



The Johns Hopkins Office of Critical
Event Preparedness and Response

Interim Guidance Regarding Ebola Virus Disease (EVD) and International Travel

October 15, 2014

Johns Hopkins Institutions¹
Interim Guidance Regarding Ebola Virus Disease (EVD) and International Travel
October 2, 2014

Introduction

The Centers for Disease Control and Prevention (CDC) has issued a Level-3 Travel Advisory for Guinea, Liberia and Sierra Leone. The CDC urges all U.S. residents to avoid nonessential travel to these countries due to an unprecedented outbreak of Ebola.

The purpose of this statement is to define the Johns Hopkins Institutions¹ (JHI) position on Johns Hopkins-related, as well as personal, travel to places where Ebola is not contained. This applies to all faculty, staff, students and trainees. Hopkins-related travel includes, but is not limited to, education and training activities (as either teacher or learner), field research, collaborative scholarly activities and providing health care. Personal travel may include vacation, visiting family, or volunteering in a clinical or other health care capacity unrelated to a Hopkins initiative or response. This guidance applies to both short-term and long-term travel whether for work or personal reasons.

The possible consequences of travel to these countries are particularly serious in view of the virulence of Ebola, the intensive community and health facility transmission patterns, and the undeveloped health systems currently in these countries. Apart from personal risk, the potential to unwittingly acquire Ebola and place others in the Johns Hopkins community, including patients, at risk on return was instrumental in the development of this guidance.

Consistent with the current CDC Level-3 Travel Advisory, Johns Hopkins Office of CEPAR, on behalf of the Johns Hopkins Institutions, strongly advises against all travel for faculty, staff, students and trainees to Liberia, Guinea and Sierra Leone. All faculty, staff, students and trainees should evaluate the necessity of travel and delay nonessential travel until the CDC Level-3 Travel Advisory is lifted. Institutional leadership, as per specific entity policy, must either be notified or grant approval for such travel, as outlined below. In addition to the required notification or approval of travel, all travelers must register in the Johns Hopkins International Travel Registry (JHITR).

The following guidance represents the minimum that must be undertaken in each case. **Please note that CEPAR's best recommendation is to avoid travel to any CDC Level-3 Travel Advisory country until such warnings are lifted.**

¹ Johns Hopkins Institutions refers to all Johns Hopkins entities including the Johns Hopkins University, Johns Hopkins Health Systems/Johns Hopkins Medicine and the Applied Physics Laboratory.

Work-Related Travel Guidelines

Pretravel

All Johns Hopkins employees, faculty, staff, students and trainees planning travel to a Level-3 Travel Advisory country must preregister with the [Johns Hopkins International Travel Registry](#). Additionally, we recommend that any individual planning to travel to the region schedule a pretravel appointment with the Johns Hopkins Travel and Tropical Medicine Clinic (410-955-8931) or other local travel health provider to ensure you have selected appropriate preventive measures. These include vaccines, medications and other strategies to prevent acquiring infections associated with fever while in West Africa. Use of recommended prevention strategies can reduce risk of common causes of fever in the returning traveler and will allow for a more efficient and effective screening upon return from West Africa.

University Faculty and Staff (excluding School of Medicine):

All faculty and staff must notify their dean and department chair prior to departure. In addition, they must register in JHITR. Faculty and staff should not participate in direct clinical care for 21 days following their return from healthcare work in any country with an active CDC Level-3 Ebola-related advisory.

Health System and School of Medicine Faculty, Staff, Students and Trainees:

All faculty, staff, students and trainees must request permission from their dean, department chair or supervisor prior to departure. In addition, they must sign a waiver and register in JHITR. Johns Hopkins Health System and School of Medicine faculty, staff, students and trainees may not participate in direct clinical care or be in a clinical care environment until cleared by Occupational Health. Although each circumstance will be considered individually, those returning from an endemic area who are considered as having “high risk exposures” by Occupational Health/Student Health, and according to CDC guidelines, will not be allowed to engage in patient care for 21 days. Those considered at low or moderate risk will be monitored according to an individualized plan by Occupational Health for up to 21 days.

Graduate Students/Trainees (not School of Medicine and not involved in clinical care)

Graduate students must notify their dean and department chair. In addition, they must sign a waiver, complete a travel checklist and register in JHITR.

Undergraduate Students (not including medical students):

Undergraduate students must petition for approval to travel to all countries with travel warnings or advisories. Such travel requires preapproval from the student’s parents, advisor, school dean, director of study abroad and JHU chief risk officer. Undergraduate students must register their trip in JHITR.

