



Interim Guidance for Health Departments for Monitoring Persons Possibly Exposed to Coronavirus Disease 2019 (COVID-19) in Travel-Associated or Community Settings

Purpose

This document provides guidance for symptom monitoring by a public health official of asymptomatic persons who were possibly exposed to Coronavirus Disease 2019 (COVID-19), until 14 days after the last potential exposure (see exposure risk table below and refer to the contact risk category document), in communities not experiencing sustained community transmission of COVID-19.

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 Coronavirus Disease 2019 (COVID-19) 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, Self-Monitoring with Delegated Supervision, and Self-Observation

Active monitoring means that the Public Health Region (PHR) or Local Health Department (LHD) 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 telephone calls or

another mutually agreeable, HIPAA-compliant method, with possible follow-up home visits as needed.

Self-monitoring means that individuals will monitor themselves for fever twice a day: once in the morning and once in the evening (at least 6 hours apart) and remain alert for signs and symptoms consistent with COVID-19. If persons under monitoring develop symptoms during the monitoring period, they should self-isolate, limit contact with others, and seek advice via telephone from a healthcare provider or their PHR/LHD 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 program or infection control program in coordination with the PHR/LHD of jurisdiction. The occupational health personnel for the employing organization should establish points of contact among the organization, the personnel who are self-monitoring, and the PHR/LHD 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 the occupational health personnel of the employing organization and the PHR/LHD; and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if symptoms occur. The supervising organization should remain in contact with self-monitoring personnel through the self-monitoring period to oversee self-monitoring activities. 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, self-isolate, limit contact with others, and seek advice by telephone from their PHR/LHD and healthcare provider to determine whether medical evaluation is needed.

Daily active monitoring, if possible and based on local priorities, is recommended for persons in the high-risk category. Self-monitoring with delegated supervision is recommended for crews on passenger or cargo flights in the medium and low risk category. Self-monitoring is recommended for other individuals in the medium-risk category. Self-observation is recommended for some individuals in the low-risk category.

PHRs and LHDs may determine whether individuals in the medium-risk category warrant active monitoring on a case-by-case basis. This will be based on local priorities and resources.

Persons under **active monitoring** should be contacted each day for 14 consecutive 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 becomes 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 their PHR/LHD at least once a day for each day of their 14-day monitoring period. The PHR/LHD shall report the results of contact monitoring to DSHS Central Office each day of active monitoring.

Persons under **self-monitoring** will be provided with a 14-Day Monitoring Log and accompanying instructions for use. Persons under self-monitoring will be contacted by their PHR/LHD at the beginning of the monitoring period. If symptoms develop at any point during the monitoring period, the person under self-monitoring should self-isolate, limit contact with others, and seek advice by telephone from their PHR/LHD immediately. The PHR/LHD shall report the results of contact monitoring to DSHS Central Office each day of self-monitoring.

The number of persons and information needed by the PHR/LHD for persons under **self-monitoring with delegated supervision** should be obtained from the appropriate occupational health program when communication is established between the PHR/LHD 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 PHR/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 PHR/LHD shall report the known 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 of the monitoring period. Persons performing self-observation should remain alert for symptoms of COVID-19 disease. If they develop symptoms during the self-observation period, they should take their temperature, self-isolate, limit contact with others, and contact their PHR/LHD and healthcare provider to determine whether medical evaluation is needed. The PHR/LHD shall 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 PHRs/LHDs of any returning travelers that have been reported by CDC and any contacts that have been reported by other jurisdictions. Also, PHRs/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 PHRs/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 Public Health Region, if applicable.

1. The PHR/LHD should confirm that the PUM received the Interim DSHS Guidance for Persons Being Monitored for Potential Exposure to Coronavirus Disease 2019 (COVID-19), 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 such as 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 telephone, or another mutually agreeable, HIPAA-compliant method, to confirm symptoms have been monitored and the individual remains asymptomatic.
4. The PHR/LHD should report the results of monitoring to DSHS Central Office using the COVID-19 daily monitoring log to EAIDBMonitoring@dshs.texas.gov and your Public Health Region, 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 each 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 PHR/LHD. If the PUM has an urgent health situation, the call 911. Then call the PHR/LHD.
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 PHR, if applicable, by 10 am the day after monitoring is completed.

Procedures for Self-Monitoring:

DSHS Central Office will notify PHR/LHDs of any returning travelers that have been reported by CDC and any contacts that have been reported by other jurisdictions in the medium risk level category for self-monitoring. Also, PHR/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 PHR/LHDs in this risk level category.

