



Guidance for 21-day County Health Department Monitoring of Travelers from Countries Currently Experiencing an Outbreak of Ebola Virus Disease

FloridaHealth.gov • Florida Department of Health

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Contents

This document provides updated guidance and forms for 21-day temperature and symptom monitoring by the county health department for persons who have recently traveled to countries currently experiencing an outbreak of Ebola Virus Disease (EVD); <http://www.who.int/csr/disease/ebola/en/>.

Introduction

- The Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security's Customs & Border Protection (CBP) is currently performing entry screening at five U.S. airports that receive all travelers from the Ebola-affected nations of Guinea and Sierra Leone.
 - Please note that as of September 21, 2015 CDC and CBP have stopped conducting port-of-entry screening and issuing state notifications for persons entering the United States from Liberia. As a result, Florida Department of Health will no longer be receiving notifications for Liberian travelers unless they have been in Guinea or Sierra Leone within the 21 days preceding their arrival in the U.S. Monitoring of travelers from the latter two countries will continue as before.
 - CDC advises travelers from Liberia to self-observe for illness and contact public health officials or seek appropriate healthcare if signs or symptoms develop.
- Trained CBP staff will observe travelers for signs of illness, ask them a series of health and exposure questions and provide health information for Ebola and reminders to monitor themselves for symptoms. Trained medical staff will take their temperature with a non-contact thermometer.
- If the travelers have fever, symptoms or the health questionnaire reveals possible Ebola exposure, they will be evaluated by a CDC quarantine station public health officer. The public health officer will again take a temperature reading and make a public health assessment. Travelers, who after this assessment, are determined to require further evaluation or monitoring will be referred to the appropriate public health authority.
- Travelers from these countries who have neither symptoms/fever nor a known history of exposure will receive health information for monitoring.
- The CDC will distribute contact information for these screened passengers to the state in which they reside or intend to stay via *Epi-X*.
- Upon receiving the notification, the Florida Department of Health (DOH), Bureau of Epidemiology, will immediately distribute passenger lists to the county health departments (CHDs) of residence for monitoring as described below.

Travel monitoring protocol

I. Initial health risk assessment

- CHDs should implement a sustainable, long-term system to track travelers to the countries of concern as this surveillance program is expected to last at least several months. Surge capacity may be needed for counties with multiple travelers or who have staffing limitations. A Merlin outbreak module has been created to systematically document traveler monitoring activities statewide.
- Make contact with the person(s) on the list and conduct phone (low-risk travelers) or in-person (high-risk travelers) assessment within 12 hours of notification to assess the exposure listed on the [DOH EVD assessment algorithm](#).
- Definition of traveler risk categories
 - **Low risk:** Travelers from Guinea or Sierra Leone who have not had contact with a known or suspect EVD case in the past 21 days.
 - **High risk:** Contact with a known or suspect EVD case in the past 21 days regardless of the use and type of personal protective equipment that was used.
- The traveler should be provided a number to contact appropriate CHD staff 24/7.
- Complete the **Traveler Monitoring Information Form** and enter the information into the travelers profile in the Merlin outbreak module.
- Advise travelers on the components of monitoring (see below) including 21 day symptom and twice daily fever monitoring.
- Advise them on the process for visiting and/or calling them to check on their health status, according to risk level.
- Review the process for notifying CHDs and seeking healthcare if they develop signs or symptoms, including 24/7 CHD contact information.
- Provide a dedicated thermometer if they do not have the one provided in the CDC CARE kit.
- Collaborate with other CHDs, states, and partners to accomplish the monitoring for each traveler. This may include transferring the daily monitoring to other jurisdictions for low risk travelers.
- At the end of the 21 day period, complete the final portion of the **Daily Symptom and Temperature Log** and update the Merlin outbreak module #1860.
- Notify the Bureau of Epidemiology (850-245-4401) about any travelers from impacted countries that are received from sources other than *Epi-X*.