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Upon Return (for all travelers):

Upon return, unless otherwise stated, all individuals must be authorized to return to school or work by Occupational Health or Student Health, as appropriate. Travelers must contact Student Health or Occupational Health upon their return for further instructions and follow the CEPAR interim guidance for returning travelers (see Appendix 1). In addition, all persons traveling to these areas must record a symptom/fever diary daily for 21 days upon their return and notify Student Health or Occupational Health if any symptoms develop (see Appendix 2).

On return:

- The individual will contact Student or Occupational Health by phone immediately upon their return.
- The individual will monitor their health for 21 days as instructed by Occupational Health or Student Health based on their classification of risk (see risk definitions below.)
- This includes:
 - Self-monitoring and recording of body temperature every morning and evening.
 - Vigilance for Ebola symptoms: severe headache, muscle pain, vomiting, diarrhea, stomach pain or unexplained bleeding or bruising.
 - If temperature is above 101.5°F (38.6°C) or other Ebola signs or symptoms develop, individuals should contact Occupational or Student health by phone immediately.
 - Individuals with high risk exposures (see risk definitions below) cannot return to school or work prior to 21 days post exposure.
- Student Health or Occupational Health should be informed about recent travel and current symptoms, if any, before going to the clinic. Advance notice will allow the medical team to anticipate care needs and protect other people who may be in the doctor's office or hospital.
- If the individual has a fever or other symptoms, contact with other people should be limited when traveling to seek medical care; public transportation should be avoided.
- Individuals with symptoms suspicious for Ebola should limit contact with other people until medically evaluated. Classes, student activities and the workplace must be avoided until medically cleared to attend.
- For individuals who have no symptoms but are being monitored by Occupational Health or Student Health, normal activities, including work and school can be resumed. If symptoms develop, the instructions above should be followed.
- Symptomatic or ill individuals who are already in the affected countries will be repatriated on a case-by-case basis.

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Frequently Asked Questions

- Q. *What’s your current recommendation regarding travel to Guinea, Liberia and Sierra Leone.***
- A. The travel guidance above refers to all Johns Hopkins-related travel to Liberia, Guinea, and Sierra Leone. For now, Johns Hopkins-related travel to the rest of West Africa is without restriction, although the guidance will be automatically extended to any country with a CDC Level-3 Travel Advisory for Ebola. CEPAR and Johns Hopkins Institutions do not have purview over personal (non-JHI related) travel decisions. However, we request that employees, students, and volunteers traveling to these countries on personal business unrelated to affiliation with Johns Hopkins register travel plans with the Johns Hopkins International Travel Registry.
- Q. *How can I stay safe if I travel to these countries?***
- A. The best way to stay safe is to avoid travel to these countries and by following the CDC’s advice for avoiding contact with the blood and body fluids of people who are ill with Ebola. For more information, visit [Outbreak of Ebola in Guinea, Liberia and Sierra Leone](#) on the [CDC Ebola website](#).
- Q. *What if I get sick while in these countries?***
- A. If you have come into contact with Ebola infected patients and develop symptoms (fever, headache, diarrhea, vomiting, etc.), visit the U.S. Department of State website to find a list of local doctors and hospitals. Many foreign hospitals and clinics are accredited by the Joint Commission International. A list of accredited facilities is available at: www.jointcommissioninternational.org. [JHI employees are automatically enrolled in International SOS. Please contact them for assistance.](#) Additionally, delay your travel home until after you have recovered or a qualified medical provider approves return travel.
- Q. *Is there anything I should do when I return from a country with a Level-3 Travel Advisory?***
- A. Should you choose to disregard the Johns Hopkins travel guidance against travel to a country with a Level-3 Travel Advisory, you should keep a symptom/fever journal for 21 days following your trip and immediately inform Occupational Health upon your return.
- Q. *Has the U.S. Centers for Disease Control issued any health guidance on this issue?***
- A. Yes, the CDC is concerned about this public health threat, and has information posted on a [special CDC Web page](#) for the general public and health care providers.
- Q. *Does the CDC have any guidance for travelers to a country with a Level-3 Travel Advisory?***
- A. Yes, the CDC says “all non-essential travel to Sierra Leone, Guinea and Liberia should be avoided.”
For more information please see the Johns Hopkins University War Zones Task Force Final report – July 2005
http://web.jhu.edu/administration/provost/docs/FinalReport_WarZonesTaskForce_25Jun2005.pdf

