

PUBLIC INFORMATION GUIDE: EBOLA VIRUS DISEASE*

Wisconsin Department of Health Services



*Adapted from materials prepared by the Vermont Department of Health, the U.S. Department of Homeland Security and the Pan American Health Organization/World Health Organization

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PUBLIC INFORMATION GUIDE:

EBOLA VIRUS DISEASE

Purpose

The Wisconsin Department of Health Services (DHS) has developed this guide as a resource to ensure that the Department and its partners are effectively communicating and coordinating messages about Ebola with health care and response partners, using proven crisis and emergency risk communication principles. DHS will deliver risk communication and public health information to the public and its partners and staff through every appropriate channel including:

- The media, via the State Emergency Operations Center (EOC) and Joint Information Center (JIC), if activated, and the DHS Division of Public Health Emergency Operations Center, if activated;
- The DHS website;
- Partner resources, potentially including ForwardHealth provider portal, WI Trac, etc.;
- Ebola information line;
- Twitter; and
- Email lists and/or other alerts utilizing GovDelivery.

These communications will be accomplished in close coordination with the Governor's Office, local health departments, health care partners (including any providers caring for the patient, and potentially the Category 1 facility that would accept the patient if Ebola confirmed), the Wisconsin State Laboratory of Hygiene (WSLH), the Wisconsin Department of Military Affairs, Wisconsin Emergency Management, and federal agencies.

Communications Goals of DHS

- To maintain public confidence by providing information that is accurate, timely, credible and clear about a significant Ebola-related development or event;
- To involve the public as a partner by communicating accurate information as quickly as possible, through as many different media as possible;
- To build public trust by: showing empathy, acknowledging uncertainty, listening carefully to public concerns, taking care to explain the process in place to find answers, explaining risk of Ebola infection, and not over-reassuring the public if there is still uncertainty;
- To instill and maintain public confidence in the public health and health care system to effectively respond to and manage the situation;
- To ensure that a plan is in place to reach and effectively communicate with difficult-to-reach populations in the event of a public health emergency;
- To protect the privacy of the patient and contacts to the extent possible;
- To ensure that all needed communication resources are in place for a prompt and systematic response;
- To employ a unified and consistent approach to strategic and operational communication by involving local and tribal health departments, hospitals and partners, and WSLH in sharing clear and accurate information quickly, listening carefully and responding to needs and suggestions, clearly identifying lines of communication, and designating staff roles during a crisis, not just for the first announcements, but also in the days following;
- To work closely with the media, making efforts to respect media deadlines, deliver background information in writing, and tailor information to the needs of each type of media when possible;
- To direct public action as determined by the State Health Officer and other leaders;
- To coordinate with other federal state and local agencies involved in responding to Ebola virus disease and providing information to the public; and
- To coordinate with Partner Communications such that the situational awareness needs of key partners are effectively reconciled with message planning for the broader public.

Activating a Joint Information Center

When a significant Ebola-related development or event occurs or is anticipated to bring media attention or require special or extensive communication efforts, the Incident Commander and/or State Health Officer in coordination with the DHS Secretary and DHS Communications Director will consider activating a Joint Information Center (JIC) or Virtual JIC.

Please note that an authorized federal official can also establish a federal-level JIC, and may choose to do so in the event of a confirmed Ebola case. In a situation where a federal official establishes a JIC, the following processes and guidance may not apply.

A JIC is either a physical or “virtual” operation where public information staff representing all agencies and organizations involved in incident management activities coordinate and disseminate official, timely, accurate, easy to understand, and consistent information to the public. JICs are the single point of coordination for all public information operations during public health emergencies. All public information provided by response organizations during incident management operations will be communicated through the JIC.

The JIC would include DHS public information officers (PIOs), local health department PIOs, hospital PIOs, state agency PIOs (Wisconsin Emergency Management, Wisconsin State Lab of Hygiene, Department of Military Affairs, and others as appropriate based on issues and agency roles), Governor’s Office PIOs, the Centers for Disease Control and Prevention (CDC) representatives, Wisconsin Hospital Association, local emergency medical services (EMS) and others as needed. If the JIC is established to be 24 hours’ relief, PIOs would also be identified. A state-level JIC may either be virtual or, depending on circumstances, may be located at DHS or at another designated location.