II. Movement restrictions

All **high risk travelers** will be advised to voluntarily quarantine themselves for the duration of the monitoring period. Non-compliance with voluntary quarantine will result in institution of an involuntary quarantine by the County Health Officer.

III. Components of Monitoring

For **all travelers** follow-up consists of twice daily temperature checks either by phone (low-risk travelers) or in-person (high-risk travelers) and evaluation of any illness symptoms, with verification of health status and compliance by the county health officials. The traveler should immediately report by phone to the CHD any fever or other symptoms for a period of 21 days after departure from an EVD outbreak country.

- A CHD official will contact the traveler to complete the **Traveler Monitoring Information Form**, conduct a EVD risk assessment, and establish a procedure for twice daily (every 10-14 hours) phone (low-risk travelers) or in-person (high-risk travelers) monitoring.
- The CHD official will call the traveler to determine whether there has been any symptom onset, and if none, will continue monitoring until completion of 21-day monitoring period or departure from the state.
- The individual should receive training in how to properly take their temperature.
- Twice daily, the CHD official will contact the traveler to obtain their temperature. The CHD official will record the time, temperature and the presence or absence of all symptoms on the **Daily Symptom and Temperature Log**.
- Once a day, before 5:00PM, the CHD official will enter the information from the Daily Symptom and Temperature Log into the Merlin outbreak module #1860.
- If the person reports at least one symptom, or if overt signs of illness are reported, the CHD official or designee will immediately notify the CHD Health Officer or if unable to reach the CHD Health Officer, notify the Bureau of Epidemiology.
- If a traveler has not been in contact for 4 hours or more beyond a designated contact time, additional efforts should be made to find the person and the Bureau of Epidemiology should be notified.
- These procedures will be followed for 21 days from the last day in the outbreak country.

Considerations for temperature checks: Temperature should be taken twice a day around the same time in the morning and evening 12 h (10-14h) apart. Temperature should be taken orally using the same thermometer each time. Ask the person if they are taking aspirin, Tylenol® (acetaminophen), ibuprofen, or any medicine that can lower a fever. The temperature should be taken before taking the above mentioned medications.

Use of personal protective equipment (PPE) for staff conducting in-person monitoring: For all in-person visits to high-risk travelers, per protocol the traveler will be known to be well prior to the visit. Staff should not have direct contact (e.g. hand shaking) with the traveler. Staff should routinely stay >3 feet from monitored travelers and may choose to conduct visits outdoors. However, if contact is necessary staff should use a procedure mask, face shield and gloves. Hand hygiene should be performed immediately after the visit is completed; this includes washing hands with soap and water or an alcohol-based hand sanitizer.

If the traveler is determined to be ill during the in-person visit, staff should not have any direct contact with the person or objects contaminated with blood or body fluid. The traveler should be asked to isolate themselves in a private room with the door closed. Staff should leave the building, perform hand hygiene, and contact the County Health Officer immediately to coordinate further medical care and to evaluate the risks for the staff member.

Transfer of travelers between jurisdictions:

For travelers transferring between counties within the state the CHD performing active monitoring will continue monitoring for the duration of the 21-day monitoring period spent in Florida.

- The CHD responsible for monitoring the traveler will send a courtesy e-mail notification with traveler name, preferred contact number, and planned duration of stay to the primary epidemiologist of any county the traveler plans on staying in overnight during the 21 day monitoring period.
- The CHD responsible for monitoring a traveler will immediately call the CHD of the receiving county if the traveler reports any signs or symptoms of illness while in that county, and will provide the traveler with appropriate contacts in that jurisdiction.

For travelers transferring to another state or country, the CHD performing active monitoring will notify the Bureau of Epidemiology prior to the anticipated travel and provide the anticipated transfer date, location, and traveler contact information. The Bureau of Epidemiology will notify the CDC and the health agency receiving the transferring traveler.