If after initiating contact with the PUM, additional information indicates a different risk level, please notify DSHS Central Office the same day. Also notify DSHS Central Office if the person plans to travel so that the other Texas jurisdiction or state can be notified if the individual develops symptoms. Send updates to EAIDBMonitoring@dshs.texas.gov, and include your PHR/LHD, if applicable.

1. The PHR/LHD shall contact the person performing self-monitoring to confirm that they received the DSHS Interim Guidance for Persons Being Monitored for Potential Exposure to Coronavirus Disease 2019 (COVID-19) and the 14 Day Monitoring Log.
 - Initial training is helpful to ensure that the person performing self-monitoring understands the required follow-up and to establish rapport.
2. 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 symptoms on the **14-day fever and symptom log**.
 - The person performing self-monitoring should record if they are taking any medication such as 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. If the person performing self-monitoring feels feverish or develops any other symptoms during the self-monitoring period, they should take their temperature, self-isolate, and contact their PHR/LHD and healthcare provider to determine whether medical evaluation is needed. If the person performing self-monitoring has an urgent health situation, call 911. Then call the PHR/LHD.
4. The PHR/LHD should report the number of persons under self-monitoring to DSHS Central Office each day using the COVID-19 daily monitoring log to EAIDBMonitoring@dshs.texas.gov and your PHR, 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.

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 PHR/LHD with jurisdiction for the location where self-monitoring personnel will be during the self-monitoring period. PHRs/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 PHR/LHDs of any airline crew under self-monitoring with delegated supervision when notified by an occupational health program.

1. When the PHR/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 PHR/LHD should confirm that the person performing self-monitoring received the Interim DSHS Guidance for Persons Being Monitored for Potential Exposure to Coronavirus Disease 2019 (COVID-19), which includes a **14-day fever and symptom log** or has received similar information from the occupational health personnel.
 - o 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 such as 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 PHR/LHD per the plan established between the PHR/LHD and the occupational health program. If the person performing self-monitoring has an urgent health situation, call 911. Then call the PHR/LHD.
- 5. The PHR/LHD should report the total number of persons performing self-monitoring with delegated supervision to DSHS Central Office using the COVID-19 daily monitoring log to EAIDBMonitoring@dshs.texas.gov and your PHR, 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 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.

Procedures for Self-Observation:

DSHS Central Office will notify PHR/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, PHR/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 PHR/LHDs in this risk level category.

If after initiating contact with the PUM, additional information indicates a different risk level, please notify DSHS Central Office the same day. Also notify DSHS Central Office if the person plans to travel so that the other Texas jurisdiction or state can be notified if the individual develops symptoms. Send updates to EAIDBMonitoring@dshs.texas.gov, and include your Public Health Region, if applicable.

1. The Public Health Region/Local 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 Coronavirus Disease 2019 (COVID-19).

- 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, call 911. Then call the PHR/LHD.
 4. The PHR/LHD should report the number of persons under self-observation to DSHS Central Office each day using the COVID-19 daily monitoring log to EAIDBMonitoring@dshs.texas.gov and your Public Health Region, 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 Public Health Region/Local Health Department should be contacted immediately, and then it should be reported up through usual reporting channels to DSHS Central Office. If the Public Health Region/Local Health Department decides the person should undergo a medical evaluation for COVID-19, 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

Symptoms compatible with COVID-19, for the purpose of these recommendations, include subjective or measured fever, cough, 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.

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

Self-monitoring means that individuals will monitor themselves for fever twice a day: once in the morning and once in the evening at least 6 hours apart and remain alert for signs and symptoms consistent with COVID-19. If persons under monitoring develop symptoms during the monitoring period, they should self-isolate, limit contact with others, and seek advice via telephone from a healthcare provider or their local health department 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 program or infection control 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 personnel who are self-monitoring, 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. The supervising organization should remain in contact with self-monitoring personnel through the self-monitoring period to oversee self-monitoring activities. Air carriers have the authority to adopt

occupational health policies for their own employees that exceed CDC recommendations.

Active monitoring means that the Public Health Region (PHR) or Local Health Department (LHD) 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.

Close contact is defined as:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

Sustained community transmission is means that people have been infected with the virus, but how or where they became infected is not known, and virus transmission is ongoing.

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. The list of [quarantinable communicable diseases](#) for which federal public health orders are authorized is defined by Executive Order and includes "severe acute respiratory syndromes." COVID-19 meets the definition for "severe acute respiratory syndromes" as set forth in Executive Order 13295, as amended by Executive Order 13375 and 13674, and, therefore, is a federally quarantinable communicable disease.

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 restriction of a person's movement outside their 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 crowded public places where close contact with others may occur, such as shopping centers, movie theaters, stadiums.

Social distancing means remaining out of congregate settings, avoiding mass gatherings and maintaining distance (approximately 6 feet or 2 meters) from others.