Events that could potentially trigger activation of or expansion of a JIC include:

- Monitored traveler who may be transported to a local hospital
- Suspected case of Ebola or a patient being tested
- Confirmed case of Ebola
- Health care worker who was treating a confirmed case of Ebola

In any of the above scenarios, please contact DHS PIOs to coordinate on messaging and discuss establishing and activating a JIC prior to any external communications.

The following processes and guidance will be followed if a state-level JIC has been established and activated.

Notify and Organize

Once a decision to activate a JIC is made, DHS will notify all entities participating in the JIC.

Briefings and information exchange would be accomplished in person as well as by teleconference and email.

The DHS PIOs are generally responsible for the overall coordination of implementing this guidance with partners in the JIC, fielding questions and concerns, conducting appropriate updates, working with subject matter experts and others to identify public and stakeholder communication needs and concerns.

- DHS PIOs will consult with the DHS Incident Commander and other leaders, as well as DHS subject matter experts, and will work with the JIC to communicate new developments to the public and responders as needed.
- DHS PIOs will engage other communicators not immediately involved in the JIC to provide public information and education resources.

Roles and Responsibilities

DHS, in coordination with involved local health departments and WSLH, will provide information about public health preparedness and prevention measures, such as active monitoring and contact tracing, and significant events, such as quarantine, suspected cases, and confirmed cases of Ebola.

Hospitals and local EMS will provide information about hospital and health systems preparedness, treatment and patient care, and any details about a situation that the hospital is allowed to provide.

Media Inquiries

Media inquiries can be directed to the DHS Media Line: 608-266-1683. This line is answered by DHS staff and is monitored closely.

Once inquiries come in, the DHS PIOs will verify the situation and known facts and, in coordination with the members of the JIC, assist in the development of the first media response. The JIC will together determine first messages/key points and consider how new information will be released (news release/press conference). The JIC will be prepared for information leaks before public release of information; however, confirmation of any speculated information will not and cannot occur until the situation has been verified and confirmed by subject matter experts.

In accordance with state and federal privacy laws, neither DHS nor the JIC will name the person/people involved or provide personal details that could identify an individual, even if that person self-identifies or is correctly identified by the news media or others. DHS is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

In the case of a potential or confirmed case of Ebola, information will be released to the patient and family, as well as the hospital and health care workers involved in the patient's care and health officials, prior to providing de-identified information to the public.

All new public information will be reviewed and approved by the lead PIO in the JIC, and DHS will ensure that the State Health Officer and the DHS Incident Commander review prior to release. This includes news releases, key messages, presentations, op-eds, newsletter articles, letters to the editor, educational materials and alert messages.

Media interviews will be arranged with the designated spokespeople:

- Karen McKeown, DHS State Health Officer
- Hospital Spokesperson
- Local Health Officer(s)
- Others identified as appropriate

Determine Public and Stakeholder Messaging and Methods

Identify questions and concerns for each group and messages and/or answers. The message mapping technique will be used to develop the key points as the basis for communications, including news releases, interviews, web and social media postings, health education and marketing materials, presentations, etc.

