

Recommendations for Public Health Follow-Up of Travelers Identified as Contaminated with Radioactive Material by Customs and Border Protection at US Ports of Entry

Current traveler screening guidance has been implemented at all US points of entry (air, land, and maritime)

- Any traveler with radiation contamination detected at levels of ≥ 2 times background will be provided the opportunity for further public health follow-up
- **Pending traveler consent**, Customs and Border Protection (CBP) staff will
 - Collect the following data: traveler contact information, radionuclides detected, and associated levels
 - Provide this information by email to the Centers for Disease Control and Prevention (CDC) via an existing legal agreement between these agencies
 - Contact the 24/7 on-call CDC Emergency Operations Center (EOC) Epidemiology and Surveillance (Epi/Surv) team by phone

Using the following criteria, CDC will provide information regarding isotope(s) detected and dose/dose rates to the on-call state radiation program control director for the state where the traveler initially landed

- **Travelers contaminated at levels ≥ 20 times background:** CDC will immediately contact the state radiation control program using the roster provided by the Conference of Radiation Control Program Directors (CRCPD)
- **Travelers contaminated at levels ≥ 2 but < 20 times background:** CDC will contact the state radiation control program immediately if between the hours of 8:00 am and 8:00 pm Eastern Time, or if otherwise, at 8:00 am Eastern Time the next day

For travelers planning to continue their travel to another state

- The state radiation control program director in the state where the traveler entered the US will provide the CBP-collected information to the state radiation control program in the state of the traveler's final destination

The state radiation control program in the state of the traveler's final destination will

- Follow up with the traveler to conduct additional screening and/or decontamination, as necessary
- Help interpret results of CBP screening
- Answer any questions a traveler may have
- Liaise with and share this information with the appropriate state or local public health officials (per individual state public health protocols)

State radiation control program or state/local public health officials may (per individual state public health protocols)

- Follow up with the traveler, by phone or in-person to collect the data on the epidemiologic assessment form
- For technical assistance with the epidemiologic assessment form, contact
 - Colleen Martin (404-992-2606, AUQ4@CDC.GOV)
 - Arthur Chang (404-319-1207, CTN7@CDC.GOV)

Urine specimens

- Cups to collect urine for radiobioassay analysis have been pre-positioned with state radiation control programs
- Guidance for specimen collection, storage, and shipment are included in the urine collection kits
 - Information also available at <http://emergency.cdc.gov/radiation/labinfo.asp>

- After decontamination of the traveler, state radiation control may determine that a urine bioassay is warranted
- If deemed warranted, state radiation control or state/local public health officials (per individual state protocols) will arrange to obtain a urine specimen
- Specimens should be shipped to the state public health laboratory the same day as collected
- Upon receipt of the urine specimen, the state public health laboratory should contact the CDC laboratory sample logistics group: 770-488-7227 or by email at SampleLogistics@CDC.gov
- Urine specimens should be shipped to
 - CDC Division of Laboratory Sciences (DLS)
 - Centers for Disease Control and Prevention
 - ATTN: Sample Logistics Laboratory
 - 4770 Buford Hwy., NE, Building 110, Loading Dock
 - Atlanta, GA 30341
- CDC recommends that samples be shipped from the state public health laboratory to the CDC laboratory for next day delivery
- Upon receipt of the urine specimen, CDC will
 - Conduct analysis
 - Share results with the state public health laboratory for distribution to state radiation control, state/local public health officials, and the traveler per individual state protocols