Additional Considerations: In most cases, low risk travelers are able to carry on with day to day activities, although the individual circumstances of each person should be considered. Factors that may prevent someone from returning to daily activities during the monitoring period include their ability to quickly seek immediate medical attention if they develop symptoms, number of daily close contacts, and risk of transmission.

If any traveler shows evidence of being non-compliant (refusing to take temperature, refusing to correspond with public health authorities, or attempting to travel without notifying public health authorities) the County Health Officer and the Office of General Counsel should be notified immediately.

Ebola Virus Disease (EVD) CDC Traveler Monitoring Information Form

This form should be filled out by county health department staff for each traveler identified through the CDC Quarantine from a country where EVD is a concern. Central office staff will initiate a profile in Merlin outbreak module #1860. Please update the profile with all information collected below.

Today's date (MM/DD/YYYY): _____ County: _____

Name of person filling in form: _____ Contact Number: _____

Traveler Information (enter in outbreak people detail in Merlin)

Last Name: _____ First Name: _____ Middle Initial: _____

Sex: Male Female
Date of Birth (MM/DD/YY): _____

Race: American Indian/Alaska Native Asian/Pacific Islander
 Black White Other Unknown
Ethnicity: Hispanic Non-Hispanic

Please complete the following contact information for the current/planned location in Florida where the individual will reside.

Street Number and Address: _____

City: _____ ZIP code: _____

Home Phone: _____ Cell Number: _____

Active Surveillance Information (enter in survey questions in Merlin)

U.S. state or country of residence: _____

Visit, work, or reside in a country with an Ebola outbreak in past 21 days? Yes No Unknown

If yes, specify country: _____

If yes, contact with human remains? Yes No Unknown

If yes, contact with bats or primates (dead or alive)? Yes No Unknown

If yes, last day in impacted location (MM/DD/YY): _____

If yes, date of arrival in U.S. (MM/DD/YY): _____

Date of arrival in Florida (MM/DD/YY): _____

Work as a healthcare provider for Ebola patients in past 21 days? Yes No Unknown

If yes, describe: _____

Work in a laboratory with specimens from Ebola patients in past 21 days? Yes No Unknown

If yes, describe: _____

Contact with persons known or suspected to have Ebola in the past 21 days? Yes No Unknown

Risk Category? High risk Low risk Unknown

If high risk, specify exposure: _____

Date of final departure from Florida (MM/DD/YY): _____

Any planned travel outside of current county or outside of Florida before active monitoring is complete (i.e., date of departure from Florida or 21 days from last exposure, whichever is first)? Yes No Unknown

If yes, specify dates and locations: _____

Date of last active monitoring in Florida (MM/DD/YY): _____

Complete active monitoring in Florida without developing signs and symptoms? Yes No Unknown

Complete the Daily Symptom and Temperature Log and input the information into the Merlin outbreak module profile the same day.

Traveler's Name: _____ Date of Birth: _____ Phone Number: _____ Last Day in Impacted Country: _____

Daily Symptom and Temperature Log			
Day 1 MM / DD / YYYY	Day 2 MM / DD / YYYY	Day 3 MM / DD / YYYY	Day 4 MM / DD / YYYY
AM PM <input type="checkbox"/> <input type="checkbox"/> No symptoms <input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM___°F <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____	AM PM <input type="checkbox"/> <input type="checkbox"/> No symptoms <input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM___°F <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____	AM PM <input type="checkbox"/> <input type="checkbox"/> No symptoms <input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM___°F <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____	AM PM <input type="checkbox"/> <input type="checkbox"/> No symptoms <input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM___°F <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____
Day 5 MM / DD / YYYY	Day 6 MM / DD / YYYY	Day 7 MM / DD / YYYY	Day 8 MM / DD / YYYY
AM PM <input type="checkbox"/> <input type="checkbox"/> No symptoms <input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM___°F <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____	AM PM <input type="checkbox"/> <input type="checkbox"/> No symptoms <input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM___°F <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____	AM PM <input type="checkbox"/> <input type="checkbox"/> No symptoms <input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM___°F <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____	AM PM <input type="checkbox"/> <input type="checkbox"/> No symptoms <input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM___°F <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____

