



# COMMONWEALTH of VIRGINIA

## Department of Health

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Dear Colleagues in Higher Education:

Thank you for your interest in our efforts to prepare and respond to the unprecedented outbreak of Ebola in West Africa and the small number of cases here in the United States. There continues to be no cases of Ebola virus disease (EVD) in Virginia. The most important step to control EVD in the US is to control the outbreak in West Africa. To that end, I know I am joined by all Virginians in our support and gratitude to all health care workers who risk their lives to take part in the international effort to control the EVD outbreak in Guinea, Liberia and Sierra Leone. As promised, I am providing you with some recommendations for your consideration as leaders of institutional communities of higher education in Virginia, and providing you the latest Virginia-specific information about EVD prevention efforts.

### Considerations for Institutions of Higher Education

The Centers for Disease Control and Prevention (CDC) has posted "[Advice for Colleges, Universities, and Students about Ebola in West Africa](#)," which serves as an excellent resource. Since Virginia's institutions of higher education attract international students, researchers and guest scholars, Virginia Department of Health (VDH) offers the following additional considerations in order to minimize risk of exposure to EVD for current and future students, faculty and staff in your communities:

- Reach out to your local health district director to discuss your specific higher education community and specific concerns related to EVD.
- Identify students, faculty, staff and scholars who plan to travel to and from the EVD affected countries:
  - Ensure they have the latest information on CDC's guidance on travel to these countries "[Travelers' Health - Ebola Travel Notices](#)."
    - CDC has issued a **Warning Level 3, Avoid Nonessential Travel** for travel to Guinea, Liberia and Sierra Leone.
    - CDC recommends that travelers to these countries protect themselves by avoiding contact with the blood and body fluids of people who are sick with Ebola.
  - Advise them of the requirement for and expectations of the post-travel active monitoring program upon their return to Virginia.

- Adopt a non-essential movement policy for faculty, students, staff and scholars to and from the EVD affected countries. Vet this with your governing board, if necessary. For guidance see CDC's "[Advice for Colleges, Universities, and Students about Ebola in West Africa.](#)"
- Assess your student health center's preparedness to evaluate someone who may be sick with Ebola. See CDC's "[Identify, Isolate, Inform: Ambulatory Care Evaluation of Patients with Possible Ebola Virus Disease \(Ebola\).](#)"
- Identify space(s) where a student(s) could reside, confidentially and safely, during the 21-day post-travel monitoring period, if necessary. Plan for the support that may be needed for the student to obtain meals and to continue academic studies during this period.
- Identify a vendor with whom you can contract should there be a need to decontaminate any space(s) within your community.

Although this is only a partial list of considerations, I believe that collaboratively we can address all locally relevant issues to: prevent unnecessary exposure of students, faculty and staff to minimize risk; assure the confidentiality, health and safety of travelers returning to your community; and protect the public's health.

### **Declaration of Ebola Virus Disease as a Communicable Disease of Public Health Threat**

On October 24th, I declared EVD a Communicable Disease of Public Health Threat. This action invoked provisions of § 32.1-48.05 et seq. of the Code of Virginia for public health investigations of persons known or suspected of being exposed to Ebola virus or known or suspected of being infected with Ebola virus. If necessary and appropriate, I may issue orders of isolation and quarantine to control this disease in Virginia.

### **Post-Arrival Active Monitoring of Travelers with Final Destination in Virginia**

In October, enhanced airport screening began at five international airports in the United States, including Washington Dulles International Airport. VDH has had protocols in place if, during airport screening, an asymptomatic traveler reported certain exposure risks, such as direct skin contact with, or exposure to blood or body fluids of, an EVD patient without appropriate personal protective equipment (PPE). To date, no such high risk exposures have been identified in patients listing Virginia as their final destination.

VDH has begun post-arrival daily monitoring of all international travelers with a final destination in Virginia whose travel originated in Guinea, Liberia or Sierra Leone. The protocol includes a 21-day monitoring program requiring twice daily temperature recording by all travelers and at least one daily contact with a local health department monitor. Airport personnel provide travelers with thermometers, log books, and information on the signs and symptoms of EVD, and contact information for public health in their state of final destination.

During the initial public health interview, the traveler will be asked about all potential exposures to a person with EVD while in these countries. Depending on an individual traveler's level of exposure, some of the traveler's activities may be restricted, including but not limited to use of mass transit, attendance at large social gatherings, and direct patient care activities. During the

initial and subsequent monitoring by VDH personnel, travelers will also receive information on the actions to take if they become ill. The monitoring activities for and any restrictions on travelers in the post-arrival monitoring program will be spelled out in voluntary agreements. As Commissioner, however, I have the authority to issue an involuntary order of quarantine if a traveler is noncompliant with an agreement and I determine that the individual's actions are a threat to public health.

In Virginia, the goal of the post-arrival active monitoring program is to provide an additional strategy that can help in the early identification of anyone ill with EVD, so that appropriate and swift public health and clinical action may be initiated as soon as possible. Our ultimate goal is to prevent any transmission of EVD, while also minimizing disruption to an individual's life upon return to Virginia.

If you and your staff have other questions about Ebola and VDH's response, please visit VDH's "[Ebola – Frequently Asked Questions](#)" webpage. This site not only has links to numerous FAQs, but has links to information for healthcare providers and facilities and on VDH's airport screening and active monitoring program. For your students, faculty and staff, you may want to refer them to 1-877-ASK-VDH3 (1-877-275-8343), which is available 24 hours a day, seven days a week to answer the public's questions about Ebola. Virginia's 211 Call Center will be handling these calls using the FAQs developed by VDH.

Finally, we have entered flu season in Virginia. Influenza poses an annual risk to the health of your students, faculty, staff and community. Please promote flu prevention efforts, including encouraging everyone to get their annual flu vaccine, this year and every year.

Thank you again for your commitment to the health of your students, your community of higher education and the citizens of the Commonwealth of Virginia.

Sincerely,

Marissa J. Levine, MD, MPH, FAAFP  
State Health Commissioner