Wisconsin Department of Health Services Contacts

Stephanie Smiley, DHS Communications Director

608-266-5862 or 608-260-5196

Stephanie.Smiley@dhs.wisconsin.gov

Jennifer Miller, Communications Specialist

Office of the Secretary

608-267-9735

JenniferC.Miller@dhs.wisconsin.gov

Beth Kaplan, Communications Specialist

Division of Public Health

608-261-9303

Beth.Kaplan@dhs.wisconsin.gov

Department of Health Services Media Line: 608-266-1683

Department of Health Services Media Mailbox: DHSMedia@dhs.wisconsin.gov

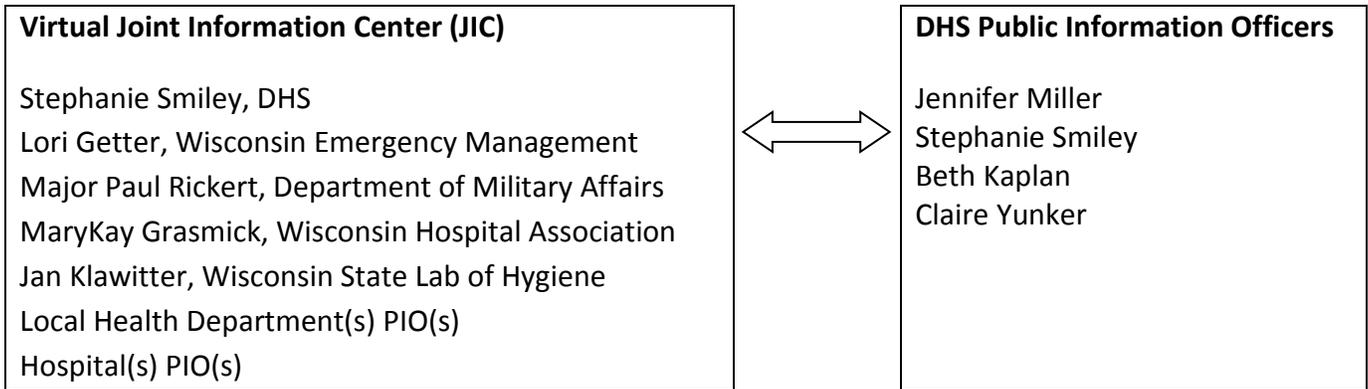
Please contact DHS PIOs to coordinate on messaging for the following scenarios:

- Monitored traveler who may be transported to a local hospital
- Suspected case of Ebola or a patient being tested
- Confirmed case of Ebola
- Health care worker who was treating a confirmed case of Ebola

Ebola Incident Command Communications Team

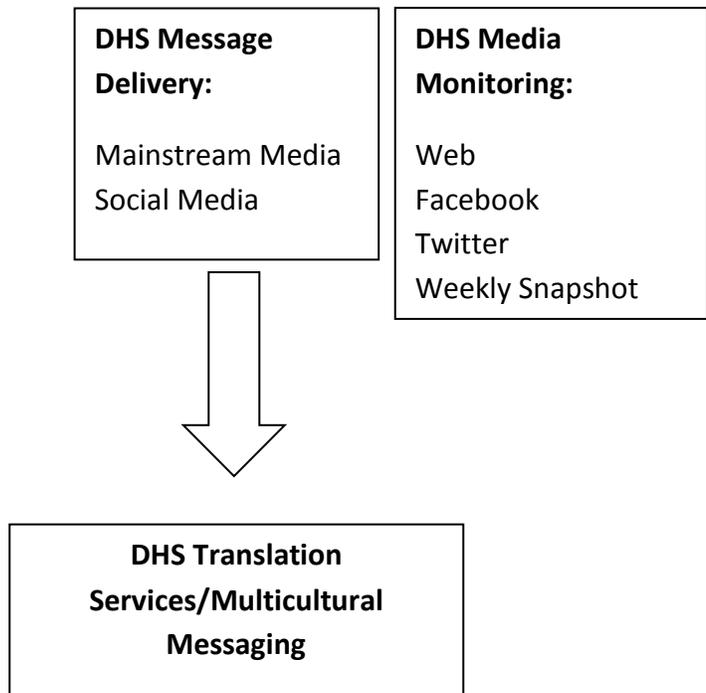
Established 10/17/2014

Current as of 01/20/2015



Please contact DHS PIOs to coordinate on messaging for the following scenarios:

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General Guidance for Creating Message Maps and Talking Points

Whether you use message maps or talking points, there are three things to remember when providing information to the public:

1. Be Concise
2. Be Brief
3. Be Clear

While you cannot be prepared for every situation or every question, developing three main points and sticking to the guidance to be concise, brief, and clear will prevent the message you need to convey from getting lost.

General Guidance for creating a message map:

Determine your audience. Is it the general public? Your stakeholders/partners?

Stick to three key messages or one key message with three parts. If you are in need of guidance on messaging, please contact DHS Communications at 608-266-1683 or 608-260-5196.

