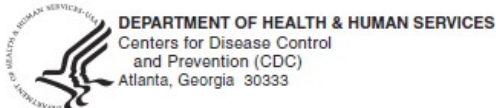




DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control
and Prevention (CDC)
Atlanta, Georgia 30333





Form approved
OMB No. 0920-0879
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Attachment A: State/Local Health Department Assessment on Ebola Viral Disease (Ebola) Inquiries and Preparedness

The purpose of this assessment is to collect data on domestic inquiries and health department preparedness for the Ebola Viral Disease (Ebola) response. A domestic inquiry refers to any communication about a person who has presented to a U.S. health care setting for medical evaluation, and is ill with possible symptoms of Ebola. Such persons will be referenced as a **Person under Investigation (PUI)** for this assessment. A person who has had a high or low-risk exposure to an Ebola patient is considered a contact. Please be assured that your responses will be kept anonymous, and reports from the data collected will be reported in aggregate form only (by regions rather than individual states). This collection of information is estimated to take up to 12 minutes to complete. Thank you for your participation!

1. Name of State/Local Health Department:

2. Since April 1, 2014, has your health department received inquiries about persons possibly exposed to Ebola? Yes No
(If no, please skip to question #7)
 - a. What is your earliest date of inquiry?
 - b. How many inquiries have you received between your earliest inquiry date and July 9th, 2014?
 - c. How many inquiries have you received since July 9th, 2014?
 - d. How many inquiries did you receive for the month of July?
 - e. How many inquiries did you receive for the month of August?
 - f. How many inquiries did you receive for the month of September?
 - g. Have you contacted CDC for any of these inquiries? Yes No

Public reporting burden of this collection of information is estimated 12 minutes to complete this assessment, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879)

3. Which Ebola-affected countries were your PUIs associated with? (please check all that apply)



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Liberia
Guinea
Sierra Leone
Nigeria
Senegal
Democratic Republic of Congo

4. From which country did the **majority** of the PUIs come from? (**Please check one**)?

Liberia
Guinea
Sierra Leone
Nigeria
Senegal
DRC

5. Which entity was your **primary** source of notification for PUIs (**please check one**):

Hospital/Health Center
Quarantine station
Law enforcement/Military
Customs and border control agencies
Airport personnel
Other (**please specify**)

6. What were your primary reasons for contacting the CDC about a PUI? (**please check all that apply**)

PUI had a low/high risk exposure status
PUI had an unknown exposure status
Uncertain about need for PUI testing
Assessed that PUI testing is indicated and need CDC assistance with testing protocols
Other (**please specify**)

7. If a person is identified as a PUI by your department, who would be the **immediate next** entity (outside of the state/local health department) that your department notifies? (**please check one**)

CDC EOC Ebola Response Team
Division of Global Migration and Quarantine
Customs and border control agencies
Other (please specify)

- a. After reaching out to your primary notification agency (in question 7), please check all other entities you contact about the PUI? (**please check all that apply**)

CDC EOC Ebola Response Team
Division of Global Migration and Quarantine
Customs and border control agencies
Other (**please specify**)

8. Did your state set up special teams or procedures to handle Ebola inquiries in response to the West African outbreak?
Yes No
If yes, please describe: _____

9. Do you currently have a database to keep track of PUIs/or future PUIs? Yes No

Questions 10-12 refer to tracing of contacts who had a high or low risk exposure to a person with confirmed or suspected Ebola virus disease.

10. Do you have an identified individual(s) within your department who is responsible for PUI follow-up and contact tracing?
Yes No

11. Has your health department officially **completed** 21 day follow-up/monitoring of any individuals following a high-risk or low-risk exposure? Yes No

12. Is your health department **currently** tracking a PUI for 21 days following a high-risk or low-risk exposure?
Yes No

13. Do you have a protocol for tracking probable or suspected contacts? Yes No
If yes, what data management methods do you use to trace contacts? (**Please check all that apply**)

Database/excel spreadsheet
Paper contact forms
Other (**please specify**)



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Guidance on Air Medical Transport for Patients with Ebola Virus Disease

<http://www.cdc.gov/vhf/ebola/hcp/monitoring-and-movement-of-persons-with-exposure.html>

Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States

<http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html>

Ebola Virus Disease Information for Clinicians in U.S. Healthcare Settings

<http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-settings.html>

Safe Management of Patients with Ebola Virus Disease (EVD) in U.S. Hospitals

<http://www.cdc.gov/vhf/ebola/hcp/patient-management-us-hospitals.html>

Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals

<http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>

Guidance for Safe Handling of Human Remains of Ebola Patients in U. S. Hospitals and Mortuaries

<http://www.cdc.gov/vhf/ebola/hcp/guidance-safe-handling-human-remains-ebola-patients-us-hospitals-mortuaries.html>

Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus

<http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

Recommendations for Breastfeeding/Infant Feeding in the Context of Ebola

<http://www.cdc.gov/vhf/ebola/hcp/recommendations-breastfeeding-infant-feeding-ebola.html>

18. Have you distributed guidance or training materials to health centers or EMS/First responders for the handling of suspected Ebola patients? Yes No

19. Is there any additional guidance or clarification of existing guidance from CDC that you would like to have? (**please specify**)

Thank you for your participation!