC healthcare</li> </ol>	<p>If Ebola testing was done and traveler tests Negative for Ebola (on at least two Ebola tests collected 72 hours apart):</p> <ul style="list-style-type: none"> <li>• Passes primary screening</li> </ul> <p>If Ebola testing was done and traveler tests Positive for Ebola:</p> <ul style="list-style-type: none"> <li>• Appropriate documentation from CHT that traveler was treated and is no longer</li> </ul>	<ul style="list-style-type: none"> <li>• Contact CHT or airport medical consultant to assist with assessment of status and to determine whether to deny boarding</li> <li>• Determine whether travel companion also had an exposure. If exposed, follow directions based on level of exposure.</li> <li>• If not exposed, follow instructions for traveler with low risk exposure.</li> </ul>



		<p>facility for further evaluation and care.</p> <ol style="list-style-type: none"> <li>6. Add to Travel Restriction List</li> <li>7. Notify Airline POC that boarding denied and communicate minimum period of delayed travel</li> <li>8. Request official county certification to clear traveler and remove from Travel Restriction List</li> </ol>	<p>considered infectious (negative Ebola serum PCR test)</p> <p>If NO Ebola testing was done:</p> <ul style="list-style-type: none"> <li>• Minimum 48 hour waiting period</li> <li>• Symptoms have resolved or traveler received medical clearance to fly from approved medical center based on examination conducted at least 48 hours after boarding denied</li> <li>• Passes primary screening</li> </ul>	<p>If travel companions are cleared to travel but elect to delay travel to remain with traveler, contact Airline POC</p>
Low Risk	None	<p>Allow to Travel Provide Health Alert Notice</p>	None	No restrictions
Low Risk	Meets EVD case definition	<ol style="list-style-type: none"> <li>1. Deny boarding</li> <li>2. Keep traveler away from others</li> <li>3. If traveler has agency, company, or government affiliation that can provide health support, notify appropriate POC</li> <li>4. Contact CHT ## [need 24 hour phone number for immediate response] requesting immediate ambulance transfer to appropriate facility for Ebola testing and care, such as an Ebola Treatment Unit (ETU)</li> <li>5. Add to Travel Restriction List</li> <li>6. Notify Airline POC that boarding denied and communicate minimum period of delayed travel</li> </ol> <p>Request official county certification to clear traveler and remove from Travel Restriction List</p>	<p>If traveler tests Negative for Ebola (on at least two Ebola tests collected 72 hours apart):</p> <ul style="list-style-type: none"> <li>• Traveler received medical clearance to fly from approved medical center based on examination conducted at least 48 hours after boarding denied</li> </ul> <p>If traveler tests Positive for Ebola:</p> <ul style="list-style-type: none"> <li>• Appropriate documentation from CHT that traveler was treated and is no longer considered infectious (negative Ebola serum PCR</li> </ul>	<ol style="list-style-type: none"> <li>1. Deny boarding as possible contacts of a Suspect Ebola case</li> <li>2. Contact CHT or airport medical consultant to assist with assessment of status</li> <li>3. Add to Travel Restriction List until status of ill traveler is determined (Confirmed Ebola or Negative for Ebola)</li> </ol> <p>If initial ill traveler tests Positive for Ebola</p> <ul style="list-style-type: none"> <li>• Contacts must complete 21 days of monitoring by CHT in country of residence</li> <li>• Official clearance letter from CHT must be presented to remove companions from Travel Restriction List</li> </ul> <p>If initial ill traveler tests Negative for Ebola</p>

