Sustainability of Traveler Monitoring for Emerging Infectious Diseases: Lessons Learned from Active Monitoring of Traveler’s from West Africa for Ebola Virus Disease in CT, October 2014–July 2015.

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Ebola Traveler Monitoring Process: Background

• CT DPH interviews and confirms risk assessment with all travelers within 24 hours of Epi-X notification
• Staff communicates results to CT DPH Commissioner for decision on monitoring/movement restrictions
• Daily monitoring activities delegated to local directors of health as part of a declared Public Health Emergency
• Staff notifies the local health department (LHD) for emergency management and monitoring
• LHD staff maintains daily contact with travelers for the 21 day monitoring period or travelers’ time in CT
• Temperatures and symptoms are recorded in a web-based surveillance database accessible to both LHD and DPH
Ebola Traveler Monitoring Evaluation: Goals

• Identify strengths and weaknesses of the system
• Find areas where work can be reduced, streamlined or improved
• Make recommendations for sustaining EVD surveillance and implementing new surveillance strategies for emerging infectious diseases (e.g. avian influenzae, MERS-CoV)
Ebola Traveler Monitoring Evaluation: Results

- October 16, 2014–July 28, 2015, 152 travelers were triaged and monitored
  - 139 (91%) came directly to CT
    - 129 (93%) were triaged within 1 day; remaining 10 triaged within 48 hours
  - 13 travelers came to CT from other states & monitored by CT DPH
    - all were triaged within 1 day
- 2 required direct active monitoring
- No risk assessment performed by CT DPH differed from CDC screening.
- No traveler was classified as lost to follow up
- 3 travelers required medical evaluation
  - none contacted the LHD or DPH prior to arrival at ED
  - not routed to the intended hospital ED
  - Hospital ED not prepared to receive the traveler
  - Delayed diagnosis (malaria), and unnecessary testing for EVD
Ebola Traveler Monitoring Evaluation: Results

• Strengths of the system:
  – Timeliness of triage
  – Completeness of monitoring

• Weaknesses of the system:
  – Redundancy
    • CT DPH rescreening interview/risk assessment
  – Complexity
    • Triage, monitoring, and oversight spread across staff/DPH/LHD
    • Unequal burden - travelers disproportionally destined for a small number of LHDs
Ebola Traveler Monitoring Evaluation: Conclusions

• Goals met include:
  – Timeliness
  – Completeness of triage and monitoring

• Recommendations for system acceptability and sustainability:
  – Redundancies need to be reduced
  – Work burden distributed more equally

• Future patient/traveler monitoring systems should include:
  – Use of centralized web-based surveillance system
  – Central triage/monitoring at DPH
  – LHD assistance with local issues (e.g. EMS, home visits, etc)
Ebola Traveler Monitoring Evaluation
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