

- 1. Some facilities have students and visitors attending events, conferences, and classes (as well as other visitors, customers, etc.) from all over the world. What are the proactive and / or preventative measures (if any) that should be reasonably considered for implementation at commercial facilities where diverse groups of people travel to and from and / or traverse through on a daily basis?**

Ebola poses little risk to the U.S. general population and is not contagious until symptoms appear. It is spread through direct contact with blood or body fluids (such as urine, saliva, sweat, feces, vomit, and semen) of an infected person, or with objects like needles that have been contaminated with the virus. This infographic provides general information that is useful for the U.S. commercial facilities. <http://www.cdc.gov/vhf/ebola/pdf/infographic.pdf>

While the Centers for Disease Control and Prevention (CDC) recognizes that any case of Ebola diagnosed in the United States raises concerns, and any death is too many, it is important to remember that CDC has staff working 24/7 at 20 Border Health field offices located in international airports and land borders. CDC staff are ready 24/7 to investigate cases of ill travelers on planes and ships entering the United States.

CDC works with partners at all ports of entry into the United States to help prevent infectious diseases from being introduced and spread in the United States. CDC works with Customs and Border Protection, U.S. Department of Agriculture, U.S. Coast Guard, U.S. Fish and Wildlife Services, state and local health departments, and local Emergency Medical Services staff.

- 2. Where can local health department recommendations for safe precautions / recommended protective measures owners and operators can take to protect building management & staff, tenants and visitors be found? Can it be consolidated into a single location for personnel with national interests to access and utilize as needed?**

CDC is not aware that there is a single location for information for building management, staff and tenants and visitors at the time. Here is a list of phone numbers for state health departments <http://www.cdc.gov/vhf/ebola/outbreaks/state-local-health-department-contacts.html>.

In a situation in which there is a person who has Ebola in the United States, communication with appropriate building and business representatives is assessed locally based on the exposure risk. In an event situation the state health department is the best point of contact for affected local entities. Outside of a specific event, CDC is not aware of the best entity for consolidated location for information for building operators or tenants.

- 3. Is there a central location / number we should be utilizing to alert the US Government if an Ebola-related issue arises?**

Clinicians: CDC is available 24/7 for consultation by calling the CDC Emergency Operations Center (EOC) at 770-488-7100 or via email at eocreport@cdc.gov.

Public: For general information or questions please contact 800-CDC-INFO (800-232-4636) or via the web: Contact CDC-INFO

4. If needed, could a shopping mall be quarantined? Do we have any idea how that would be done/what that looks like?

Quarantine is used to separate and restrict the movement of well persons who may have been exposed to a communicable disease to see if they become ill. Although Ebola is listed as a “quarantinable communicable disease,” CDC must balance the public health risk with the rights of individuals. Generally a building or facility would not be quarantined. In a specific incident, the state and or local department of health would be the point of contact about a specific building or facility.

Information on Quarantine: <http://www.cdc.gov/quarantine/quarantineisolation.html>

Contact tracing: <http://www.cdc.gov/vhf/ebola/outbreaks/what-is-contact-tracing.html>

<http://www.cdc.gov/vhf/ebola/pdf/contact-tracing.pdf>

5. What are best practices for food court tables / chairs and for public restrooms? Bleach? Bleach is not a typical chemical for cleaning many public facilities and would need to be ordered in bulk and trained on prior to being used. Other chemicals or practices?

Ebola virus is killed with hospital grade disinfectants and also can be killed by drying. If the virus is in body fluids (such as blood), it can survive for a longer period (up to several days) at room temperature than if it is on a dry surface (several hours). Ebola virus is not thought to survive for a long time on places like doorknobs.

The Occupational Safety and Health Administration (OSHA) has a fact sheet about Cleaning and Decontaminating Ebola on Surfaces - Guidance for Workers and Employers in Non-Healthcare/Non-Laboratory Settings https://www.osha.gov/Publications/OSHA_FS-3756.pdf

6. What cleaning and disinfecting protocols does CDC recommend for open access private facilities under the current threat profile (i.e. - only a few cases in isolated locations within the US) and how will those protocols change if/when the virus begins to circulate more broadly within the US?