			test)	<ul style="list-style-type: none"> <li>Remove companions from Travel Restriction List and allow to travel</li> </ul>
Low Risk	Fever or vomiting or diarrhea, or unexplained bleeding	<ol style="list-style-type: none"> <li>Deny boarding</li> <li>Keep traveler away from others</li> <li>If traveler has agency, company, or government affiliation that can provide health support, notify appropriate POC</li> <li>Contact CHT or airport medical consultant to discuss case and determine if EVD testing is indicated. If EVD testing indicated, arrange appropriate ambulance transfer to ETU or CCC</li> <li>If EVD testing is not indicated, arrange referral to non-ETU/non-CCC healthcare facility for further evaluation and care.</li> <li>Add to Travel Restriction List</li> <li>Notify Airline POC that boarding denied and communicate minimum period of delayed travel</li> <li>Request official county certification to clear traveler and remove from Travel Restriction List</li> </ol>	<p>If Ebola testing was done and traveler tests Negative for Ebola (on at least two Ebola tests collected 72 hours apart):</p> <ul style="list-style-type: none"> <li>Symptoms have resolved</li> <li>Passes primary screening</li> </ul> <p>If Ebola testing was done and traveler tests Positive for Ebola:</p> <ul style="list-style-type: none"> <li>Appropriate documentation from CHT that traveler was treated and is no longer considered infectious (negative Ebola serum PCR test)</li> </ul> <p>If NO Ebola testing was done:</p> <ul style="list-style-type: none"> <li>Minimum 48 hour waiting period</li> <li>Traveler received medical clearance to fly from approved medical center based on examination conducted at least 48 hours after boarding denied</li> <li>Passes primary screening</li> </ul>	<ul style="list-style-type: none"> <li>Contact CHT or airport medical consultant to assist with assessment of status and to determine whether to deny boarding</li> <li>Determine whether travel companion also had an exposure. If exposed, follow directions based on level of exposure.</li> <li>If not exposed, follow instructions for traveler with low risk exposure.</li> </ul> <p>If travel companions are cleared to travel but elect to delay travel to remain with traveler, contact Airline POC</p>
Low Risk	Other isolated symptoms from EVD case definition	<p>? Deny boarding</p> <p>? Recommend or require medical evaluation</p>	<p>If boarding denied:</p> <p>Minimum 48 hour waiting period</p> <p>Pass primary screening</p> <p>Traveler received medical clearance to fly from approved medical center based on</p>	

	(e.g., muscle pain or headaches or abdominal pain)		examination conducted at least 48 hours after boarding denied	
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**Appendices List**

Appendix 1 – MOH Ebola Case Definition

Appendix 2 – Air Traveler Risk Categories

Appendix 3 - Primary Screening Form

Appendix 4 – Secondary Screening Form

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**Appendix 1 - MOH Ebola Case Definition, (insert date)**

**MINISTRY OF HEALTH  
EBOLA CASE DEFINITION**

**Suspected (clinical) case:**

1. Any person (living or dead) with a history of acute fever and three or more of the following symptoms: headache/ vomiting/nausea/ diarrhea/ intense fatigue/ abdominal pain/ general muscular or articular pain/ difficulty in swallowing/ difficulty in breathing/ hiccoughs
2. OR Any person ill or deceased who has or had fever with acute clinical symptoms and signs of haemorrhage, such as bleeding of the gums, nose-bleeds, conjunctival injection, red spots on the body, bloody stools and/or melaena (black liquid stools), or vomiting blood (haematemesis).
3. OR Any unexplained death.

\*\* Note: Documented prior contact with an EHF case is not required.

**Probable case:**

- A person who meets the **suspect case** definition who also had **contact\*** with a **confirmed or probable case** in the past 3 weeks.
- OR A person with fever who had **contact\*** with a confirmed or probable case in the past 3 weeks.

**Confirmed case:**

- A suspect or probable case that has been laboratory confirmed.

**Contact:**

A person without any symptoms having had physical contact with a case or the body fluids of a case within the last three weeks.

\*The notion of physical contact may be proven or highly suspected such as having shared the same room/bed, cared for patient, touched body fluids, or closely participated in a burial (e.g. physical contact with the corpse).

## Appendix 2 – Air Traveler Risk Categories

### High Risk Exposure

- 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 \(PPE\) \(http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html\)](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)
- Processing blood or body fluids of a person with Ebola while the person was symptomatic without [appropriate PPE \(http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html\)](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html) or standard biosafety precautions
- Direct contact with a dead body without [appropriate PPE](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)
- Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic

### Some risk exposure

- direct contact while using [appropriate PPE \(http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html\)](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html) with a person with Ebola while the person was symptomatic or with the person's body fluids
- any direct patient care in other healthcare settings while using appropriate PPE
- 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 \(http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html\)](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html) within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic

### Low but not zero risk of exposure

- Having been in Liberia and having no known exposure
- Having brief direct contact (e.g., shaking hands), while not wearing [appropriate PPE \(http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html\)](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html), 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 transmission or cases in urban settings with uncertain control measures: direct contact while using [appropriate PPE \(http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html\)](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html) with a person with Ebola while the person was symptomatic or with the person's body fluids

- Traveled on an aircraft with a person with Ebola while the person was symptomatic

## References

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

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