Department of Health and Human Services Centers for Disease Control and Prevention OMB Approved 0920-XXXX Exp XX/XX/XXXX

## Script for DGMQ Hot Line — Introduction, Flight and Seat Confirmation Ebola Air Contact Investigation INSERT FLIGHT INFORMATION AND DATE

Hello my name is	•	Thank you for calling the CDC Global Migration Task Force			
Hotline.					
CDC and the INSERT NAME C who traveled on a commerci patient was admitted to a ho tested positive for Ebola. Wh with state health departmen	al airline from <mark>INS</mark> ospital in <mark>INSERT LO</mark> nile it appears that	ERT LOCATION to INSE DCATION on INSERT D <i>i</i> the person was not sy	RT LOCATION on INSERT DA ATE. Blood samples submitte mptomatic while on the flig	ATE. The ed to CDC	
First, can I get your name?	First Name:				
	Last Name:				
Can I also get a phone numb	er in case we get d	lisconnected?			
Pho	ne number: (		(Circle one: Cell	Home Other)	
Did you fly on INSERT AIRLIN LOCATION?	E NAME AND FLIG	HT # on <mark>INSERT DATE</mark>	from <mark>INSERT LOCATION</mark> , to	NSERT	
	Yes	No	Unsure		
If <b>NO</b> , stop here and say the It appears that you were not this time? [if so, answer queteam. if not say: If you have through www.cdc.gov.]  If the caller is <b>UNSURE</b> , suggitravel companion, to determand the say that the same and the say that the same are also and the say that the say the say the say the say the say the say that the say the say the say the say the	on the flight of int stions using the Eb additional questio est checking e-mai	ola Q&A document or ns about Ebola, you ca Il confirmation, airline	connect them with Epi/Sur in call 1-800-CDC-INFO or se website, boarding documer	veillance end an email nts, asking	
If <b>YES</b> , continue:					
It appears that you were on	the flight of intere	st. Can I get some add	tional contact information f	rom you?	
E-mail address:					
Home address (or address fo	or next 21 days if n	onresident/traveling):			

Public reporting burden of this collection of information is estimated to average 5 minutes per response, 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-XXXX.

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City	State	Zip				
If non-US resident,	country of residence: _			_		
Alternate phone nu	ımber: ()	_	(Circle one: Cell	Home Other)		
Can you tell me who	ere you were seated on	the plane? Seat I	Number:			
We are giving your information to your state health department and they will be following up with you. We						

will ensure that this is done.