

Appendix B:

CDC Division of Global Migration and Quarantine (DGMQ)

Out of State Exposure Notifications

Updated May 2021

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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 received 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 (EAIDU) 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 usually generated by a state health department or a specific disease program within CDC and are distributed to the applicable disease leads in EAIDU. Distribution from EAIDU to the regional and local health departments is the same.

The contact information available is often limited. Sometimes full address is not known, but the city in which they live is known. There is a data engine which can assist PH workers with identifying where a person is likely to live to facilitate timeliness of investigation.

Diseases for which exposure notifications have occurred in the past:

- Contaminated healthcare products/devices
- COVID-19
- Ebola
- Healthcare associated infections
- Hepatitis A
- Hepatitis B and C (usually healthcare associated)
- HIV* (usually healthcare associated)**
- Legionellosis
- Measles
- Meningococcal meningitis
- Novel coronavirus
- Novel/variant influenza
- Rubella
- Syphilis
- Tuberculosis*
- Zoonoses*

*HIV, STI, and Tuberculosis notifications are handled through the TB/HIV/STI section and the Zoonosis Control Branch handles zoonoses-related exposures. These do not follow the process outlined here. EAIDU 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, EAIDU and DSHS HIV staff will attempt to coordinate response.

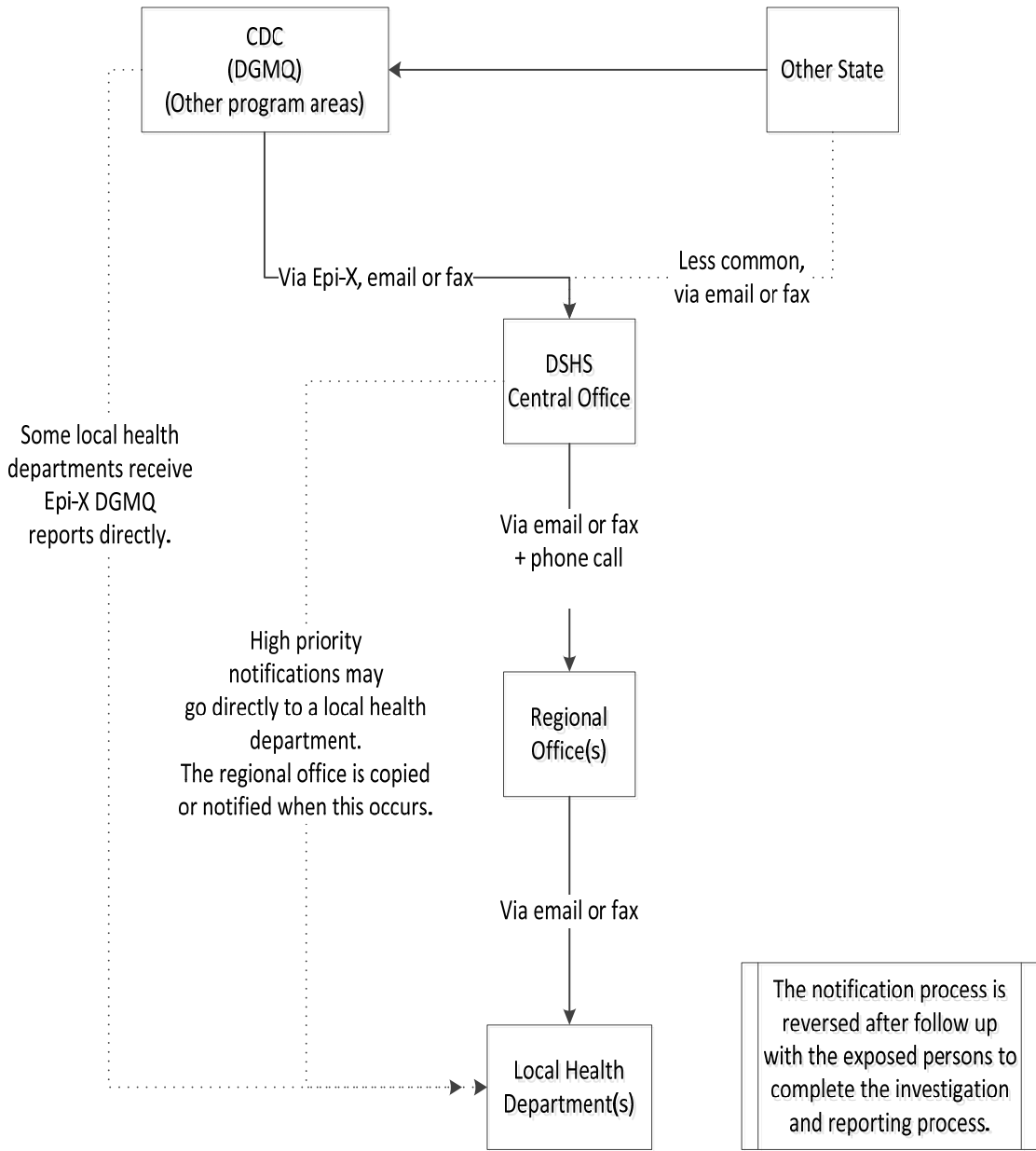
**Notification of exposure happens for non-healthcare related exposures too through the ICCR process with TB, HIV, STI section. ICCR is Interstate Communication Control Records.

Information on the CDC DGMQ: <https://www.cdc.gov/quarantine/contact-investigation.html>

NOTIFICATION PROCESS

- The CDC or other state/local 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 or via phone, email or fax from selected infectious disease program areas.
- EAIDU reviews the list and subdivides it based on health jurisdictions. The list is forwarded to appropriate jurisdictions by email or fax along with instructions for response and follow-up.
- If applicable, the regional office will further subdivide the list and share with their local health departments.
- See flow chart next page.

NOTIFICATION PROCESS FLOWCHART



Primary notification route
 Alternate notification route

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 and recommended actions such as: testing, medical assessment, prophylaxis, quarantine, symptom monitoring.
 - When an interview form must be completed
 - If prophylaxis is indicated
 - Other recommended necessary actions
- Identify resources available in the jurisdiction to assist with exposure/disease management
- 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 EAIDU.
 - 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.
 - If the health department reaches a contact that turns out to live in another jurisdiction, this process should still be completed. Once the notification is complete, the information should be returned to DSHS for transfer to the appropriate jurisdiction.
- Document the outcome of all the attempts to communicate with the contact. Documentation should include: date, time, activity (phone call, field visit, provider call) and result of the communication attempts (e.g., specify correct phone number, address of field visit), and control measures implemented (if any).
- 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 exposed persons.
 - Assess patient disease comprehension
 - Education should include signs/symptoms, prevention strategies, evaluation, testing, treatment, opportunities.
 - 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.

- If applicable, monitor for development of symptoms.
 - For some diseases, monitoring may be passive (e.g., tell the person to call their health care provider and/or the health department if they develop symptoms).
 - For some diseases, monitoring may be active (e.g., daily calling/video chat to assess symptoms or home visits).
 - Notify DSHS immediately of out-of-jurisdiction contacts who need to be monitored for symptoms.
- 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.

UPDATES

May 2021

- Minor updates throughout section

January 2018

- Updated 'Background' and 'Basic Notification Process' sections