DHS General Talking Points on Ebola and Ebola Preparedness

Ebola Basic Information

- There are no Ebola cases in Wisconsin.
- In the event of an Ebola diagnosis, DHS will ensure the public and health care providers receive immediate public health information.
- DHS is committed to making sure our health care partners are prepared in the event a patient with Ebola seeks care at a clinic or hospital in Wisconsin.
- Since the Ebola virus outbreak began in West Africa (Dec. 2013 in Guinea, WHO), DHS has been assisting health care partners by:
 - Providing guidelines for monitoring individuals returning from western African countries, specifically Guinea, Liberia and Sierra Leone. (11-20-14)
 - Ensuring that all providers are ready with appropriate infection control protocols and required precautions for managing an Ebola patient. This preparation has been ongoing and adapted based on guidelines by the CDC.
- DHS is in ongoing communication with the CDC regarding the most current developments and guidelines and shares that information with health care providers and local/tribal health departments in Wisconsin.
- DHS understands the concerns people have about Ebola. Important facts to remember:
 - Ebola is only spread through direct contact with body fluids of a person who has Ebola or through exposure to objects, such as needles, that have been contaminated with the virus.
 - Ebola is NOT spread through the air.
 - Individuals are contagious ONLY if and when they have symptoms of the disease.

Three Health Care Systems Designated

- On October 28, 2014, DHS announced it is coordinating with three Wisconsin health systems to provide care to Ebola patients in the state.
- Those facilities are:
 - UW Health—University of Wisconsin Hospital, Madison, and the American Family Children’s Hospital, Madison (for pediatric patients only).
 - Froedtert and the Medical College of Wisconsin-Froedert Hospital, Wauwatosa (Milwaukee County).
 - Children’s Hospital of Wisconsin, Wauwatosa (Milwaukee County) (for pediatric patients only).
- These facilities were chosen because of the specialized care available at the designated hospitals, and because of their demonstrated preparedness, to safely treat Ebola patients and prevent the spread of the disease, and to do so without interrupting their normal patient care activities.

- Patients will be transferred to designated hospitals only after approval from DHS.
- Other Wisconsin hospitals continue to prepare to treat an Ebola patient, and it is possible other hospitals will reach the level of preparedness to be added to this group.

Monitoring:

- DHS is being notified of all individuals from the affected West African countries travelling to Wisconsin and is actively monitoring the individuals.
- DHS and/or local public health authorities are in daily communication with these individuals and are checking to assess for the presence of fever or other symptoms.
- By actively monitoring these individuals, DHS and local public health departments are minimizing the risk of spreading Ebola by ensuring that if these individuals become ill, they are identified as soon as possible after symptom onset so they can be rapidly isolated and evaluated.
- The CDC requires that persons who have had high-risk exposures have daily direct active monitoring by the local public health department. Direct active monitoring requires that a public health official directly observes the individual at least once a day to review symptoms and check temperature.

Preparation and Training:

- Since the Ebola virus outbreak began in Africa, DHS has been assisting health care partners by providing guidelines for monitoring individuals returning from affected West African countries and ensuring that all providers are ready with the appropriate infection control protocols and required precautions for managing an Ebola patient.
- DHS will continue to provide the latest information on our Ebola web page at <https://www.dhs.wisconsin.gov/disease/ebola-virus-disease.htm>
- Included in the preparedness and training:
- Monthly, and as needed, web casts to local/tribal health departments and health care providers/clinicians
 - Topics include:
 - Prevention of Ebola virus disease transmission in health care settings
 - Guidance for local health department staff about monitoring
 - Disposal of Ebola patient waste
 - Specimen collection, transport, testing, and submission for patients suspected to have Ebola
 - Legal questions regarding quarantines

Public Outreach:

DHS and its partners understand the concerns people have about the Ebola virus, and the best way to address those concerns is by providing the public accurate information about the virus, its transmission, and the state's preparedness in the event a case is diagnosed in Wisconsin.

Outreach includes press releases to statewide/national media, social media updates, and website updates.

DHS has an Ebola information line that is available 24 hours a day, 7 days a week. That number is 844-684-1064.

Sample Talking Points

These are sample talking points that can be used by state or local health departments if asked about monitored individuals.

Talking points should be used only after coordination with members in the JIC. The JIC would assist in modifying these to tailor for a local health department or health care provider during an actual event.

