

Appendix B: Out of State Exposure Notifications rev Jan 2016

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BACKGROUND

Out of state exposure notifications include identification of passengers on airlines, ships, buses or trains who were exposed to selected infectious diseases. These types of exposure notifications are typically routed through the Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine (DGMQ) to the Texas Department of State Health Services (DSHS) via special Epi-X DGMQ reports. DSHS Emerging and Acute Infectious Disease Branch (EAIDB) staff in Central Office primarily receives these alerts and notifies the appropriate regional and local health departments. Some local or regional health departments may also receive the Epi-X DGMQ reports directly.

In addition to the formal notifications described above, other exposure notifications can include attendees at conferences, guests of hotels or participants of group gatherings. These other exposure lists are generated by a state health department or a specific disease program within CDC and are distributed to the applicable disease leads in EAIDB. Distribution from EAIDB to the regional and local health departments is the same.

The contact information available is often limited. Presumed jurisdiction is often determined by the area code of a person's phone number if the person's address is not immediately available. Sometimes the provided contact information is for a travel office or business rather than the individual. In these instances, the health department should contact the travel agency, explain the situation and ask for the passenger's contact information. If the travel agency won't provide information, ask them to contact the passenger and instruct passenger to contact health department as soon as possible.

Diseases for which exposure notifications have occurred in the past:

- Contaminated healthcare products/devices
- Ebola
- Healthcare associated infections
- Hepatitis A
- Hepatitis B and C (usually healthcare associated)
- HIV* (usually healthcare associated)
- Legionellosis
- Measles
- Meningococcal meningitis
- Mumps
- Novel coronavirus
- Novel/variant influenza
- Pertussis
- Rubella
- Tuberculosis*
- Zoonoses*

*TB, zoonoses, and HIV notifications are handled through the TB/HIV/STD program or the Zoonosis Control Branch and may not follow the process outlined here. EAIDB is not involved in these investigations, except in instances when hepatitis B or C exposure may have also occurred with HIV exposure. In those instances, EAIDB and DSHS HIV staff will attempt to coordinate response.

Information on the CDC DGMQ:

<http://www.cdc.gov/quarantine/contact-investigation.html>

BASIC NOTIFICATION PROCESS

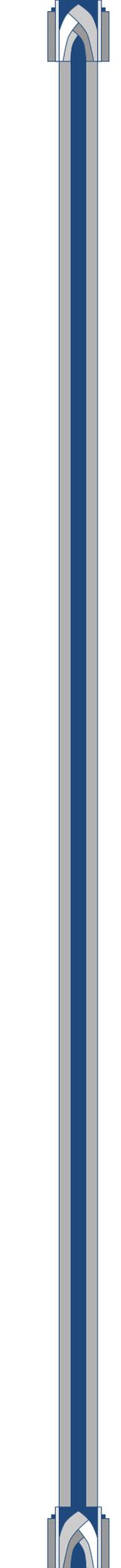
Basic Process

1. The CDC or other state health department collates a list of people (e.g., passengers on a flight, patients at a medical practice) exposed to selected infectious diseases by presumed state of residence. The list is shared via Epi-X DGMQ reports as part of the airline notification process or via phone, email or fax from selected infectious disease program areas.
2. EAIDB reviews the list and subdivides it based on regional (or local) health jurisdictions. The list is forwarded to appropriate jurisdictions by email or fax along with instructions for response and follow-up.
3. If applicable, the regional DSHS office will further subdivide the list and share with their local health departments.

REGIONAL AND LOCAL HEALTH DEPARTMENT EXPECTATIONS

When an exposure notification is received, the regional and local health departments should:

- Review the instructions and guidance provided by DSHS, CDC and/or the reporting jurisdiction (e.g., another state).
 - Instructions and guidance will include
 - Timeframe and priority level for follow-up
 - Contact management instructions
 - If an interview form must be completed
 - If prophylaxis is indicated
 - Other necessary actions
- Expect that multiple lists may be received, or multiple (updated) versions of the same list
- Attempt to contact every person on the provided list within the timeframe provided by DSHS, CDC and/or the reporting jurisdiction.
 - Multiple call attempts should be made at different times of the day.
 - A wide variety of contact information may be provided. All phone numbers and emails should be tried at least once.
 - Some diseases may require home visits.
 - If the health department is unable to contact the persons on the list or would like to request assistance for any other reason (e.g., staffing shortage), the health department should request assistance from their regional office or DSHS EAIDB.
 - For some diseases, additional assistance, such as wellness checks by police or other agency, may be required to ensure the contact is okay if the contact cannot be reached by telephone and does not answer the door.
- Given the limited contact information often provided in these instances, contacts may be to a jurisdiction incorrectly.
 - If the health department reaches a contact that turns out to live in another jurisdiction, this process should still be completed by the jurisdiction that reached the contact.
 - Once the notification is complete, the information should be returned to DSHS for transfer to the appropriate jurisdiction.
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- Assess if the person is currently symptomatic. Symptomatic individuals should be managed according to the investigation guidelines for that disease
- Provide basic education on the condition to all of the exposed persons.
 - Education should include signs and symptoms as well as basic prevention.
 - Basic education should be provided even if the person resides outside of the health jurisdiction performing the follow-up.
- Ask about additional exposed persons (e.g., an unticketed baby sitting on exposed airline passenger's lap)
- If applicable, interview the person using a provided interview form.
 - The interview should be completed even if the person resides outside of the health jurisdiction performing the follow-up. When the interview is complete, notify DSHS about the contact, so appropriate transfer can occur.
- If applicable, recommend or provide prophylaxis.
 - Notify DSHS immediately of out-of-jurisdiction contacts who need prophylaxis.

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- If applicable, monitor for development of symptoms.
 - For some diseases, monitoring may be passive (e.g., tell the person to call her health care provider and/or the health department if she develops symptoms).
 - For some diseases, monitoring may be active (e.g., daily calling to assess symptoms or home visits).
 - Notify DSHS immediately of out-of-jurisdiction contacts who need to be monitored for symptoms.
 - Document the outcome of all the attempts to communicate with the contact. Include outcome of communication attempts and how communication was established (e.g., specify correct phone number), and control measures implemented (if any).
 - Notify DSHS of the outcome of the contacts before the deadline or within 1 work day of completion, whichever is shorter.
 - Notifications of out-of-jurisdiction persons or of persons developing symptoms should be done as soon as possible.
 - If an interview form was completed, return the form to DSHS before the deadline or within 1 work day of completion, whichever is shorter.

