

What is a PUM?

An individual undergoing monitoring by public health officials is considered a Person Under Monitoring (PUM). The PUMs in this Ebola outbreak are individuals who have potentially been exposed to the Bundibugyo virus or have recently traveled to countries affected by the current Bundibugyo virus disease outbreak as identified by the United States Department of Health and Human Services. Monitoring persons with potential exposure to Bundibugyo virus for symptoms of BVD helps ensure that an individual who becomes ill is identified as soon as possible after symptom onset, so that he or she can be rapidly isolated and evaluated.

Currently, these definitions and risk categories only apply to travelers from the Democratic Republic of Congo (DRC), South Sudan, and Uganda. As this is an ongoing and evolving outbreak, the definitions and risk categories are subject to change.

Definitions:

- **Affected countries**¹ refers to those countries currently affected by the outbreak of BVD. These currently include:
 - DRC
 - South Sudan
 - Uganda

- Specific **areas of concern**¹ within each affected country have been designated. Those areas are:
 - DRC: the entire country has been designated as an area of concern.
 - South Sudan: no areas of concern have been designated currently. However, travelers from South Sudan are included in this guidance because the country neighbors the DRC and experiences a high volume of travel across a porous border.
 - Uganda: the entire country has been designated as an area of concern.

- **High-risk exposures** include the following:
 - Percutaneous (i.e., piercing the skin), mucous membrane (e.g., eye, nose or mouth), or skin contact with blood or other body fluids of a person with confirmed or suspected Ebola disease.
 - Physical contact with a person who has confirmed or suspected Ebola disease (or with objects contaminated with their body

fluids) without the use of recommended personal protective equipment (PPE) sufficient to prevent skin or mucous membrane exposure to blood or body fluids or experiencing a breach in infection precautions that results in the potential for skin or mucous membrane exposure to blood or body fluids.

- Providing healthcare to a patient with confirmed or suspected Ebola disease without the use of recommended PPE or experiencing a breach in infection control precautions that results in the potential for percutaneous, mucous membrane, or skin contact with the blood or body fluids of a patient with Ebola disease.
 - Physical contact without using recommended PPE with a body of a person (or objects contaminated by their body fluids) who died of confirmed or suspected Ebola disease, or any direct contact with a deceased person in an area of concern, or a breach in infection control precautions while handling such a dead body.
 - Living in the same household as a person with confirmed or suspected Ebola disease while that person was symptomatic.
- **Situations with exposure potential** include the following:
 - Nonoccupational situations:
 - Exposure to a person with acute febrile illness².
 - Visiting a healthcare facility or traditional healer².
 - Attending a funeral or burial².
 - Contact with bats, bat urine or droppings, or non-human primates; contact with blood, fluids, or raw meat from these or unknown animals; or entry into areas known to be inhabited by bats (e.g., caves and mines).
 - Occupational situations³:
 - Providing healthcare, performing environmental cleaning, or handling of waste in an Ebola treatment unit (ETU), or for patients with BVD in any clinical setting.
 - Entry into a patient care area of an ETU for any reason.
 - Providing healthcare in an area of concern² to an acutely ill patient not known to have BVD.
 - Environmental cleaning or handling of waste in a regular healthcare facility².
 - Clinical laboratory work associated with an ETU or other healthcare setting².
 - Burial work².

¹Note that designations of affected countries and areas of concern may change at any time due to the rapidly changing conditions of the current

outbreak. Current information can be found on the Centers for Disease Control and Prevention's (CDC) Ebola Disease: Current Situation website.

²Given the potential for unrecognized cases outside of defined areas of concern, particularly in countries with inadequate public health infrastructure and surveillance systems, these situations can also be taken into consideration when assessing people who were present in a country where an outbreak is occurring outside of the defined area of concern.

³These occupational exposure situations assume availability and correct and consistent use of PPE. Correct and consistent use of PPE during situations with occupational exposure risk is highly protective and prevents transmission to healthcare or other personnel. However, unrecognized errors or breaches during the use of PPE (e.g., self-contaminating when removing contaminated PPE) might create high-risk opportunities for transmission to personnel.

There are four exposure categories:

- **Travelers with a reported high-risk exposure** include those individuals who have experienced a high-risk exposure (as defined above) within the previous 21 days.
- **Travelers in an area of concern who report situations with exposure potential** include those individuals who were present in an area of concern AND have experienced at least one of the situations with exposure potential within the previous 21 days.
- **Travelers in an area of concern who do not report situations with exposure potential** include those individuals who were present in an area of concern AND have not experienced any of the situations with exposure potential within the previous 21 days.
- **Travelers in an affected country but not in an area of concern** include those individuals who were present in an affected country within the previous 21 days but not within an area of concern.

It is possible for an individual to be categorized in more than one exposure category. For example, an individual may spend time in an area of concern and then travel outside of the area of concern for a period of time prior to returning to the United States. In such cases, the individual should be monitored according to the highest level of exposure at any given time during the 21-day monitoring period. However, the individual may be monitored at a lower level if 21 days have passed since the higher exposure period.