Monitored Traveler Sample Talking Points

1. The local health department works with the state Department of Health Services to make sure that all travelers coming to Wisconsin from affected countries in Africa are monitored for 21 days (the incubation period for Ebola).
 - a. Monitoring includes reviewing the traveler's risk factors for the virus.
 - b. Local public health department checks on the traveler each day for 21 days.
 - i. Temperature is checked twice a day.
 - ii. Individual is also asked about other symptoms of Ebola.
2. There are no Ebola cases in Wisconsin.
 - a. You can only get Ebola by direct contact with the body fluids of someone who has the disease and already has symptoms.
 - b. Ebola is not spread through casual contact.
 - c. Ebola is not spread by food, water, or the air.
3. The state and local health departments and health care providers are prepared in the event Ebola is diagnosed in Wisconsin.
4. For more information about the Ebola virus and Wisconsin's preparedness efforts, visit: <http://www.dhs.wisconsin.gov/communicable/diseasepages/ebola.htm#professionals>.

Anticipated questions

What happens when a person returns from one of the affected countries in western Africa?

Local health departments are to make sure that all travelers coming to Wisconsin from affected countries in Africa are monitored for 21 days (the incubation period for Ebola).

If the traveler did have contact with a person diagnosed with Ebola, what would happen then?

The local health department would conduct what is termed "direct active monitoring." Based on guidance from the CDC and DHS, our local health department would have daily in-person visits with the person and monitor that person's temperature and symptoms. This direct active monitoring would also take place for 21 days.

Depending on the level of exposure, the local health department may also impose movement restrictions.

What about the person's family/friends or people he/she may have traveled with?

Anyone the person traveled with would also be monitored as a returning traveler. Family and friends in this country could not possibly be carrying Ebola because they would only be exposed if the traveler developed symptoms and if they then came into contact with the traveler's body fluids. At that point, they would then be added to the monitoring list and – depending on exposure – may have their movements restricted.

Again, it is important to remember that Ebola is only spread through direct contact with a person who has the Ebola virus or by contact with an Ebola patient's body fluids. It cannot be spread through the air, food, or water. That said, if the person does become symptomatic, our local health department would monitor his/her contacts for symptoms.

So, are you saying there is no risk to the general public if a person returns from an affected country and resumes their day-to-day business here?

Again, let me stress that Ebola can only be spread through contact with a person who has Ebola or through contact with that person's body fluids. It is not spread through the air, food, or water. When a traveler returns, our health department works with him/her to identify possible exposures and determines the next steps – including movement restrictions – based on that assessment.

It is unlikely that travelers returning from affected countries will get Ebola. The purpose of the close monitoring is to identify possible symptoms of Ebola very early and prevent exposures in the community.

How many travelers from western Africa are being monitored in the county?

An answer to this question can include the number currently monitored or the total number monitored without any identifying information (e.g., name, address, city of residence) of the person, but your agency may also choose not to provide this information. You can also say that X number of people have been monitored in Wisconsin (you will have to check with the Division of Public Health for the most current totals).

If you have any questions or need assistance on these talking points, please call

Jennifer Miller, DHS Communications Specialist
608-267-9735 or after hours 608-437-8557
email: JenniferC.Miller@dhs.wisconsin.gov

Communications Regarding a Suspected Case

When a monitored traveler exhibits symptoms that could indicate Ebola, a Virtual JIC will convene as soon as possible. The Virtual JIC would include PIOs from the State Department of Health Services (DHS), the local health department where the traveler has been monitored, the hospital where the traveler was transported, other standing members of JIC, and stakeholders as determined by members (PIOs from other area hospitals, for example), as well as a representative from the CDC.

The members will collaborate on the messaging, define roles and responsibilities on the messaging, and reach consensus on decisions regarding the timing of release of information.

If you are approached by the media regarding a suspected case, please contact the DHS Media Line at 608-266-1683 or, if after regular business hours, 608-260-5196.

During the week of February 2, 2015, a monitored traveler was admitted to Meriter Hospital in Madison for evaluation. The talking points below are based on the messaging used during that event.

Local Health Department

A monitored traveler was transported to a local hospital according to Centers for Disease Control and Prevention (CDC) protocols for monitoring and evaluation. This is not an indication of Ebola virus disease, and there is no risk to the public. *(See attachment A: Initial Response from Public Health Madison Dane County).*

Precautions are being taken to ensure the safety of the patient, health care workers, and the public in the event a diagnosis is confirmed. We are collaborating closely with the hospital and the Wisconsin Department of Health Services, and we will share more information as it becomes available. If there were ever a confirmed case, the media would be notified.

