

# GENERAL

## Ordinance Fact Sheet

150366

Ordinance Number

Brief Title	Approval Deadline	Reason
Ebola Virus Disease Monitoring		

Details	Positions/Recommendations														
<p><b>Reason for Legislation</b></p> <p>This ordinance is to accept a special contract with Missouri Department of Health and Senior Services (DHSS) conduct Ebola Virus Disease (EVD) monitoring for travelers with identified epidemiologic risk factors to ensure, should the traveler become ill, the traveler is identified as soon as possible after symptom onset so they can be rapidly isolated, evaluated and receive appropriate medical care.</p> <p><b>Discussion</b></p> <p>The world is facing the biggest and most complex Ebola outbreak in history. On August 8, 2014, the Ebola outbreak in West Africa was declared by the World Health Organization to be a Public Health Emergency of International Concern (PHEIC) because it was determined to be an "extraordinary event" with public health risks to other countries. The possible consequences of further international spread are particularly serious considering the virulence (ability to cause serious disease or death) of the virus, the widespread transmission in communities and healthcare facilities in the currently affected countries, and the strained health systems in the currently affected and most at-risk countries. Coordinated public health actions are essential to stop and reverse the spread of Ebola including the Active Monitoring (AM) and/or Direct Active Monitoring (DAM) for travelers to ensure that, if individuals with epidemiologic risk factors become ill, they are identified as soon as possible after symptom onset so they can be rapidly isolated and evaluated. Active monitoring should consist of, at a minimum, daily reporting of measured temperatures and symptoms consistent with Ebola (including severe headache, fatigue, muscle pain, weakness, diarrhea, vomiting, abdominal pain, or unexplained hemorrhage) by the individual to the public health authority. For direct active monitoring, a public health authority directly observes the individual at least once daily to review symptom status and monitor temperature; a second follow-up per day may be conducted by telephone in lieu of a second direct observation.</p> <p><b>Is it good for the children?</b></p> <p>Many of the Health Departments programs are specifically designed for the betterment of health in all citizens. This Program specifically targets the health in both adults and children.</p> <p><b>How will this contribute to a sustainable Kansas City?</b></p> <p>Many public health programs are funded based on the need of the community and the impact upon individual citizens and high risk groups. Promoting economic vitality, social equity and environmental quality in addressing public health initiatives is oftentimes dependent upon federal, state and local funding; however, the goal of these programs is to promote and protect all citizens of Kansas City on a continuing, ongoing and sustainable basis.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Sponsor</b></td> <td>Health Department</td> </tr> <tr> <td><b>Programs, Departments, or Groups Affected</b></td> <td>Health Department</td> </tr> <tr> <td><b>Applicants / Proponents</b></td> <td>                     Applicant                      Health Department                      City Department                      Health Department                      Other                 </td> </tr> <tr> <td><b>Opponents</b></td> <td>                     Groups or Individuals                      None Known                      Basis of opposition                 </td> </tr> <tr> <td><b>Staff Recommendation</b></td> <td> <input checked="" type="checkbox"/> For  <input type="checkbox"/> Against                      Reason Against                 </td> </tr> <tr> <td><b>Board or Commission Recommendation</b></td> <td>                     By  <input type="checkbox"/> For   <input type="checkbox"/> Against   <input type="checkbox"/> No action taken  <input type="checkbox"/> For, with revisions or conditions                      (see details column for conditions)                 </td> </tr> <tr> <td><b>Council Committee Actions</b></td> <td> <input type="checkbox"/> Do pass  <input type="checkbox"/> Do pass (as amended)  <input type="checkbox"/> Committee Sub.  <input type="checkbox"/> Without Recommendation  <input type="checkbox"/> Hold  <input type="checkbox"/> Do not pass                 </td> </tr> </table>	<b>Sponsor</b>	Health Department	<b>Programs, Departments, or Groups Affected</b>	Health Department	<b>Applicants / Proponents</b>	Applicant Health Department City Department Health Department Other	<b>Opponents</b>	Groups or Individuals None Known Basis of opposition	<b>Staff Recommendation</b>	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against	<b>Board or Commission Recommendation</b>	By <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No action taken <input type="checkbox"/> For, with revisions or conditions (see details column for conditions)	<b>Council Committee Actions</b>	<input type="checkbox"/> Do pass <input type="checkbox"/> Do pass (as amended) <input type="checkbox"/> Committee Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not pass
<b>Sponsor</b>	Health Department														
<b>Programs, Departments, or Groups Affected</b>	Health Department														
<b>Applicants / Proponents</b>	Applicant Health Department City Department Health Department Other														
<b>Opponents</b>	Groups or Individuals None Known Basis of opposition														
<b>Staff Recommendation</b>	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against														
<b>Board or Commission Recommendation</b>	By <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No action taken <input type="checkbox"/> For, with revisions or conditions (see details column for conditions)														
<b>Council Committee Actions</b>	<input type="checkbox"/> Do pass <input type="checkbox"/> Do pass (as amended) <input type="checkbox"/> Committee Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not pass														

(Continued on reverse side)

Details	Policy/Program Impact
	Policy or Program Change <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

	<b>Operational Impact Assessment</b>	
	<b>Finances</b>	
	<b>Cost &amp; Revenue Projections -- Including Indirect Costs</b>	
	<b>Financial Impact</b>	
	<b>Fund Source (s) and Appropriation Account Codes</b>	16-2480-500001-G50504715 16-2480-505047-G50504715

(Use this space for further discussion, if necessary)

**Applicable Dates:**

**Fact Sheet Prepared by:**  
 Tiffany Wilkinson, MPH                      5/4/2015  
 Assistant Division Manager, Communicable Disease Prevention

**Reviewed by:**

Name	Date
Title	

**Reference Numbers**