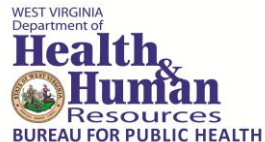


# Ebola Virus Disease Returned Traveler Active Surveillance Form



DGMQ ID:

CDC Assigned Risk Category (*obtain from DIDE*):  No Risk  Low Risk  Some Risk  High Risk

*Interviewer instructions are italicized throughout the document.*

## A. Interview Information

Date of interview: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

### Interviewer:

Interviewer Name (Last, First): \_\_\_\_\_

State/Local Health Department: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Who is providing information for this form?

Traveler

Other, specify person (Last, First): \_\_\_\_\_

Relationship to traveler: \_\_\_\_\_

Reason traveler unable to provide information:  Traveler is a minor  Other \_\_\_\_\_

Traveler primary language: \_\_\_\_\_

Was this form administered via a translator?  Yes  No

## B. Traveler Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Other Phone number or contact information: \_\_\_\_\_

Other contact information: \_\_\_\_\_

Ebola Virus Disease Returned Traveler Active Surveillance Form

DGMQ ID:

**C. Traveler Demographics**

Date of birth: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)      Age: \_\_\_      Sex:  Male     Female

If female: are you pregnant?  Yes → Estimated date of delivery: \_\_\_/\_\_\_/\_\_\_  
 No  
 Unsure

Did you receive an influenza vaccination?  Yes → When? (month/year) \_\_\_\_\_  
 No → *Ask would you be interested in getting one?*

Did all other members of your household receive an influenza vaccination during the previous/current season?  
 Yes  
 No → *Ask would in your household be interested in getting one?*

Are you currently taking Malaria prophylaxis  No  
 Yes → Type and Dosage \_\_\_\_\_  
 Date of Last Dosage \_\_\_\_\_

Do you have any pets in your household?:  No  
 Yes Complete table below

<u>Name of Animal</u>	<u>Species or type of animal</u>

What is your occupation? \_\_\_\_\_

Place of work and address: \_\_\_\_\_

NOTES:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Ebola Virus Disease Returned Traveler Active Surveillance Form



DGMQ ID:

**D. Travel Dates and Purpose**

Countries traveled to within 21 days of this interview { \_\_\_/\_\_\_/\_\_\_ } through today { \_\_\_/\_\_\_/\_\_\_ }:

*Limit travel history to Liberia, Sierra Leone, Guinea, or Mali*

Country	Date Arrived	Date departed	Reason for travel	notes

***If traveler is a healthcare worker (HCW) who provided care to Ebola patients or worked (in any capacity including janitorial, lab, medical waste, food services, etc.) at a healthcare facility that treated Ebola patients, skip to Section G now.***

# Ebola Virus Disease Returned Traveler Active Surveillance Form

DGMQ ID:

## E. Exposure History *Note: direct contact requires contact with skin and/or mucous membranes.*

These questions refer to any exposures while you traveled to {high risk country/ies: \_\_\_\_\_}

1) During travel to {high risk country/ies: \_\_\_\_\_} did you have any direct contact with persons known or suspected to be ill with Ebola?  No → *Go to question 4*

Yes → *Continue with question 1a*

Unsure → *Continue with question 1a*

1a) If yes or unsure: What was your relationship to the patient(s)?

Partner/spouse  Family member  Co-worker  Friend/acquaintance

Classmate  Visited same healthcare facility/care area as Ebola patient

Neighbor/community member  Other \_\_\_\_\_

2) Did you live in the same house as the patient(s)?

Yes

No

3) Did you have any contact with any patient(s) while they were ill?

No → *Go to question 4*

Unsure → *Continue to question 3a*

Yes → *Continue to question 3a*

3a) Please describe and provide dates of first and last contact (include description of any PPE used): \_\_\_\_\_

4) Did you participate in burial preparations or funeral services or touch a dead body while in {high risk country/ies: \_\_\_\_\_}

No → *Go to question 5*

Unsure → *Continue to question 4a*

Yes → *Continue to question 4a*

4a) Please describe and provide dates of first and last contact (include description of any PPE used): \_\_\_\_\_

DGMQ ID: **E. Exposure History (cont'd)**

5) Did you have any contact with blood or body fluids from persons known or suspected to be ill with Ebola (including contaminated objects or surfaces such as bedding or clothing)?

- No → *Go to question 6*
- Unsure → *Continue with question 5a*
- Yes → *Continue with question 5a*

5a) What body fluids were you in contact with? (*check all that apply*)

- Blood                       Feces                       Vomit                       Urine                       Sweat
- Tears                       Respiratory secretions                       Semen                       Vaginal fluids
- Other, specify: \_\_\_\_\_

Last date of contact: \_\_\_/ \_\_\_/ \_\_\_\_ (mm/dd/yyyy) → **Skip 6 and 7 on this page and go to Section F**

6) Were you ever within approximately 3 feet of ill persons or within the room or care area of an ill person for a prolonged period of time (at least one hour)?