Hospital

[Name of Hospital] can only confirm that we have a patient in our isolation unit. In the interest of patient confidentiality, no further information will be provided.

Members of the Virtual JIC will meet at a scheduled time each day, or more often if it is warranted, to continue to collaborate. The lead health agency will coordinate with the hospital on the timing of their reports to the media. Both the lead health agency and the hospital will make the Virtual JIC aware of any media contacts. Other Virtual JIC members will refer any media calls they receive to the lead health agency.

In addition to the release that confirmed that the monitored traveler was hospitalized and tested for Ebola, the local health department issued a release when the tests proved negative. *See attachment B.*

Communications Regarding a Confirmed Case

There will be at least several hours to prepare for a confirmed case of Ebola while a suspect case is being tested. These preparations will include opening the JIC (if not already opened) and coordinating with all partners, including the local health department that was monitoring the returned traveler, the local health department(s) for the involved hospital(s), and the hospital(s) themselves (potentially Category 2 and Category 1 facilities). We urge all partners to coordinate communication in this event so as to maintain public confidence by providing a unified approach. Please contact DHS at 608-266-1683 or 608-260-5196.

Sample Message Map

For use by the state or local health department, if asked about monitored individuals

SAMPLE Message Map

Key Messages: (3 key messages)	Supporting Information: (3 supporting statements for each key message)
<p>Message 1: The chances of anyone in Wisconsin getting Ebola are very rare.</p>	<p>Supporting Information 1: Individuals are contagious ONLY if and when they have symptoms of the disease.</p> <p>Supporting Information 2: Ebola is only spread through direct contact with body fluids of a person who has Ebola and already has symptoms.</p> <p>Supporting Information 3: Ebola is not spread through the air.</p>
<p>Message 2: Certain people are being monitored for the Ebola virus.</p>	<p>Supporting Information 1: This includes anyone who has returned to Wisconsin from the western Africa nations of Liberia, Sierra Leone, and Guinea.</p> <p>Supporting Information 2: Those who have been in contact with someone diagnosed with Ebola are monitored more closely.</p> <p>Supporting Information 3: Monitoring for symptoms ensures that if a person actually develops symptoms, they can be treated quickly, and the public can be protected.</p>
<p>Message 3: Wisconsin is prepared in case Ebola is diagnosed in the state.</p>	<p>Supporting Information 1: Public health and health care partners have been working closely to prepare and drill plans in case Ebola is diagnosed in our state (or in our county/jurisdiction).</p> <p>Supporting Information 2: Wisconsin has identified a network of hospitals that can safely test a patient for Ebola and three hospitals that can safely treat an Ebola patient.</p> <p>Supporting Information 3: The Wisconsin Department of Health Services (DHS) has an Ebola virus web page with the most current information for partners and the public. DHS also has a 24/7 information line where the public can get answers to questions about Ebola: 1-844-684-1064.</p>

Message Map Template

Key Messages: (3 key messages)	Supporting Information: (3 supporting statements for each key message)
Message 1:	Supporting Information 1:
	Supporting Information 2:
	Supporting Information 3:
Message 2:	Supporting Information 1:
	Supporting Information 2:
	Supporting Information 3:
Message 3:	Supporting Information 1:
	Supporting Information 2:
	Supporting Information 3:

Discussion Items for Your Agency/Organization

1. Who is the designated Public Information Officer about Ebola in your agency/organization?
2. Local health departments and hospitals may want to collaborate with DHS to identify at least two venues where press conferences could be held. Be thinking about venues that have:
 - a. Adequate parking for remote television vehicles
 - b. A room large enough to accommodate the media and their equipment
 - c. Podiums, microphones, computer hookups or Wi-Fi, enough electrical outlets/strips
3. Is your media list up to date?
4. What is your crisis communications plan for Ebola? Do you have a call tree that indicates who will be notified when there is a suspected or diagnosed case of Ebola? Who will you contact if you get a media call inquiring about a possible case? Do you have plans for internal communications? Have you already communicated internally with your staff about how your agency or organization would handle communicating with them during an event of a suspected or diagnosed case of Ebola?