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Interim Guidance for Returning Travelers

Required Procedures:

1. All employees with travel history to the affected countries must be cleared by Occupational or Student Health prior to returning to work.
2. Occupational or Student Health will assess the individual by use of the algorithm below to determine if the employee has risk factors or signs/symptoms of Ebola. Individuals who have high risk exposures, some exposure, and/or are currently symptomatic will have a medical evaluation performed; the Department of Health will be consulted as appropriate (see algorithm).
3. If an individual does not require controlled movement or any isolation precautions, they will perform self-monitoring and document on the symptom log.
4. The symptom log will be completed twice a day for 21 days post exposure, and the individual must notify Occupational or Student Health immediately if any symptoms develop.
5. Occupational or Student Health will notify and consult with Johns Hopkins Infection Prevention if any symptoms present, and the next steps will be determined on a case-by-case basis.

Definitions per the CDC (CDC, 2014):

Term	Definition
Close contact	<ul style="list-style-type: none"> • being within approximately 3 feet (1 meter) of an EVD patient or within the patient’s room or care area for a prolonged period of time (e.g., health care personnel, household members) while not wearing recommended personal protective equipment (i.e., standard, droplet, and contact precautions; • Having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended personal protective equipment.
Conditional release	<ul style="list-style-type: none"> • Conditional release means that people are monitored by a public health authority for 21 days after the last known potential Ebola virus exposure to ensure that immediate actions are taken if they develop symptoms consistent with EVD during this period. • People conditionally released should self-monitor for fever twice daily and notify the public health authority if they develop fever or other symptoms.
Controlled movement	<ul style="list-style-type: none"> • Controlled movement requires people to notify the public health authority about their intended travel for 21 days after their last known potential Ebola virus exposure. • These individuals should not travel by commercial conveyances (e.g., airplane, ship, long-distance bus, or train). Local use of public transportation (e.g. taxi, bus) by asymptomatic individuals should be discussed with the public health authority. • If travel is approved, the exposed person must have timely access to appropriate medical care if symptoms develop during travel. • Approved long-distance travel should be by chartered flight or private vehicle; if local public transportation is used, the individual must be able to exit quickly.