- Yes - date of last contact: \_\_\_/ \_\_\_/ \_\_\_\_ (mm/dd/yyyy) → **Go to Section F**
- Unsure → **Go to Section F**
- No

7) Did you have any direct contact with an ill person known/suspected to have Ebola (e.g. shaking hands) no matter how brief?

- Yes - Date of last contact: \_\_\_/ \_\_\_/ \_\_\_\_ (mm/dd/yyyy) → **Continue to Section F**
- Unsure → **Continue to Section F**
- No → **Go to Section I**

Ebola Virus Disease Returned Traveler Active Surveillance Form



DGMQ ID: [ ]

F. Activities During Period Of Exposure {For persons who had contact with known/suspected Ebola Patient}

Did you participate in any of the following activities with the patient while he/she was ill?

Caregiving

Did you take care of the patient when he/she was sick (e.g. bathe, feed, help to bathroom)? [ ]Yes [ ]No [ ]Unsure

Did you do house cleaning or provide indirect care for the patient (e.g. wash clothes or bedding, wash dishes)? [ ]Yes [ ]No [ ]Unsure

Sharing Meals

Did you eat meals with the patient? [ ]Yes [ ]No [ ]Unsure

Did you share utensils or a cup with the patient? [ ]Yes [ ]No [ ]Unsure

Other close contact

Did you use the same bathroom as the patient? [ ]Yes [ ]No [ ]Unsure

Did you sleep in the same room as the patient? [ ]Yes [ ]No [ ]Unsure

Did you sleep in the same bed as the patient? [ ]Yes [ ]No [ ]Unsure

Did you hug the patient? [ ]Yes [ ]No [ ]Unsure

Did you kiss the patient? [ ]Yes [ ]No [ ]Unsure

Transportation

Did you share any transport with the patient (car, bus, plane, taxi, etc.)? [ ]Yes [ ]No [ ]Unsure

If yes, give for all shared transport: Conveyance \_\_\_\_\_ Dates of travel: \_\_\_\_\_

Name of airline and flight number: \_\_\_\_\_

Origin: \_\_\_\_\_ Destination: \_\_\_\_\_

Any transit points: \_\_\_\_\_

Notes (include description of PPE, if any):

Four horizontal lines for notes.

Ebola Virus Disease Returned Traveler Active Surveillance Form



DGMQ ID:

**Health Care Worker (HCW) Survey**  
**Section ONLY to be completed for healthcare workers**

**G. Healthcare Facility Information – NOTE: complete this section for each facility where traveler worked in high risk country/ies within the last 21 days**

Facility Name \_\_\_\_\_ Facility Type \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Job title: \_\_\_\_\_

Dates(s): \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ (mm/dd/yyyy)

What were your primary job duties? \_\_\_\_\_

\_\_\_\_\_

Facility Name \_\_\_\_\_ Facility Type \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Job title: \_\_\_\_\_

Dates(s): \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ (mm/dd/yyyy)

What were your primary job duties? \_\_\_\_\_

\_\_\_\_\_

Facility Name \_\_\_\_\_ Facility Type \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Job title: \_\_\_\_\_

Dates(s): \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ (mm/dd/yyyy)

What were your primary job duties? \_\_\_\_\_

\_\_\_\_\_

DGMQ ID: **H. HCW Exposure History**

1) Did you have any contact with Ebola patients while they were ill?

Yes  No  Unsure

If yes, please describe and provide dates of first and last contact:

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2) Were you within approximately 3 feet of any Ebola patient or within their room or care area for a prolonged period of time? (This includes while wearing PPE)

No → *Go to question 3*

Yes → *Continue to question 2a*

Unsure → *Continue to question 2a*

2a) What PPE was worn on these occasions? *Check all that apply*

Gloves  Gown (impermeable)  Eye protection (goggles or face shield)  Facemask

N95 or other respirator  Body suit  None

Other \_\_\_\_\_

Last date(s) of exposure \_\_\_/ \_\_\_/ \_\_\_\_ (mm/dd/yyyy) → *Continue to question 3*

3) Did you have any casual contact with any Ebola patient (meaning a brief interaction, such as walking by him/her or being in the same room for a very short period of time) in which you did not directly touch him/her?  Yes → Last date(s) of exposure \_\_\_/ \_\_\_/ \_\_\_\_ (mm/dd/yyyy)

No

Unsure

4) Did you have any direct contact with any Ebola patient (e.g. shaking hands) no matter how brief?

(*This includes while wearing PPE*)  No → *Go to question 5*

Unsure → *Continue to question 4a*

Yes → *Continue to question 4a*

4a) What PPE was worn on these occasions? *Check all that apply*

Gloves  Gown (impermeable)  Eye protection (goggles or face shield)  Facemask

N95 or other respirator  Body suit  None

Other \_\_\_\_\_

Last date(s) of contact: \_\_\_/ \_\_\_/ \_\_\_\_ (mm/dd/yyyy) → *Continue to question 5*



Ebola Virus Disease Returned Traveler Active Surveillance Form



DGMQ ID: [ ]

H. HCW Exposure History (cont'd)

5) Did you have any direct contact with blood or body fluids from any Ebola patient while he/she was ill (including contaminated objects or surfaces such as bedding or clothing)? (This includes while wearing PPE) (Note: this includes laboratory work)

