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Guidance on Ebola Virus Disease for Businesses
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The ongoing outbreak of Ebola virus disease (Ebola) in West Africa and subsequent isolated transmissions of the virus in the United States have resulted in heightened public health vigilance nationwide. In response, the Centers for Disease Control and Prevention (CDC), working with state and local health departments, has implemented routine screenings of all arriving passengers on flights originating in Liberia, Sierra Leone, and Guinea, at the five U.S. airports where these flights land. These passengers are screened on arrival and are monitored daily for 21 days for any sign of fever or other symptoms—further lowering the already low likelihood of someone arriving in Massachusetts with Ebola going undiagnosed.

The CDC, the World Health Organization, and more locally the Massachusetts Department of Public Health (DPH) and the Boston Public Health Commission (BPHC) have put forth guidance and recommendations and are educating public officials, local health departments, hospitals, educational institutions, emergency responders, and the general public about the specific travel history, exposure history, and symptoms that would need to be present for a person to be considered a suspect case of Ebola. We are sharing this guidance to keep you informed should you or your co-workers have specific concerns about Ebola.

There are no cases of Ebola in Massachusetts.

The Ebola virus can **only** be transmitted from an individual sick with Ebola. **Individuals not showing clear symptoms of disease cannot transmit Ebola.**

For a person to be considered a suspect case of Ebola, they must:

1. Have traveled in the past 21 days to one of the currently affected countries. These are the countries of **Liberia, Guinea, and Sierra Leone**. NOTE: the countries of Senegal and Nigeria, which experienced brief outbreaks during the summer, have been declared Ebola-free by the World Health Organization,

AND/OR

2. Have had direct, unprotected blood or body fluid contact with a person sick with Ebola,

AND

3. Have a fever of 100.4° F (38° C) or higher and have headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained bleeding or bruising.

Persons meeting these criteria should remain at home and contact their health care provider by phone.

Persons who have recently traveled from the three affected countries who have no symptoms are in daily contact with public health authorities, are being monitored for symptoms, and pose no threat of infection to others.

If you have questions or concerns about Ebola, you may contact the DPH Epidemiology Line at **617-983-6800** (Boston residents should call the BPHC at 617-534-5611). These lines are available 24 hours a day.

We are at the start of the flu season, and a number of symptoms of flu (fever, headache, muscle pain) overlap with symptoms of Ebola. We urge all Massachusetts residents over 6 months of age to get a flu shot this year and every year.

While the current Ebola outbreak is devastating to the residents of Liberia, Guinea, and Sierra Leone, and is causing widespread concern in the United States and worldwide, we are confident in our ability to contain this outbreak and protect the residents of the Commonwealth.

QUESTIONS AND ANSWERS ABOUT EBOLA FOR EMPLOYEES AND MANAGERS

How likely is it we will see a case of Ebola in Massachusetts?

Unlikely.

There are no cases of Ebola in Massachusetts. The only cases diagnosed in the U.S. were in a person who traveled from Liberia and in healthcare providers who contracted the virus from providing care to persons sick with Ebola. Several healthcare providers and others who worked in one of the affected countries have also been diagnosed with Ebola.

Rigorous pre-departure screening is in place at airports in Liberia, Guinea, and Sierra Leone, the only countries experiencing the Ebola outbreak. Additional screening procedures have been implemented in the five U.S. airports (in NY, NJ, GA, IL, and VA) that are the points of arrival for all travelers from these three countries. Clinicians and public health officials nationwide and in Massachusetts are on high alert for any individuals with travel and exposure history or symptoms consistent with Ebola.

How should I respond to an employee or co-worker who states she/he may have been exposed to Ebola?

Several symptoms of Ebola are also symptoms of influenza and other illnesses. Ill employees should stay home or be sent home and follow their employer's personnel policy regarding sick time.

