

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.

T Rabatsky-Ehr, S Petit, J Mullins, and M Cartter
Connecticut Department of Public Health

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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 disproportionately 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)

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