- No -> Go to Section I
Unsure -> Continue to question 5a
Yes -> Continue to question 5a

5a) What body fluids were you in contact with? (check all that apply)

- Blood, Feces, Vomit, Urine, Sweat, Tears, Respiratory secretions, Saliva, Semen or vaginal fluids, Other

Last date(s) of blood/body fluid exposure: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

5b) What PPE was worn on these occasions? Check all that apply

- Gloves, Gown, Eye protection, Facemask, N95 or other respirator, Body suit, None, Other

Last date(s) of contact: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) -> Continue to Section I

NOTES: Please describe any lapses in proper infection control practices that may have occurred during any of these contacts and describe what happened (e.g., inappropriate/ ineffective disinfection; defective gloves, gowns, mask). Include hospital location (outpatient care, acute inpatient, ED, ICU, long-term care, clinical lab, dialysis center, etc.), response to breach, and duration of each occurrence:

Multiple horizontal lines for handwritten notes.

# Ebola Virus Disease Returned Traveler Active Surveillance Form



DGMQ ID:

## I. Risk Assessment Category Assignment

*Using information collected from previous questions, check all exposures that traveler reported*

- Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola
- Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate personal protective equipment (PPE)
- Processing blood or body fluids of a person with Ebola while the person was symptomatic without appropriate PPE or standard biosafety precautions
- Direct contact with a dead body without appropriate PPE in a country with widespread Ebola virus transmission or cases in urban settings with uncertain control measures
- Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic

*If the contact reported any of the above risk factors → Go to Section J for **High Risk***

- Direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic in countries with widespread transmission or cases in urban settings with uncertain control measures
- Any direct patient care in other healthcare settings in countries with widespread transmission or cases in urban settings with uncertain control measures
- Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic (close contact is defined as being for a prolonged period of time while not wearing appropriate PPE within approximately 3 feet (1 meter) of a person with Ebola).

*If the contact reported any of the above risk factors → Go to Section J for **Some Risk***

- Having been in a country with widespread Ebola virus transmission or cases in urban settings with uncertain control measures within the past 21 days and having had no known exposures
- Having brief direct contact (e.g., shaking hands), while not wearing appropriate PPE, with a person with Ebola while the person was in the early stage of disease).
- Brief proximity, such as being in the same room for a brief period of time, with a person with Ebola while the person was symptomatic
- In countries without widespread Ebola virus transmission or cases in urban settings with uncertain control measures: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic
- Traveled on an aircraft with a person with Ebola while the person was symptomatic

*If the contact reported any of the above risk factors → Go to Section J for **Low (but not zero) Risk***

- Contact with an asymptomatic person who had contact with person with Ebola
- Contact with a person with Ebola before the person developed symptoms
- Having been more than 21 days previously in a country with widespread Ebola virus transmission or cases in urban settings with uncertain control measures

*If the contact reported any of the above risk factors → Go to Section J for **No Identifiable Risk***

# Ebola Virus Disease Returned Traveler Active Surveillance Form



DGMQ ID:

## J. Public Health Follow-Up Actions

### HIGH RISK INDIVIDUALS

- Direct active monitoring
- Public health authority will ensure, through orders as necessary, the following minimum restrictions:
  - Controlled movement: exclusion from all long-distance and local public conveyances (aircraft, ship, train, bus, and subway)
  - Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings
  - Exclusion from workplaces for the duration of the public health order, unless approved by the state or local health department (telework is permitted)
- Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g. jog in a park)
- Federal public health travel restrictions (Do Not Board) will be implemented to enforce controlled movement
- If travel is allowed, individuals are subject to controlled movement
  - Travel by noncommercial conveyances only
  - Coordinated with public health authorities at both origin and destination
  - Uninterrupted direct active monitoring

### SOME RISK INDIVIDUALS

- Direct active monitoring
- Public health authority will ensure, through orders as necessary, the following minimum restrictions:
  - Controlled movement: exclusion from all long-distance commercial and local public conveyances (aircraft, ship, train, bus, and subway)
  - Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings
  - Exclusion from workplaces for the duration of the public health order, unless approved by the state or local health department (telework is permitted)
- Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g. jog in a park)
- Other activities should be assessed as needs and circumstances change to determine whether these activities may be undertaken
- Any travel will be coordinated with public health authorities to ensure uninterrupted direct active monitoring
- Federal public health travel restrictions (Do Not Board) may be implemented based on an assessment of the particular circumstance

### LOW(BUT NOT ZERO) RISK INDIVIDUALS

- No restrictions on travel, work, public conveyances, or congregate gatherings
- Direct active monitoring for:
  - U.S.-based healthcare workers caring for symptomatic Ebola patients while wearing appropriate PPE
  - Travelers on an aircraft with, and sitting within 3 feet of, a person with Ebola
- Active monitoring for all others in this category

### NO IDENTIFIABLE RISK INDIVIDUALS

- If symptomatic:  Routine medical evaluation and management of ill persons, as needed
- If asymptomatic:  No actions needed