Day 9 MM / DD / YYYY	Day 10 MM / DD / YYYY	Day 11 MM / DD / YYYY	Day 12 MM / DD / YYYY
AM PM <input type="checkbox"/> <input type="checkbox"/> No symptoms <input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM ___°F <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____	AM PM <input type="checkbox"/> <input type="checkbox"/> No symptoms <input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM ___°F <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____	AM PM <input type="checkbox"/> <input type="checkbox"/> No symptoms <input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM ___°F <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____	AM PM <input type="checkbox"/> <input type="checkbox"/> No symptoms <input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM ___°F <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____
Day 13 MM / DD / YYYY	Day 14 MM / DD / YYYY	Day 15 MM / DD / YYYY	Day 16 MM / DD / YYYY
AM PM <input type="checkbox"/> <input type="checkbox"/> No symptoms <input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM ___°F <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____	AM PM <input type="checkbox"/> <input type="checkbox"/> No symptoms <input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM ___°F <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____	AM PM <input type="checkbox"/> <input type="checkbox"/> No symptoms <input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM ___°F <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____	AM PM <input type="checkbox"/> <input type="checkbox"/> No symptoms <input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM ___°F <input type="checkbox"/> <input type="checkbox"/> Chills <input type="checkbox"/> <input type="checkbox"/> Weakness <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> Muscle Aches <input type="checkbox"/> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage <input type="checkbox"/> <input type="checkbox"/> Other _____

Day 17 MM / DD / YYYY	Day 18 MM / DD / YYYY	Day 19 MM / DD / YYYY	Day 20 MM / DD / YYYY
<p>AM PM</p> <p><input type="checkbox"/> <input type="checkbox"/> No symptoms</p> <p><input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM ___°F</p> <p><input type="checkbox"/> <input type="checkbox"/> Chills</p> <p><input type="checkbox"/> <input type="checkbox"/> Weakness</p> <p><input type="checkbox"/> <input type="checkbox"/> Headache</p> <p><input type="checkbox"/> <input type="checkbox"/> Muscle Aches</p> <p><input type="checkbox"/> <input type="checkbox"/> Abdominal Pain</p> <p><input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day</p> <p><input type="checkbox"/> <input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage</p> <p><input type="checkbox"/> <input type="checkbox"/> Other _____</p>	<p>AM PM</p> <p><input type="checkbox"/> <input type="checkbox"/> No symptoms</p> <p><input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM ___°F</p> <p><input type="checkbox"/> <input type="checkbox"/> Chills</p> <p><input type="checkbox"/> <input type="checkbox"/> Weakness</p> <p><input type="checkbox"/> <input type="checkbox"/> Headache</p> <p><input type="checkbox"/> <input type="checkbox"/> Muscle Aches</p> <p><input type="checkbox"/> <input type="checkbox"/> Abdominal Pain</p> <p><input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day</p> <p><input type="checkbox"/> <input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage</p> <p><input type="checkbox"/> <input type="checkbox"/> Other _____</p>	<p>AM PM</p> <p><input type="checkbox"/> <input type="checkbox"/> No symptoms</p> <p><input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM ___°F</p> <p><input type="checkbox"/> <input type="checkbox"/> Chills</p> <p><input type="checkbox"/> <input type="checkbox"/> Weakness</p> <p><input type="checkbox"/> <input type="checkbox"/> Headache</p> <p><input type="checkbox"/> <input type="checkbox"/> Muscle Aches</p> <p><input type="checkbox"/> <input type="checkbox"/> Abdominal Pain</p> <p><input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day</p> <p><input type="checkbox"/> <input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage</p> <p><input type="checkbox"/> <input type="checkbox"/> Other _____</p>	<p>AM PM</p> <p><input type="checkbox"/> <input type="checkbox"/> No symptoms</p> <p><input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM ___°F</p> <p><input type="checkbox"/> <input type="checkbox"/> Chills</p> <p><input type="checkbox"/> <input type="checkbox"/> Weakness</p> <p><input type="checkbox"/> <input type="checkbox"/> Headache</p> <p><input type="checkbox"/> <input type="checkbox"/> Muscle Aches</p> <p><input type="checkbox"/> <input type="checkbox"/> Abdominal Pain</p> <p><input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day</p> <p><input type="checkbox"/> <input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage</p> <p><input type="checkbox"/> <input type="checkbox"/> Other _____</p>
<p>Day 21 MM / DD / YYYY</p> <p>AM PM</p> <p><input type="checkbox"/> <input type="checkbox"/> No symptoms</p> <p><input type="checkbox"/> <input type="checkbox"/> Fever ___:___AM ___°F ___:___PM ___°F</p> <p><input type="checkbox"/> <input type="checkbox"/> Chills</p> <p><input type="checkbox"/> <input type="checkbox"/> Weakness</p> <p><input type="checkbox"/> <input type="checkbox"/> Headache</p> <p><input type="checkbox"/> <input type="checkbox"/> Muscle Aches</p> <p><input type="checkbox"/> <input type="checkbox"/> Abdominal Pain</p> <p><input type="checkbox"/> <input type="checkbox"/> Diarrhea ___times/day</p> <p><input type="checkbox"/> <input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> <input type="checkbox"/> Unexplained hemorrhage</p> <p><input type="checkbox"/> <input type="checkbox"/> Other _____</p>			

