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

## **Ebola Exposure Assessment Questionnaire for Airport Staff**

<u>Directions: Please fax completed form to Ebola Airline Investigation at fax # 404.718.2158 after both initial interview and completion of final disposition.</u>

ate	of initial interview:// Interviewed by:					
. L	ast Name: Age: First Name: Age:					
S	ex: Country of Birth: Country of Residence:					
Т	ravel Plans through <mark>insert date</mark> :					
S	treet Address: State:					
F	hone numbers- Home: Cell: Work:					
J	ob title:					
C	circle flight(s) in which interviewee was involved: [Complete flight information]					
	[Complete second flight information]					
. С	Did interviewee have any interactions with sick passengers from this flight(s)? $\square$ Yes $\square$ No					
If	If yes, describe this event including location, degree of contact (talking with or touching) and length of					
ti	me:					
. С	Did interviewee have direct contact with any body fluids while working with the flight(s) circled above?					
,	Yes No (If no, skip to question 4)					
If	If yes, were masks or gloves worn?  Mask  Gloves  None					
If	If yes, describe the contact including location of the body fluid in the airport and any other individuals					
ii	involved:					
- I1	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					
lí	If yes, did these fluids come in contact with the interviewee's?					
	Intact skin					

Public reporting burden of this collection of information is estimated to average 20 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.

	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 that the interviewee can recall when other individuals were in contact with a person's blood and/or body fluids while working with the flight(s)?  Yes No							
	If yes, please describe situation and location in the airport, including time of the occurrence:							
							_	
							_	
5.	What protective equipment (i.e. gloves, face mask) was the interviewee wearing when he/she was							
	working (if	any)?					_	
6.	Please check all symptoms interviewee has had since flight:							
	Fever	≥100.4° F	Sore throat	Body aches/	muscle pain	Headache		
	Abdon	ninal pain	Vomiting	Diarrhea		Weakness		
	Rash		Hiccups	Unusual blee	eding (e.g. fror	n gums, eyes or nose)		
7.	Has interv	iewee travelled	in any of the followi	ng countries within th	e last 21 days	(check all that apply)?		
	Sierra Leone							
	If any of the above countries are selected, please notify CDC by calling EOC. Contact will need to							
	complete a	additional brief	interview with CDC	SME involving in-cour	ntry exposure	risk.		
							_	
Cla	ssificatio	n of interview	ree risk (Consult the	e CDC to classify eacl	h contact after	interview. Refer to		
<u>http</u>	://www.cdd	c.gov/vhf/ebola	/hcp/case-definition.	html for additional info	ormation):			
	High Risk	gh Risk: The index case's body fluids came in contact with the interviewee's bare skin (intact or						
	broken) o	or mucous mem	nbranes (eyes, mout	h, nose).				
	Some Ris	k: Interviewee	had close contact* v	vith the index case bu	t not body fluid	ds; or was only expose	t	
	on protec	ted areas of th	e body (e.g. on hand	ds while wearing glove	es).			
	No Knowr	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 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? $\ \square$ Yes $\ \square$ 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.						

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