Interim Guidance for Health Departments for Monitoring Persons Possibly Exposed to 2019 Novel Coronavirus (2019-nCoV) in Travel-Associated or Community Settings

Purpose

This document provides guidance for temperature and symptom monitoring by a public health official of persons who were possibly exposed to 2019 novel coronavirus (2019-nCoV), until 14 days after the last potential exposure (see exposure risk table below and refer to the contact risk category document).

Introduction

Novel coronavirus (2019-nCoV) was first detected in Wuhan City, Hubei Province, China. Chinese health officials have reported thousands of infections with 2019-nCoV in China, including outside of Hubei Province, and other countries continue to report 2019-nCoV cases. A number of countries, including the United States, have been actively screening incoming travelers from affected areas. The United States announced their first infection with 2019-nCoV detected in a traveler returning from Wuhan on January 21, 2020.

Limited information is available to characterize the spectrum of clinical illness associated with 2019-nCoV. No vaccine or specific treatment for 2019-nCoV infection is available; care is supportive.

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Rarely, animal coronaviruses can evolve and infect people and then spread between people such as has been seen with MERS and SARS. When person-to-person spread has occurred with SARS and MERS, it is thought to have happened via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. Spread of SARS and MERS between people has generally occurred between close contacts. Past MERS and SARS outbreaks have been complex, requiring comprehensive public health responses.

The most common signs and symptoms of 2019-nCoV are fever, cough, and shortness of breath or difficulty breathing. The Texas Department of State Health Services (DSHS) is also directing individuals to monitor for muscle aches, fatigue,

sore throat, headache, runny nose, chills, abdominal pain/discomfort, nausea, vomiting, or diarrhea.

The Centers for Disease Control and Prevention (CDC) clinical criteria for a 2019-nCoV patient under investigation (PUI) have been developed based on what is known about MERS-CoV and SARS-CoV and are subject to change as additional information becomes available.

Definitions utilized in this guidance document are located in the Appendix.

Exposure Risk Assessment

The exposure risk should be assessed and classified into one of four exposure categories for each person under monitoring (PUM): **high risk, medium risk, low risk, and no identifiable risk.**

- ***See the Interim Exposure Risk Categories for Travelers, Flight Crews, and Contacts in Community or Household Settings for 2019 Novel Coronavirus (2019-nCoV) for exposure risk category information, such as definitions, type of monitoring, restrictions and actions.***

These categories may not cover all potential exposure scenarios and should not replace an individual assessment of risk for the purpose of clinical decision making or individualized public health management. Any public health decisions that place restrictions on a person's or group's movements or impose specific monitoring requirements should be based on an assessment of risk for the person or group.

Active Monitoring, Self-Monitoring with Delegated Supervision, and Self-Observation

Active monitoring means that the regional or local public health department assumes responsibility for establishing regular communication with possibly exposed persons, including checking daily to assess for the presence of symptoms and fever. Check-ins can be done through daily phone calls, or another mutually agreeable, HIPAA compliant method, with possible follow-up home visits as needed.

Self-monitoring with delegated supervision means, for certain occupational groups (e.g., some healthcare or laboratory personnel, airline crew members), self-monitoring with oversight by the appropriate occupational health program in coordination with the health department of jurisdiction. The occupational health personnel for the employing organization should establish points of contact between the organization, the self-monitoring personnel, and the local health department with jurisdiction for the location where self-monitoring personnel will be during the self-monitoring period. This communication should result in agreement on a plan

for medical evaluation of personnel who develop symptoms during the self-monitoring period. The plan should include instructions for notifying occupational health and the local public health authority, and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if symptoms occur. Air carriers have the authority to adopt occupational health policies for their own employees that exceed CDC recommendations.

Self-observation means the individual should remain alert for symptoms. If they feel feverish or develop any symptoms during the self-observation period, they should take their temperature, limit contact with others, and contact their local health department and healthcare provider to determine whether medical evaluation is needed.

Active monitoring is recommended for persons in the **high-risk category** and some individuals in the **medium-risk category.** Self-monitoring with delegated supervision is recommended for some individuals in the **medium** and **low risk category**. Self-observation is recommended for some individuals in the **low-risk category**.