Ebola is killed with hospital-grade disinfectants (such as household bleach). Ebola on dried on surfaces such as doorknobs and countertops can survive for several hours. CDC provides more information on environmental infection control in hospital settings:

<http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>.

For Non-Healthcare settings see Guidance for Workers and Employers in Non-Healthcare/Non-Laboratory Settings https://www.osha.gov/Publications/OSHA_FS-3756.pdf

Hand washing with soap and water as well as the use of hand sanitizer containing at least 60% alcohol can also be used to prevent transmission of the Ebola virus.

7. There is a lot of information regarding Ebola right now and it is hard to ascertain known facts vs. speculation. Can CDC provide clarity on the following areas?

For the most current information from CDC on the Ebola outbreak, please refer to CDC's website <http://www.cdc.gov/vhf/ebola/index.html>

8. What are the best resource(s) to understand how Ebola has emerged in the infected African nations and has the host been identified?

For information on the current West Africa outbreak please refer to:

<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>

Because the natural reservoir host of Ebola has not yet been confirmed, the way in which the virus first appears in a human at the start of an outbreak is unknown. However, scientists believe that the first patient becomes infected through contact with an infected animal, such as a fruit bat or primate (apes and monkeys), which is called a spillover event. Person-to-person transmission follows and can lead to large numbers of affected persons. In some past Ebola outbreaks, primates were also affected by Ebola, and multiple spillover events occurred when people touched or ate infected primates.

<http://www.cdc.gov/vhf/ebola/resources/virus-ecology.html>

Animals have not been found to be a factor in ongoing Ebola transmission in this West African outbreak. (<http://www.cdc.gov/vhf/ebola/transmission/qas-pets.html>)

Reports in the medical literature and elsewhere have attempted to identify the patient who might have been the initial person infected in the West Africa Ebola outbreak. It's important for CDC to learn as much as it can about the source and initial spread of any outbreak.

- 9. There has been comment made regarding the possibility that Ebola could potentially mutate into an airborne virus. Are there any known historical cases of such a mutation occurring? Is there any particular concern that Ebola may make such a leap?**

Airborne transmission of Ebola virus has been hypothesized but not demonstrated in humans. (<http://www.cdc.gov/vhf/ebola/transmission/human-transmission.html>)

- 10. Please confirm the virus's life span on open surfaces.**

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- 11. What are the US Government's classification & monitoring protocols for persons potentially exposed to the virus?**

There are some CDC web resources for addressing this question.

Ebola virus disease Information for Clinicians in U.S. Healthcare Settings
<http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html>

Safe Management of Patients with Ebola Virus Disease (EVD) in U.S. Hospitals
<http://www.cdc.gov/vhf/ebola/hcp/patient-management-us-hospitals.html>

When caring for a suspect or confirmed Ebola patient:
<http://www.cdc.gov/vhf/ebola/hcp/caring-for-ebola-suspects.html>

Public health authorities will begin active post-arrival monitoring of travelers whose travel originates in Liberia, Sierra Leone, or Guinea. These travelers are now arriving to the United States at one of five airports where entry screening is being conducted by Customs and Border Protection and CDC. Active post-arrival monitoring means that travelers without febrile illness or symptoms consistent with Ebola will be followed up daily by state and local health departments for 21 days from the date of their departure from West Africa.

<http://www.cdc.gov/media/releases/2014/p1022-post-arrival-monitoring.html>

Fact Sheet on Ebola screening in Airports:
<http://www.cdc.gov/media/releases/2014/images/JointAirportScreeningFactSheet.pdf>

12. What should individuals do if they suspect they have come into contact with an individual with or whom may have Ebola? Are there easily recognizable and trainable symptoms we can share with staff?

People at highest risk for exposure to Ebola are persons who recently traveled to an Ebola infected area or health care workers who have cared for an Ebola patient. Information about Ebola signs and symptoms: <http://www.cdc.gov/vhf/ebola/symptoms/index.html>

People who think they have been exposed to Ebola, but who are not currently experiencing illness or symptoms, should contact their State Health Departments. Here is a website that lists state health departments. <http://www.cdc.gov/vhf/ebola/outbreaks/state-local-health-department-contacts.html>.

If an individual is sick and they require ambulance transport to a hospital or are in need of urgent care at a healthcare facility, individuals are instructed to phone ahead and alert the hospital or care facility that the patient is concerned he/she may have Ebola.

