

Active Monitoring for Ebola Virus Disease — New York City, 2/1/2015–9/20/2015



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2015 Northeast Epidemiology Conference
New Brunswick, New Jersey
October 1, 2015



Background

- Active Monitoring: Daily communication by public health personnel with persons who have potentially been exposed to an infectious agent to check whether an illness has occurred
- New York City (NYC) Department of Health and Mental Hygiene (DOHMH) actively monitors persons who have risk factors for exposure to Ebola virus



Objective

- To describe the DOHMH experience with active monitoring



Methods



Persons Requiring Active Monitoring

- DOHMH receives notification on persons who require active monitoring for Ebola (clients) through communication with the CDC and other jurisdictions
- Low (but not zero) risk: contact is made with clients via telephone once daily for 21 days to obtain temperature and symptom data (vomiting, diarrhea, or unexplained bleeding or bruising)
- Some risk or high risk: additional monitoring measures are applied to these clients



Symptomatic/Febrile Clients

- Clients who report symptoms or fever (temperature $\geq 100.0^{\circ}$ F) are referred to a medical epidemiologist for further evaluation
- Clients are instructed each day to call DOHMH if they develop an illness or if they go to a hospital or emergency room



Lost to follow-up

- Clients with whom no initial contact was made;
- Clients who were reached initially but during days 2–20 were not reached for 4 consecutive days; or
- Clients who were not reached on day 21 and again not reached on day 22




Lassa Fever

These same procedures are applied to persons with a potential exposure to Lassa virus




Results




Clients Monitored — 2/1/2015–9/20/2015

Category	Number	%
Total clients monitored	2718	100.0
Clients monitored for Ebola	2717	>99.9
Clients monitored for Lassa fever	1	<0.01
Low (but not zero) risk	2681	98.6
Clients lost to follow-up	4	0.1
Peak of monitoring (9/16/2015)	389	N/A




Demographic Characteristics of Clients Monitored — 2/1/2015–9/20/2015

Category	Number	%
Sex		
Male	1449	53.3
Female	1202	44.2
Unknown	67	2.5
Age		
<5 years	107	3.9
5–19 years	248	9.1
20–64 years	2261	83.2
≥65 years	102	3.8
Total	2718	100



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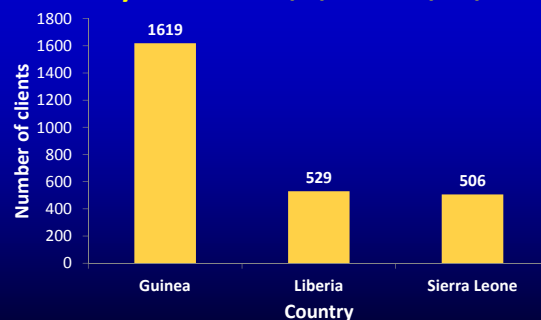


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Number of Clients Monitored Based on Country Visited — 2/1/2015–9/20/2015



*155 clients traveled to >1 of the countries listed

*DOHMH ceased monitoring of clients from Liberia on June 17, 2015



Symptoms or Fever Reported by Clients — 2/1/2015–9/20/2015

Symptoms	Number
Fever	46
Diarrhea	14
Vomiting	6
Unexplained bleeding/bruising	0
Total	66*

*N=59 distinct clients

- Seven clients sought medical care (reported to hospital/emergency room) without informing DOHMH



Discussion

- Vast majority of clients monitored were deemed to be low (but not zero) risk
- High proportion of ill clients who presented to a healthcare facility without also informing DOHMH serves as a reminder for healthcare providers to take thorough travel histories when evaluating patients
- More data are needed to understand factors associated with non-compliance to active monitoring procedures



Acknowledgements

- New York City Department of Health and Mental Hygiene Active Monitoring Call Center staff
- Neil Vora, MD
- Anna Tate, MPH
- Ifeoma Ezeoke, MPH
- Prachee Patel



Questions?

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the New York City Department of Health and Mental Hygiene

