Summary of recommendations for asymptomatic contacts, according to exposure risk to a case during the period of communicability

This document contains the same information as Appendix A in the *Public Health* Management of Cases and Contacts of Ebola Disease in the Community Setting in Canada (2024) and should be used in conjunction with the complete document. Clinical judgement remains essential for risk assessment and may, along with jurisdictional policies, result in decisions that differ from recommendations provided in this document. See Clinical judgement required to determine risk section to assist with the risk assessment.

In the case of Ebola disease caused by EBOV, also consult Ebola virus vaccine: Canadian Immunization Guide on the use of rVSV ΔG-ZEBOV-GP (Ervebo) vaccine.

Risk	Exposures	General recommendations	Specific recommendations
No risk	Not meeting any of the criteria for high-risk or low-risk exposures, or the exposure occurred > 21 days ago and therefore the incubation period for Ebola has passed.	Reassurance Education	NIL
Lowrisk	Not a household or sexual contact of a case but had ONE of the following: • Physical contact ^a , while adhering (with no known breach) to recommended infection prevention and control measures, with: • the body surface/mucous membranes of a symptomatic Ebola disease case, the individual's body fluids, or dead body,	Provide information to the contact on how to reach public health officials at any time of the day or night. For 21 days following the last exposure to an orthoebolavirus: Receive active public health monitoring for symptoms and counselling. The frequency and method of follow-up to be determined on a caseby-case basis following an initial assessment.	Essential activities can be maintained but direct contact and populated environments should be avoided.



Risk	Exposures	General recommendations	Specific recommendations
High	o objects or surfaces potentially contaminated with orthoebolaviruses (such as bedding, clothing, medical instruments, laboratory specimens) o an infected animal (dead or alive) • Stayed in an Ebola disease-affected area, but does not meet any high-risk criteria Household and/or sexual contact of a case Had physical contact ^a , without adhering to recommended infection prevention and control measures or following a breach in infection prevention and control measures, with: • the body surface/mucous membranes of a symptomatic Ebola disease case, the individual's body fluids, or dead body	 Self-monitor for symptoms of Ebola disease, including the documentation of oral temperature twice daily (AM and PM) and immediately if feeling chills/feverish. Develop a plan to isolate and access healthcare if symptoms occur Avoid medications that lower fever (for example, acetaminophen, nonsteroidal anti-inflammatory medications) as they could mask early symptoms of Ebola disease. Advise all healthcare providers, including paramedical services, of the potential Ebola disease exposure. Postpone elective medical visits and procedures. Do not donate blood, sperm and other body fluids, organs or tissue. Maintain good infection prevention and control measures with regards 	Do not have direct contact with others outside of the household, including: • Do not attend public places (for example, do not attend workplace, school, childcare centres, stores, funerals, religious gatherings, social events) except for seeking essential, non-elective medical care. • Do not travel on public/commercial conveyances (such as a bus, train, taxi, airplane)

Exposures General **Specific** Risk recommendations recommendations objects or surfaces to body fluids, regular Do not have visitors potentially contaminated cleaning of washrooms into the house. and good hand with orthoebolavirus Minimize or avoid direct (such as bedding, hygiene contact where possible clothing, medical Report any travel with those in their instruments, laboratory intentions outside of household, including specimens) the public health abstaining from sexual an infected animal jurisdiction to the contact and breastfeeding (dead or alive) public health authority. for the duration of the 21-Travel outside the day period (e.g., separate Unprotected contact with bedrooms, separate public health semen from an individual bathrooms, activities of jurisdiction during the recently recovered from daily living, such as dishes 21-day monitoring Ebola disease. and laundry, done period requires careful separately). consideration of risk A child exposed to and should not occur breastmilk of an individual Avoid all animal contact, if with Ebola disease. without prior possible. If animal contact discussion with, and can not be avoided. agreement of public measures should be taken health authorities at to reduce the chance that the point of origin and an animal would be the destination. considered exposed if the person develops If symptoms compatible symptoms. Consult with with Ebola disease appropriate public health develop, immediately and animal health officials isolate and notify public as necessary. health officials.

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^a Physical contact includes being in close proximity of an Ebola disease case, especially if the case is coughing, vomiting, bleeding externally or has diarrhea, based on a risk assessment. See Clinical judgement required to determine risk section in *Public Health Management of Cases and Contacts of Ebola Disease in the Community Setting in Canada* (2024).

TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP, PARTNERSHIP, INNOVATION AND ACTION IN PUBLIC HEALTH.

—Public Health Agency of Canada

Également disponible en français sous le titre : Résumé des recommandations pour les contacts asymptomatiques, en fonction du risque d'exposition à un cas pendant la période de transmissibilité

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