Persons under **active monitoring** should be contacted each day for 14 days following their last potential exposure. The goal is to monitor the health of the person and to take actions if the person develops symptoms or is lost to follow-up. Persons under active monitoring should measure their temperature twice daily (at least 6 hours apart) and monitor themselves for symptoms. They should report the results of their monitoring to the regional/local public health department (R/LHD) at least once a day for their 14-day monitoring period. The R/LHD should report the results of contact monitoring to DSHS Central Office each day of active monitoring.

The number of persons and information needed by the local health department for persons under **self-monitoring with delegated supervision** should be obtained from the appropriate occupational health program when communication is established between the local health department and the occupational group. Those persons performing self-monitoring with delegated supervision should measure their temperature twice daily (at least 6 hours apart) and monitor themselves for symptoms. If the person performing self-monitoring with delegated supervision experiences any symptoms indicated on the tracking log, they must contact the R/LHD immediately per the plan established between the local health department and the occupational health program. Since this is self-monitoring with delegated supervision and the local health department will not be contacting the person, the R/LHD should report the number of persons under self-monitoring with delegated supervision to DSHS Central Office each day.

Persons performing **self-observation** should be contacted at the beginning and end of the monitoring period, to verify the person did not develop any symptoms. Persons performing self-observation should remain alert for symptoms. If they feel feverish or develop any symptoms during the self-observation period, they should take their temperature, limit contact with others, and contact their local health department and healthcare provider to determine whether medical evaluation is needed. The R/LHD should report the number of persons under self-observation to the Texas Department of State Health Services (DSHS) Central Office each day.

Procedures for Monitoring

Procedures for Active Monitoring:

DSHS Central Office will notify R/LHDs of any returning travelers that have been reported by CDC and any contacts that have been reported by other jurisdictions. Also, R/LHDs will notify DSHS Central Office of any contacts that have been identified through case investigations and any returning travelers that have been reported directly by CDC to the R/LHDs or who have self-reported.

If after initiating contact with the PUM you receive additional information indicating a different risk level, please notify DSHS Central Office as soon as possible. Also notify DSHS Central Office if a PUM plans to travel and thus monitoring needs to transfer to another Texas jurisdiction or to another state. Please send updates to EAIDBMonitoring@dshs.texas.gov, and include your regional health department, if applicable.

1. The regional/local public health department (R/LHD) should confirm that the PUM received the Interim DSHS Guidance for Persons Being Monitored for Potential Exposure to 2019 Novel Coronavirus, which includes a **14-day fever and symptom log**.
    - Initial training is helpful to explain the monitoring process to ensure the PUM understands the required follow-up and to establish rapport.
2. Every day, the PUM will take their temperature in the morning and evening (at least 6 hours apart) and record their temperature and the presence or absence of all symptoms on the **14-day fever and symptom log**.
    - The PUM should record if they are taking any medication with aspirin, Tylenol® (acetaminophen), paracetamol, Aleve® (naproxen), Motrin® or Advil® (ibuprofen) and the reason for taking the medication. Temperature readings should be taken **before** the PUM’s next dose of any such medication.
3. The PUM should report daily to public health officials by phone, or another mutually agreeable, HIPAA compliant method, to confirm symptoms have been monitored and the individual remains asymptomatic.

4. The R/LHD should report the results of monitoring to DSHS Central Office using the 2019-nCoV daily monitoring log to EAIDBMonitoring@dshs.texas.gov and your regional health department, if applicable, by 10 am each day of monitoring. The daily monitoring log should include summary information of all PUM monitoring symptom checks for the previous days monitoring (AM and PM checks) for individuals that are actively monitored. The daily monitoring log should also include the total number of PUMs performing self-monitoring with delegated supervision and self-observation in your jurisdiction, if applicable.
5. If the PUM has a fever, is feverish, or reports at least one of the other symptoms, they should immediately notify the regional/local health department. If the PUM has an urgent health situation, the first call should be to 911 and the second call should be to the regional/local health department.
6. If a person has not taken their temperature or recorded the presence or absence of symptoms for two consecutive days, additional efforts should be made to increase adherence to the monitoring protocol, such as in-person visits.
7. At the end of the monitoring period, the completed 14-day monitoring log should be sent to the Texas Department of State Health Services Central Office at EAIDBMonitoring@dshs.texas.gov and your regional health department, if applicable, by 10 am the day after monitoring is completed.