Any employee with a reasonable belief that they or a family member have been exposed to Ebola needs to be evaluated by a physician and their exposure reviewed with public health authorities. They should contact their primary care provider and may call the DPH Epidemiology Line at **617-983-6800** (Boston residents should call the BPHC at 617-534-5611). These lines are available 24 hours a day.

Persons with symptoms should remain at home and contact their health care provider by phone. Health care providers will contact local or state public health authorities to review findings and, if indicated, arrange for safe transport to health care.

Persons who are **well**, but have traveled in the past 21 days from one of these three countries **and** may have had contact with a person with Ebola are being monitored daily by public health authorities, who will determine their risk of developing Ebola. Based on this risk assessment, some individuals may be quarantined until the end of their 21-day period.

Persons who are **well** and have traveled to West Africa, but **not** the countries of Liberia, Guinea, or Sierra Leone, or whose travel to these countries **was more than 21 days ago**, as well as persons who have **not** had contact with a person with Ebola face **no risk** of having Ebola.

When is a person concerned about their Ebola risk fit to return to duty?

When:

1. Their risk for Ebola has been ruled out by public health authorities,
2. Their risk for Ebola is determined to be so low that no quarantine is indicated,
3. If in the very unlikely event they are a confirmed case of Ebola, when they have fully recovered and have tested negative for Ebola virus on three consecutive days.

Risk of Ebola can usually be ruled out by reviewing a person's travel and exposure history. In rare cases, usually involving a sick individual, a blood test may be ordered to confirm or rule out the infection.

Do employees or managers need to report to DPH an employee who thinks they may have been exposed to Ebola?

No. While DPH staff are available to consult with individuals on their Ebola-related concerns, reporting a case is the responsibility of clinicians and local public health departments.

If a person becomes suddenly ill at work, the first priority is to ensure their safety by helping the employee get home or to an appropriate level of medical care. If for some reason Ebola is reasonably suspected, you may call the DPH Epidemiology Line (617-983-6800) for assistance.

Should managers anticipate needing to direct evacuation or disinfection of the workplace?

No. A case of Ebola in Massachusetts is extremely unlikely. In the unlikely event a case is diagnosed in Massachusetts and your workplace is in any way involved, isolation and quarantine procedures as well as routine disinfection practices will be directed by state or local public health authorities working in coordination with first responders and emergency management personnel.

What are the best ways to address employees' fears about Ebola?

Employers can help address fears with basic facts about Ebola. The DPH website (www.mass.gov/ebola) has easy-to-read materials for general audiences that can be downloaded and distributed. We recommend emphasizing the low likelihood of an Ebola case in Massachusetts.

How should employers manage individuals who plan to travel to or have just traveled from West Africa?

Travel alone to West Africa, or even the affected countries of Liberia, Sierra Leone, and Guinea, does not in itself pose a risk of contracting Ebola virus. A person needs to have had unprotected contact with the blood or body fluids of a person sick with Ebola virus disease to become infected. All persons traveling from one of the affected countries are being monitored by public health authorities at the state and local level. No extraordinary inquiries about travel are needed by employers.

What do you recommend for employees who need to travel to West Africa for their jobs?

All international travelers should consult with a travel clinic (often located at local hospitals) for advice about needed immunizations and preventive treatments, such as those that prevent yellow fever or malaria, and any CDC-issued health precautions. Individuals working with Ebola patients in the affected countries will be under the auspices of governmental or international aid agencies and will be specifically trained for this work. As noted above, upon return, all travelers to the affected countries will be screened prior to departure, on arrival in the U.S., and most will be monitored for 21 days by public health authorities.

What else can employers do to help their employees stay healthy?

Encourage sick employees to stay home until symptoms resolve.

Encourage annual flu vaccinations, including sponsoring worksite flu vaccine clinics.

Install and maintain hand sanitizer dispensers to reduce the risk of flu and other infections.

Remind employees of good hand hygiene and cough/sneeze etiquette with signage placed in employee work, meal, and lavatory spaces.