For general information or questions people can also contact 800-CDC-INFO (800-232-4636) or via the web: Contact CDC-INFO

13. With so many people in our industry, or visiting our events and facilities, travelling, it would be helpful to know where to get the best travel guidance and proper precautions for travel, to include what countries to avoid (due to Ebola). Aside from the infected African countries, it would be good to identify the transit hubs that connect Africa to the US. Is it through Europe or another dominant location?

Please refer to CDC's travel notices. Travel notices are designed to inform travelers and clinicians about current health issues related to specific destinations. These issues may arise from disease outbreaks, special events or gatherings, natural disasters, or other conditions that may affect travelers' health <http://wwwnc.cdc.gov/travel/notices>

14. Please clarify or direct us to the best reference for current US airport Ebola screening and quarantine procedures.

Entry screening in the United States

Looking for sick travelers at U.S. airports: Every day, CDC works closely with partners at U.S. international airports and other ports of entry to look for sick travelers with possible contagious diseases. These measures will be enhanced to detect possible cases of Ebola. Because of the Ebola outbreak, CDC and U.S. Customs and Border Protection (CBP) are beginning enhanced entry screening of travelers who have traveled from or through Guinea, Liberia, and Sierra Leone. By doing enhanced entry screening at 5 U.S. airports, we will evaluate over 94% of travelers from the affected countries. Our staff at all airports remains trained and ready to

respond to any reports of ill travelers, and our robust public health system is prepared to respond and assist.

What enhanced U.S. entry screening looks like

For each arriving traveler who has been in Guinea, Liberia, or Sierra Leone:

1. CBP will give each traveler health information that includes:
 - Information about Ebola;
 - Symptoms to look for and what to do if symptoms develop;
 - Information for doctors if travelers need to seek medical attention.
2. Travelers will undergo screening measures to include:
 - Answer questions to determine potential risk;
 - Have their temperature taken;
 - Be observed for other symptoms of Ebola.
3. If a traveler has a fever or other symptoms or has been exposed to Ebola, CBP will refer to CDC to further evaluate the traveler. CDC will determine whether the traveler:
 - Can continue to travel;
 - Is taken to a hospital for evaluation, testing, and treatment;
 - Is referred to a local health department for further monitoring / support.

Entry screening is a part of a layered approach. When used with other public health measures, entry screening can strengthen our efforts to battle this virus. It is important that we act as global citizens, continuing to put our full weight behind response efforts in West Africa and providing support for those traveling here from that region.

Please refer to CDC's Fact Sheet: Screening of Travellers at Airports

<http://www.cdc.gov/media/releases/2014/p1008-ebola-screening-FactSheet.html>

15. Please explain how personnel travelling into the US from West Africa, and those they are coming into contact with, being identified and shared with others for awareness?

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<http://www.cdc.gov/media/releases/2014/p1022-post-arrival-monitoring.html>

Additional useful references are available on the travelers section on CDC's webpage and provide background information on contact tracing.

<http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/qa.html>

<http://www.cdc.gov/vhf/ebola/outbreaks/what-is-contact-tracing.html>

<http://www.cdc.gov/vhf/ebola/pdf/contact-tracing.pdf>

16. An increased presence in the US, screening arrivals from all foreign destinations would be beneficial. I understand that it may appear to be extremely labor intensive, but there is a way to make it work. Simply utilize medical units from the Reserve Components to do rudimentary screening - ask a few questions and take a temperature. Publicize this is being done; it eases an element of tension, lets those traveling internationally know to plan for a slight delay, and keeps US troops fighting the threat on US soil.

CDC has had a number of outreach activities to publicize screening and post-arrival monitoring of travelers whose travel originates in Liberia, Sierra Leone, or Guinea. These resources may be helpful to those wanting to raise awareness U.S. government efforts about screening and monitoring travelers from affected countries. <http://www.cdc.gov/media/releases/2014/p1022-post-arrival-monitoring.html>

Enhanced screening: <http://www.cdc.gov/media/releases/2014/p1008-ebola-screening.html>

Fact Sheet on airport screening:

<http://www.cdc.gov/media/releases/2014/images/JointAirportScreeningFactSheet.pdf>