NOTES:

FOR COUNTY HEALTH DEPARTMENT:

Conclusion of monitoring: ___ Completed and asymptomatic
___ Incomplete
___ Developed symptoms (Complete consultation form and report to regional epidemiologist)

Describe: _____

CHD Follow-up: _____

Guidance for Travelers Recently Returning from Countries Currently Experiencing an Outbreak of Ebola Virus Disease – Florida

If you have recently traveled from a country with an Ebola virus disease (EVD) outbreak you must check your health for 21 days after leaving the country. This is the longest time between being exposed to the virus and the start of symptoms. If you develop symptoms of Ebola disease during this period, you need to be seen by a doctor or other medical provider.

Signs and symptoms of EVD can include one or more of the following:

- Fever
- Severe headache
- Muscle pain
- Diarrhea
- Vomiting
- Stomach pain
- Unexplained bleeding or bruising

Transmission

Ebola can be spread when a person develops symptoms. The virus can be spread by contact (through broken skin or your mouth, nose, eyes, or genitals) with:

- A sick person's blood or body fluids (urine, saliva, feces, vomit, and semen).
- Objects (such as needles) that have been contaminated with infected body fluids
- Infected animals

WHEN TO CALL

- At the first sign of illness you should contact your county health department.
- Please call the health department if you plan on traveling to another area (country, state, or county) during the 21 day period.

WHO TO CALL

Health department: _____

Contact: _____ Telephone number: _____

WHERE TO GO IF SICK

Your health department will make arrangements with a local hospital for your arrival. DO NOT arrive at a hospital without first contacting your health department. It is important to ask where and with whom you should meet at the hospital.

HOW TO GET TO THE HOSPITAL

You should arrive at the hospital by private vehicle or ambulance. If you are going by ambulance, it is important that you tell paramedics or emergency medical technicians that you are being monitored by the health department for symptoms of Ebola disease or show them your CARE card.

DO NOT take public transportation (for example, subway, taxi, train, bus, etc.).

WHAT YOU SHOULD TAKE WITH YOU

A person who does not have any symptoms should pack for you: personal identification (for adults), healthcare insurance card, medication, and one change of clothing.