Procedures for Self-Monitoring with Delegated Supervision:

The occupational health personnel for the employing organization of the airline crew should establish points of contact between the organization, the self-monitoring personnel, and the local health department with jurisdiction for the location where self-monitoring personnel will be during the self-monitoring period. R/LHDs will notify DSHS Central Office of any airline crew under self-monitoring with delegated supervision when notified by an occupational health program.

DSHS Central Office will notify R/LHDs of any airline crew under self-monitoring with delegated supervision when notified by an occupational health program.

1. When the regional/local public health department (R/LHD) is contacted by occupational health personnel for the employing organization of the airline crew communication should result in agreement on a plan for medical evaluation of personnel who develop symptoms during the self-monitoring period. The plan should include instructions for notifying occupational health and the local public health department, and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if symptoms occur.

2. The R/LHD should confirm that the person performing self-monitoring received the Interim DSHS Guidance for Persons Being Monitored for Potential Exposure to 2019 Novel Coronavirus, which includes a **14-day fever and symptom log** or has received similar information from the occupational health personnel.
    - Initial training is helpful to explain the monitoring process to ensure that the person performing self-monitoring understands the required follow-up and to establish rapport.
3. Each day, the person performing self-monitoring will take their temperature in the morning and evening (at least 6 hours apart) and record their temperature and the presence or absence of all symptoms on the **14-day fever and symptom log**.
    - The person performing self-monitoring should record if they are taking any medication with aspirin, Tylenol® (acetaminophen), paracetamol, Aleve® (naproxen), Motrin® or Advil® (ibuprofen) and the reason for taking the medication. Temperature readings should be taken **before** the PUM's next dose of any such medication.
4. If the person performing self-monitoring has a fever or subjective fever or reports at least one of the other symptoms, they should immediately notify the regional/local health department per the plan established between the local health department and the occupational health program. If the person performing self-monitoring has an urgent health situation, the first call should be to 911 and the second call should be to the R/LHD.
5. The R/LHD should report the total number of persons performing self-monitoring with delegated supervision to DSHS Central Office using the 2019-nCoV daily monitoring log to EAIDBMonitoring@dshs.texas.gov and your regional health department, if applicable, by 10 am each day of monitoring. The daily monitoring log should include the total number of persons that performed self-monitoring for the previous day. The daily monitoring log should also include the summary information of all PUM monitoring symptom checks that are actively monitored and self-observation in your jurisdiction, if applicable.

Procedures for Self-Observation:

DSHS Central Office will notify R/LHDs of any returning travelers that have been reported by CDC and any contacts that have been reported by other jurisdictions in the low risk level category for self-observation. Also, R/LHDs will notify DSHS Central Office of any contacts that have been identified through case investigations and any returning travelers that have been reported directly by CDC to the R/LHDs in this risk level category.

If after initiating contact with the PUM you receive additional information indicating a different risk level, please notify DSHS Central Office as soon as possible. Also notify DSHS Central Office if the person plans to travel so that another Texas jurisdiction or another state can be notified if the individual develops symptoms. Send updates to EAIDBMonitoring@dshs.texas.gov, and include your regional health department, if applicable.

1. The regional/local public health department should contact the person performing self-observation to confirm that they received the DSHS Interim Guidance for Persons Being Monitored for Potential Exposure to 2019 Novel Coronavirus (2019-nCoV).
    - Initial training is helpful to ensure that the person performing self-observation understands the required follow-up and to establish rapport.
2. The person performing self-observation should remain alert for symptoms.
3. If the person performing self-observation feels feverish or develops any other symptoms during the self-observation period, they should take their temperature, limit contact with others, and contact their local health department and healthcare provider to determine whether medical evaluation is needed. If the person performing self-observation has an urgent health situation, the first call should be to 911 or their healthcare provider and the second call should be to the R/LHD.
4. The R/LHD should report the number of persons under self-observation to DSHS Central Office each day using the 2019-nCoV daily monitoring log to EAIDBMonitoring@dshs.texas.gov and your regional health department, if applicable, by 10 am each day of monitoring. The daily monitoring log should include the total number of persons that performed self-observation for the previous day. The daily monitoring log should also include the summary information of all PUM monitoring symptom checks that are actively monitored and self-monitoring with delegated supervision in your jurisdiction, if applicable.

