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Ebola Checklist for Local Boards of Health

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The ongoing outbreak of Ebola virus disease (EVD) in West Africa and subsequent isolated transmission of the virus in the United States have resulted in heightened public health vigilance nationwide. Local boards of health (LBOH) can play a vital role in EVD response efforts just as you do every day in your community – by protecting the health of the community, assuring individual privacy and confidentiality, reducing undue public alarm, and utilizing public health resources effectively. The Epidemiology Program at the Massachusetts Department of Public Health (DPH) will provide consultation and assistance to local health officials and providers who have questions about assessing an individual's risk for Ebola.

**YOU CAN REACH THE EPIDEMIOLOGY PROGRAM BY CALLING:
617-983-6800, 24 HOURS A DAY**

As a local health official, you may be called upon to do the following:

- 1) Provide information and reassurance to your community based on the actual, rather than perceived, risk to residents in the community. Simple risk messaging on the actual threat of Ebola in the United States can be found on the DPH [“Ebola Information for Residents” webpage](#).
- 2) Assess individuals who have personal travel and/or exposure histories that might identify them as being at risk for developing EVD.

For an individual to be considered at risk for Ebola, he or she must have:

- ✓ Traveled in the past 21 days to **Guinea, Sierra Leone, Liberia** or other country that has been designated by CDC as presenting a risk of exposure (see [CDC](#) and [DPH](#) guidance)

AND/OR

- ✓ Direct contact with the blood or body fluids of someone with Ebola virus disease or who has died with Ebola virus disease

AND

- ✓ Fever of 100.4° F (38° C) or higher; and symptoms such as headache, muscle pain, vomiting, diarrhea, abdominal pain or unexplained bleeding.

- 3) Follow up on individuals identified as at risk for developing EVD. This could include assisting with direct or active monitoring activities¹, providing ongoing counseling and educational support, or enforcing mandatory quarantine. The State Epi-on-Call (617) 983-6800 can be consulted regarding any specific questions pertaining to follow up with individuals identified as at risk for developing EVD.

The majority of EVD situations in your community will likely involve a phone call from a resident or local health care provider. Most of these can be handled with minimal difficulty by using the checklist below, which is designed to guide and support your public health actions and direct you to available resources from the state.

For situations of additional concern, contact the DPH Epidemiology Program (617) 983-6800. A dedicated Epidemiologist On-Call is available 24/7. It is important to note that these situations are not considered Hazmat events, and do NOT generally require engaging emergency personnel as an initial response.

CHECK LIST FOR CALLERS TO THE LOCAL BOARD OF HEALTH

- ☐ Callers with personal concerns about EVD should be asked about recent travel, direct, unprotected contact with a known Ebola case, and their own health. Callers with symptoms, but without travel to Liberia, Guinea, Sierra Leone or other country that has been designated by CDC as presenting a risk of exposure (see [CDC](#) and [DPH](#) guidance) and/or exposure to a person with Ebola in the United States in the previous 21 days should be advised to talk to their health care provider about their symptoms. Provide reassurance that they do not have EVD.
- ☐ Callers who traveled to Liberia, Guinea, Sierra Leone or other country that has been designated by CDC as presenting a risk of exposure (see [CDC](#) and [DPH](#) guidance) within the past 21 days and are experiencing symptoms should be asked to stay in their home and await further instructions. Immediately call the State Epi-on-Call at (617) 983-6800 for a consultation.
- ☐ If, after consultation, the individual in question meets the criteria for a suspect case of EVD, the State Epi-on-Call will request that you coordinate with emergency medical services, advise EMS dispatch that the individual to be transported meets the criteria for a suspect case of Ebola and arrange for medical transport to a health care facility.

¹ Direct active monitoring refers to the observation by a public health official of an individual at least once per day to assess symptom status, monitor temperature, and discuss plans for work, travel, and movement in public places; a second monitoring contact each day may occur by phone. Active monitoring refers to an individual taking their own temperature (twice daily), observing their symptom status and reporting these findings daily to a public health official by phone or by electronic means.

- ❑ If, in consultation with the State Epi-on-Call, the individual in question does not meet criteria for a suspect Ebola case or contact—but is in medical distress—local personnel should arrange for appropriate medical care or emergency services as warranted. If the individual is not ill or in distress, they may continue their usual activities without restriction.

VISITORS TO THE HEALTH DEPARTMENT

- ❑ In the unlikely event an individual arrives in person at the health department with concerns about Ebola, they should first be asked about their travel history and/or any direct, unprotected contact with a known Ebola case. Individuals who have traveled to Liberia, Guinea, Sierra Leone or other country that has been designated by CDC as presenting a risk of exposure (see [CDC](#) and [DPH](#) guidance) and/or had exposure to a person with Ebola within the past 21 days should be taken to a private room and asked about their current health.
- ❑ If travel history, exposure to a known Ebola patient, and symptoms are consistent with a suspect case of Ebola, the individual should be isolated in a room to limit their contact with others while waiting for medical transport. Immediately contact the State Epi-on-Call who will guide staff on the scene regarding any needed protective procedures. Maintain a distance of six feet from the symptomatic individual.
- ❑ If, after consultation, the person in question meets the criteria for a suspect case of EVD, you will be directed to call for emergency medical services, advise the EMS dispatcher that the individual to be transported meets the criteria for a suspect case of Ebola and arrange for medical transport.
- ❑ If, in consultation with the State Epi-on-Call, the individual in question does not meet criteria for a suspect Ebola case or contact—but is in medical distress—local personnel should arrange for appropriate medical care or emergency services as warranted. If the individual is not ill or in distress, they may continue their usual activities without restriction.

HEALTHCARE PROVIDERS

- ❑ Healthcare providers calling in regard to a patient should be advised to obtain a travel and possible exposure history. If their patient has traveled to Liberia, Sierra Leone, Guinea or other country that has been designated by CDC as presenting a risk of exposure (see [CDC](#) and [DPH](#) guidance) within 21 days, or has been in direct contact with an individual who has Ebola, and has compatible symptoms, advise the provider to isolate the patient in a private room with the door closed and suggest the provider call the State Epi-on-Call at (617) 983-6800.

- ☐ If, in consultation with the State Epi-on-Call, the individual in question does not meet criteria for a suspect Ebola case or contact—but is in medical distress—local personnel should arrange for appropriate medical care or emergency services as warranted. If the individual is not ill or in distress, they may continue their usual activities without restriction.

IN THE MEANTIME

To prepare for responding to Ebola or any infectious disease in your community you should also:

- ☐ Review Isolation and Quarantine procedures as they apply to Massachusetts through an [online training](#) that can guide you through the basics as well as [information about isolation and quarantine](#) on the DPH website.
- ☐ Review the DPH [plan for adopting and implementing CDC's Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure](#).
- ☐ Check the [DPH](#) and [CDC](#) websites on a regular basis for updates on EVD and the status of the outbreak in West Africa.
- ☐ When providing your LBOH contact information to concerned residents, be clear about your hours of business and when you can be reached. Emphasize that a DPH epidemiologist is available to answer general questions during business hours and is available for emergencies after hours by calling (617) 983-6800.
- ☐ Make sure other officials in your community (e.g. public safety, selectmen, mayor, board members, etc.) have your emergency contact information.
- ☐ Keep in mind that Ebola virus can be transmitted only after symptoms appear and only through direct contact with the blood or other bodily fluids of an individual sick with EVD.