

**\*\*\*Note: If contact is determined to have a fever  $\geq 100.4^{\circ}$  F, immediately call EOC at 770.488.7100.**

Date of initial interview: \_\_\_\_/\_\_\_\_/\_\_\_\_ Interviewed by: \_\_\_\_\_

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_ Country of Birth: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

Travel Plans through **insert date**: \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_

Phone numbers- Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Circle flight(s) interviewee was on: **[Complete flight information]**

**[Complete second flight information]**

Assigned seat number: \_\_\_\_\_ Did interviewee move to a different seat?  Yes  No

If yes, which seat did interviewee move to? \_\_\_\_\_ Document time in each seat: \_\_\_\_\_

2. Did interviewee have any interactions with sick passengers from this flight(s)?  Yes  No

If yes, describe this event including location, degree of contact (talking with or touching) and length of time: \_\_\_\_\_

3. Did interviewee have direct contact with body fluids of any passengers during the flight(s) circled above?

Yes  No (If no, skip to question 4)

If yes, describe the contact including location of the body fluid and any other individuals involved: \_\_\_\_\_

If yes, which body fluids did interviewee come into contact with? (Check all that apply)

- Tears  Saliva  Respiratory secretions (cough and sneeze droplets)
- Vomit  Urine  Blood  Stool  Sweat

If yes, did these fluids come in contact with the interviewee's:

Intact skin

- Broken skin (fresh cut or scratch which bled within 24 hours before the contact; burn or abrasion that had not dried)
  - Mucous membrane contact (eyes, nose or mouth)
  - Other (Specify): \_\_\_\_\_
- 

4. Were there any incidents during or after the flight(s) that the interviewee can recall when other individuals were in contact with a person's blood and/or body fluids?

- Yes    No

If yes, please describe situation and location in the plane and/or airport: \_\_\_\_\_

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5. Please check all symptoms interviewee has had since flight:

- |                                                       |                                      |                                                                          |                                   |
|-------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Fever $\geq 100.4^{\circ}$ F | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Body aches/muscle pain                          | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Abdominal pain               | <input type="checkbox"/> Vomiting    | <input type="checkbox"/> Diarrhea                                        | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Rash                         | <input type="checkbox"/> Hiccups     | <input type="checkbox"/> Unusual bleeding (e.g. from gums, eyes or nose) |                                   |

6. Has interviewee travelled in any of the following countries within the last 21 days (check all that apply)?

- Sierra Leone    Guinea    Liberia    Other

If any of the above countries are selected, please notify CDC by calling EOC. Contact will need to complete additional brief interview with CDC SME involving in-country exposure risk.

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**Classification of interviewee risk** (Consult the CDC to classify each contact after interview. Refer to

<http://www.cdc.gov/vhf/ebola/hcp/case-definition.html> for additional information):

- High Risk: The index case's body fluids came in contact with the interviewee's bare skin (intact or broken) or mucous membranes (eyes, mouth, nose).
- Some Risk: Interviewee had close contact\* with the index case but not body fluids; or was only exposed on protected areas of the body (e.g. on hands while wearing gloves).
- No Known Risk\*\*: Interviewee did not have any *some risk* or *high risk* exposures listed above.

**Follow-up Actions:**

Ebola information distributed

Fever watch: For all contacts regardless of classification of risk, provide fever watch form that should be reviewed by health department at least weekly.

Referred for medical evaluation due to presence of symptoms. If yes,

Where was (s)he referred? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

Declined medical evaluation after it was recommended

Was interviewee placed under conditional release?  Yes  No

Was interviewee placed under state issued quarantine order?  Yes  No

**Final Disposition:**

Was interviewee contacted again after [Fill in the date of the last day of the incubation period]?

Yes, Date of second interview: \_\_\_\_/\_\_\_\_/\_\_\_\_  No

If yes, did interviewee develop any symptoms of Ebola between the time of flight and [Fill in date]?

Yes  No

If yes, please describe the symptoms, timing, and outcome of medical evaluation below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluating healthcare provider name/phone number: \_\_\_\_\_/(\_\_\_\_)

\* Close contact is defined as a) being within approximately 3 feet (1 meter) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., droplet and contact precautions-see Infection Prevention and Control Recommendations); or b) having direct brief contact (e.g., shaking hands) with an EVD case while not wearing recommended personal protective equipment (i.e., droplet and contact precautions-see Infection Prevention and Control Recommendations). At this time, brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact.

\*\*No known risk may include passengers who were seated within 3 feet of the passenger for only a short amount of time.