If you have any questions about the information contained within this document or need assistance putting together your own communications plan, please call Jennifer Miller, Communications Specialist-Advanced, Department of Health Services, Office of the Secretary, 608-267-9735, or email JenniferC.Miller@dhs.wisconsin.gov.

For more information about Ebola, visit: <https://www.dhs.wisconsin.gov/disease/ebola-virus-disease.htm>.



Healthy people. Healthy places.

Janel Heinrich, MPH, MA, Director

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608-286-8309 (cell)

Media Statement from Public Health

Like health departments across the country, Public Health Madison and Dane County (PHMDC) has been actively monitoring travelers from the West African countries of Guinea, Sierra Leone, and Liberia since last fall, for symptoms of Ebola.

Regular monitoring of travelers assures symptoms of Ebola are caught early and appropriate action is taken. Monitoring includes checking in with returned travelers daily to determine if they are developing fever, headaches, muscle pain, fatigue, weakness, diarrhea or vomiting; all of which are also symptoms of a variety of other communicable diseases that may be circulating in our community, for example, influenza.

Earlier this week, a monitored traveler was transported to a local hospital according to Centers for Disease Control and Prevention (CDC) protocols for monitoring and evaluation. This is not an indication of Ebola virus disease and there is no risk to the public.

PHMDC has been collaborating regularly over the past several months with the CDC, WI Department of Health Services, hospitals, clinics, emergency responders, and the State Lab of Hygiene to adopt and implement CDC guidelines to protect health care workers, emergency responders and the general public in the unlikely event that there is an Ebola case in the community.

It is important to know that people can only get Ebola by direct contact with the body fluids of someone who has the disease and is showing symptoms of being ill. Ebola is a serious concern, but only if you have traveled to Guinea, Sierra Leone or Liberia and have had direct, fluid-based contact with someone who has Ebola.

If there is ever a confirmed Ebola case in Dane County, according to our protocol, the media will be notified.

For more information about Ebola visit www.cdc.gov/ebola

Information and local updates from PHMDC are available at www.publichealthmdc.com/ebola

Response Partners: Centers for Disease Control & Prevention, Wisconsin Department of Health Services, Wisconsin State Laboratory of Hygiene, UW-Hospital, Meriter-UnityPoint Health, Dean & St. Mary's, Madison Fire Department, Dane County Emergency Management, Wisconsin Emergency Management

Attachment B



Healthy people. Healthy places.

Janel Heinrich, MPH, MA, Director

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February 6, 2015

Contact: Amy Vieth
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608-286-8309 (cell)

Media Statement from Public Health

Earlier this week, Public Health Madison & Dane County (PHMDC) reported that a traveler, who recently returned from an Ebola affected West African country, was taken to a local hospital after developing symptoms. PHMDC can now report that two laboratory tests confirm that the individual does not have Ebola. The person is no longer in isolation and presents no risk.

"I am delighted to hear this good news. I would like to recognize the hard work and effort put forth by our staff and our partners who participated in the traveler's monitoring and care," stated Janel Heinrich, Director of Public Health Madison and Dane County.

Since last fall, PHMDC has been actively monitoring travelers from the countries of Guinea, Sierra Leone, and Liberia for 21 days following their return for symptoms of Ebola. PHMDC will continue regular monitoring of all travelers returning from West Africa until otherwise indicated by the CDC.

This was the first time that a traveler returning to Dane County developed symptoms during the monitoring period, and was hospitalized. It was also the first time Ebola preparedness plans were put into action and a coordinated response between PHMDC, the WI Department of Health Services, Wisconsin State Laboratory of Hygiene, Madison Fire EMS, and our local hospital partners were activated. The rapid and coordinated response to this situation demonstrated the effectiveness of diligent collaboration and sound public health protocols.

For more information about Ebola visit www.cdc.gov/ebola

Information and local updates from PHMDC are available at www.publichealthmdc.com/ebola

Response Partners: Centers for Disease Control & Prevention, Wisconsin Department of Health Services, Wisconsin State Laboratory of Hygiene, UW Hospital, Meriter-UnityPoint Health, Dean & St. Mary's, Madison Fire Department, Dane County Emergency Management, Wisconsin Emergency Management, Local Law Enforcement

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
Division of Public Health/Office of the Secretary
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