Infectious Disease Epidemiology, Prevention and Control Division
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MDH Responds to Ebola

- Started **preparing/planning** for a possible Ebola case in July 2014.

Coordination

- **Coordinated** with internal and external partners, including:
  - local public health
  - tribal organizations
  - hospitals
  - health care providers
  - schools
  - community organizations

- **Provided guidance** to partners as they developed plans and protocol for responding to public health threats.

- **Collaborated** with the Minnesota Hospital Association **on intensive planning and training** to ensure that patients, staff, and the public are protected in the case of an outbreak. Topics included:
  - infection control
  - personal protective equipment (PPE)
  - waste management
  - medical consultation
  - development of protocols

- **Worked closely with four hospitals** to provide support and technical assistance as they work together to prepare to assess and care for a patient with Ebola.

Outreach

- Reached out to **Minnesota's Liberian community**. Minnesota has the largest Liberian population outside of Liberia.
  - Met with the community, local public health, and the cities of Brooklyn Park and Brooklyn Center.
  - Organized two community forums and participated in a federally organized forum on preventing stigma and discrimination.

- Developed a **communications plan** to make sure the public was informed and could get their questions answered.
  - Opened an Ebola Hotline.
  - Created an Ebola website.
  - Developed educational materials, fact sheets, and public service announcements for the public and health care providers.
  - Translated educational materials into multiple languages for schools, child care, health care workers, and the public in general.
  - Utilized media resources to reach diverse audiences.

Monitoring

- Began **the monitoring of people** who have traveled to the countries where Ebola is widespread the week of October 27, 2014.
  - The monitoring program will be ongoing and will most likely continue well into 2016.

- Monitoring people is a time intensive activity, requiring major resources.
  - Travelers are monitored for any symptoms or fever for 21 days past the last possible exposure (the incubation period for Ebola is 21 days).
  - Travelers are contacted by MDH to tell them about the monitoring program and what to expect; this first 'day zero' call takes about an hour.
  - Each traveler is contacted at least once a day to monitor their temperature and symptoms.
  - Hennepin and Ramsey counties are partnering with MDH in this monitoring.
  - In some cases, based on higher risk exposure history, home visits or Skype calls are made so we can visualize the traveler during the monitoring.
  - MDH also maintains a 24/7 'on call' system in case the traveler has any questions or has health concerns or a change in symptoms. If necessary, we also have a 24/7 medical 'on call' system to help assess the traveler and direct them in to appropriate medical care.

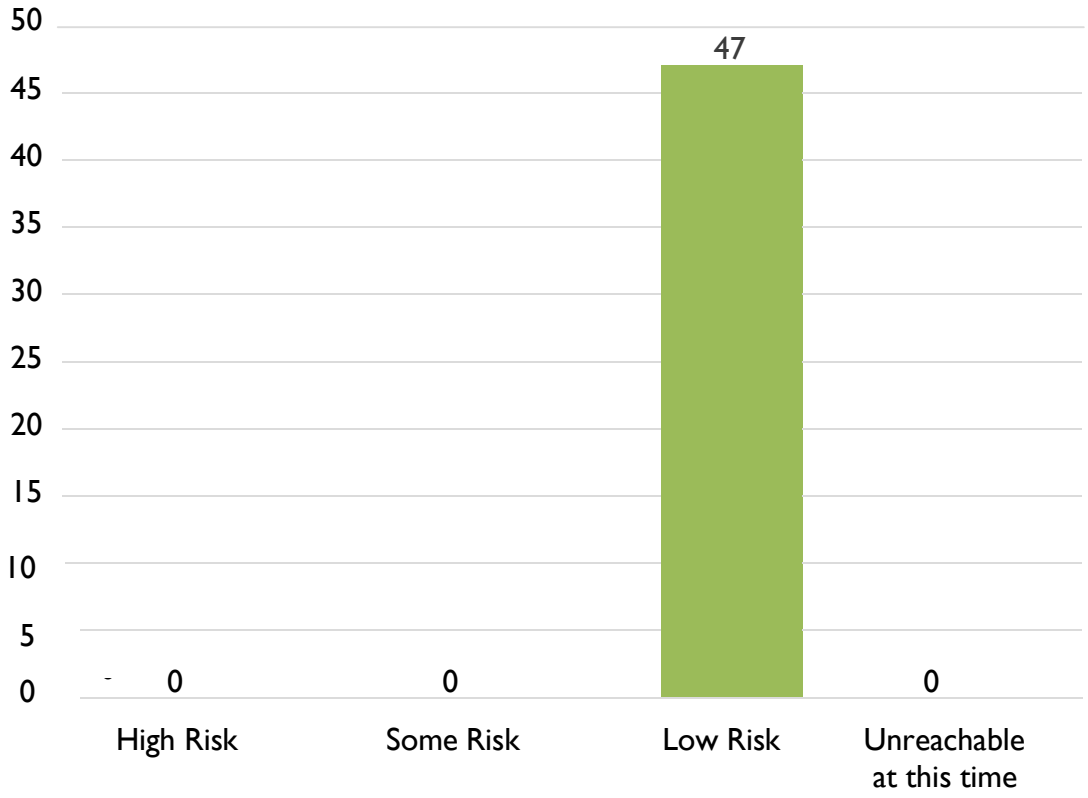
MINNESOTA DEPARTMENT OF HEALTH

Weekly Ebola Traveler Monitoring Report

A summary of Ebola monitoring prepared by the Infectious Disease Epidemiology, Prevention & Control Division

October 27, 2014 – January 11, 2015

All data are preliminary and may change as more information is received



Number of Persons Being Monitored

Minnesota began monitoring on October 27, 2014, but received traveler information beginning October 15. As of the week of January 11th, 47 people are being monitored for Ebola in Minnesota. 216 travelers have completed their 21 day monitoring period.

Exposure Risk Category		Monitoring Type
High Risk	**High risk exposure includes** those who have a known exposure to Ebola (direct contact with infected body fluids) or those who provided direct care to a person showing symptoms of Ebola without appropriate PPE.	Direct active monitoring
Some Risk	**Some risk exposure includes** those who engaged in any direct patient care in any healthcare setting in an area with widespread Ebola transmission, those who had close contact with a person showing symptoms of Ebola (such as in a household, health care facility, or the community), or those who had direct contact with a person showing symptoms of Ebola while wearing PPE.	Direct active monitoring
Low Risk	**Low (but not zero) risk exposure includes** those who have been in an area with widespread Ebola transmission within the previous 21 days, but did not provide direct patient care and had no known exposures, or those who were in brief proximity to a person showing symptoms of Ebola.	Direct active monitoring for some, Active monitoring for others

Monitoring means a Minnesota Department of Health or local public health staff person is talking to the traveler at least once a day about their temperature and symptoms.

For more information about monitoring and exposure risk categories see the MDH Active Traveler Monitoring website at:
www.health.state.mn.us/divs/idepc/diseases/vhf/monitoring.html

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