

Locating Hard-to-Reach Travelers for Ebola Virus Disease Active Monitoring in New York City



Lucretia E. Jones, DrPH, MPH
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Background

- ▶ Surveillance/Epidemiology Emergency Response Group, Field Surveillance Unit (FSU)
- ▶ DOHMH's Active Monitoring Call Center (AMCC) refers hard to reach travelers to FSU



- ▶ From Oct 11, 2014 - May 31, 2015
 - 2,941 travelers were under active monitoring
 - 165(6%) of these were referred to FSU at least once for a total of 235 referrals

Methods

- ▶ Call traveler's CARE phone, other phone numbers & emergency contact
- ▶ Search databases for other contact info for the traveler or their emergency contact
- ▶ Check address in google maps
- ▶ Conduct field visit to home or hotel



Every time there is no contact in 2 days, travelers are referred to FSU

- ▶ Referrals represents 165 unique travelers
 - 118 were referred to FSU only once
 - 31 were referred twice
 - 11 were referred three times
 - 3 were referred four times
 - 2 were referred five times



Investigation Disposition Codes

1	Called traveler and interviewed
2	Called traveler and transferred to AMCC
3	Called and spoke with someone and left message for traveler
4	Called and left voice mail message
5	Conducted field visit & traveler interviewed
6	Conducted field visit, spoke with someone and left letter
7	Conducted field visit, no one home, and left letter
8	Conducted field visit but unable to leave letter
9	Spoke with someone who stated traveler left NYC jurisdiction
10	Checked AMCC database and found traveler had called in
11	No valid contact info given or identified so unable to proceed

Results of investigations (n=235)

- ▶ 80 (34%) were successfully contacted by FSU by phone within one day of referral
- ▶ 67 (29%) required a field visit
 - 9 (13%) did not have a valid or complete address
 - 58 (87%) that required field visit had valid addresses
 - 17 (29%) located and interviewed traveler
 - 41 (71%) located family, other and/or left the letter
- ▶ 78 (33%) had the other outreach dispositions
- ▶ 10 (4%) no valid contact info to proceed

Evaluation of Addition of CARE Cellphones



- ▶ FSU had to identify additional contact info in
 - 30% of referrals **before*** CARE phones (41/136)
 - 14% of referrals **after*** CARE phones (14/99)
- ▶ FSU had to conduct a field visit
 - 36% of referrals **before*** CARE phones (49/136)
 - 18% of referrals **after*** CARE phones (18/99)

◦ ***Before** 10/11/14–11/22/14
 ◦ ***After** 11/23/14–5/31/15

Challenges Locating and Monitoring Travelers in NYC

- ▶ Incorrect/incomplete numbers and addresses
- ▶ Traveler not staying where they reported
- ▶ Travelers not at home/hotel during the day
- ▶ Common names
- ▶ Language barriers
- ▶ Multi-apartment buildings without apt #
- ▶ No access to apartment building
- ▶ Safety in field

Lessons Learned

- ▶ Labor intensive for travelers at “low, but not zero” risk of Ebola
- ▶ Distributing cellphones facilitated monitoring
- ▶ Calling from non DOHMH phones useful
- ▶ Consumed time and staffing resources
- ▶ Better and complete info collected by Customs & Border Patrol at Immigrations
- ▶ Having trained & experienced staff is critical

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