If at any point during the monitoring period, a person under active monitoring, self-monitoring with delegated supervision, or self-observation develops any of the symptoms listed on the fever and symptom log, the regional/local health department should be contacted immediately, and then it should be reported up through usual reporting channels to DSHS Central Office. If the regional/local health department decides the person should undergo a medical evaluation for 2019-nCoV, the person should be isolated, the appropriate healthcare facility should be notified, and arrangements should be made for safe transport to the facility for evaluation.

Appendix

Definitions Used in this Guidance

Self-observation means people should remain alert for symptoms. If they feel feverish or develop any other symptoms during the self-observation period, they should take their temperature, limit contact with others, and seek health advice by telephone from their local health department and their healthcare provider to determine whether medical evaluation is needed.

Self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remain alert for symptoms. Anyone on self-monitoring should be provided a plan for whom to contact if they develop symptoms during the self-monitoring period to determine whether medical evaluation is needed.

Self-monitoring with delegated supervision means, for certain occupational groups (e.g., some healthcare or laboratory personnel, airline crew members), self-monitoring with oversight by the appropriate occupational health or infection control program in coordination with the health department of jurisdiction. The occupational health or infection control personnel for the employing organization should establish points of contact between the organization, the self-monitoring personnel, and the local or state health departments with jurisdiction for the location where self-monitoring personnel will be during the self-monitoring period. This communication should result in agreement on a plan for medical evaluation of personnel who develop symptoms during the self-monitoring period. The plan should include instructions for notifying occupational health and the local public health department, and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if symptoms occur.

Self-monitoring with public health supervision means public health authorities assume the responsibility for oversight of self-monitoring for certain groups of people. CDC recommends that health departments establish initial communication with these people, provide a plan for self-monitoring and clear instructions for notifying the health department before the person seeks health care if they develop symptoms, and as resources allow, check in intermittently with these people over the course of the self-monitoring period. If travelers for whom public health supervision is recommended are identified at a US port of entry, CDC will notify state and territorial health departments with jurisdiction for the travelers' final destinations.

Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of symptoms. For people with high-risk

exposures, CDC recommends this communication occurs at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.

Close contact is defined as in CDC's Interim Guidance for Healthcare Professionals.

Public health orders are legally enforceable directives issued under the authority of a relevant federal, state, or local entity that, when applied to a person or group, may place restrictions on the activities undertaken by that person or group, potentially including movement restrictions or a requirement for monitoring by a public health authority, for the purposes of protecting the public's health. Federal, state, or local public health orders may be issued to enforce isolation, quarantine or conditional release.

Isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Quarantine in general means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

Conditional release defines a set of legally enforceable conditions under which a person may be released from more stringent public health movement restrictions, such as quarantine in a secure facility. These conditions may include public health supervision through in-person visits by a health official or designee, telephone, or any electronic or internet-based means of communication as determined by the CDC Director or state or local health authority. A conditional release order may also place limits on travel or require that a person self-quarantine at home.

Controlled travel involves exclusion from long-distance commercial conveyances (e.g., aircraft, ship, train, bus). For people subject to active monitoring, any long-distance travel should be coordinated with public health authorities to ensure uninterrupted monitoring. Air travel is not allowed by commercial flight but may occur via approved noncommercial air transport. CDC may use public health orders or federal public health travel restrictions to enforce controlled travel. CDC also has the authority to issue travel permits to define the conditions of interstate travel within the United States for people under certain public health orders or if other conditions are met.

Congregate settings are public places where close contact with others may occur. Congregate settings include settings such as shopping centers, movie theaters, stadiums, workplaces, grocery stores, and schools and other classroom settings.

Social distancing means remaining out of congregate settings, avoiding local public transportation (e.g., bus, subway, taxi, ride share), and maintaining distance (approximately 6 feet or 2 meters) from others. If social distancing is recommended, presence in congregate settings or use of local public transportation should only occur with approval of local or state health authorities.