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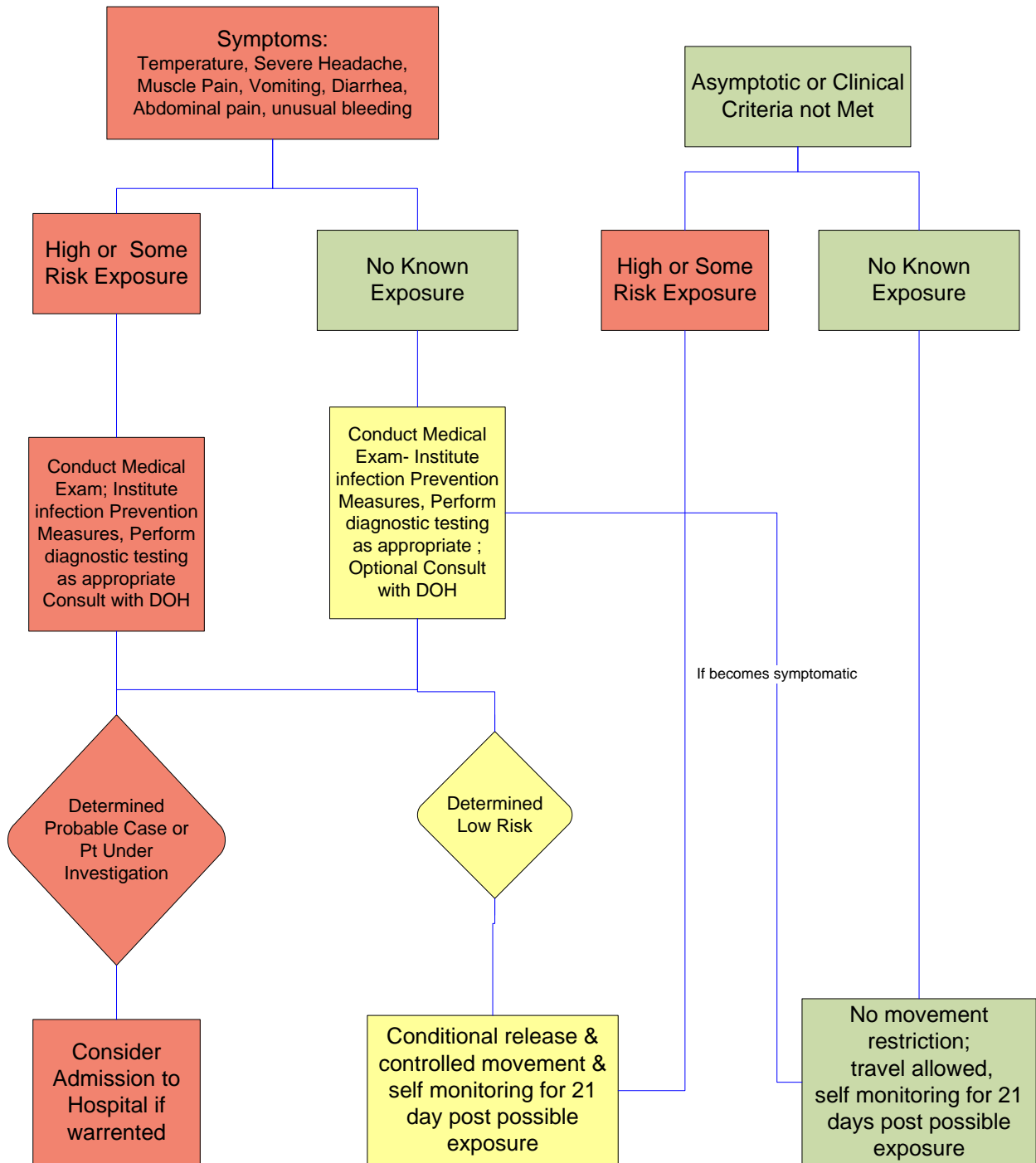
Quarantine	<ul style="list-style-type: none"> Quarantine is used to separate and restrict the movement of persons exposed to a communicable disease who don’t have symptoms of the disease for the purpose of monitoring
Self-monitoring	<ul style="list-style-type: none"> Self-monitoring means that people check their own temperature twice daily and monitor themselves for other symptoms.
Exposure Level: High Risk	<ul style="list-style-type: none"> Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of EVD patient Direct skin contact with, or exposure to blood or body fluids of, an EVD patient without appropriate personal protective equipment (PPE) Processing blood or body fluids of a confirmed EVD patient without appropriate PPE or standard biosafety precautions Direct contact with a dead body without appropriate PPE in a country where an EVD outbreak is occurring
Exposure Level: Some Risk	<ul style="list-style-type: none"> Household contact with an EVD patient Other close contact with an EVD patient in health care facilities or community settings
Exposure Level: No known Exposure	<ul style="list-style-type: none"> Having been in a country in which an EVD outbreak occurred within the past 21 days and having had no exposures

Reference:

Centers for Disease Control and Prevention (CDC), Interim Guidance for Monitoring and Movement of Persons with Ebola virus Disease Exposure, Updated August 22, 2014, retrieved on September 3, 2014 from <http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html>

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Johns Hopkins Medicine:
Personnel who have potentially been exposed to Ebola- Monitoring Algorithm
9/9/14



**Johns Hopkins Institutions
Ebola Post-Exposure Symptom Diary**

Instructions: Please complete diary and submit to your local occupational or student health department or designated officer.																					
Name:																					
Date of Exposure:																					
Type of Exposure*: <u> </u> High Risk Exposure <u> </u> Low Risk Exposure <u> </u> No Known Exposure																					
Post-Exposure Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Date:																					
No Symptoms Present – Please check if there are not any symptoms present																					
No Symptoms Present																					
Symptoms Present – Please check if symptom is present on each day																					
Temp 8AM (°C or F)																					
Temp 8PM (°C or F)																					
Severe Headache																					
Muscle Pain																					
Vomiting																					
Diarrhea																					
Abdominal pain																					
Unusual Bleeding																					
Other unusual symptom (describe):																					

Type of Exposure*	
High Risk Exposure o Direct/Unprotected Exposure to blood/body fluids of known/suspect o Lab processing of known/suspect specimens without PPE/biosafety o Participation in funeral rites/exposure to human remains in geographic areas above	Low Risk Exposure o Spent time in healthcare facility where EVD being treated (includes patients, family, staff) o Household member with EVD but no high risk exposure o Direct, unprotected contact with bats, rodents, primates from geographic area above; “Bush Meat” ingestion, Cave Exploration

- Immediately notify your local Student or Occupational Health Office for instructions if you develop a fever.
- If you have any questions or concerns regarding symptoms, please contact your facility’s Occupational Health Office or Infection Prevention Department.