

Ebola Exposure Questionnaire for Airline Passengers

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

*****Note: If contact develops a fever $\geq 100.4^{\circ}$ F or other symptoms of Ebola, immediately call EOC at 770.488.7100.**

Date of initial interview: ____ / ____ / ____ Interviewed by: _____

Interviewer's Agency: _____ Interviewer's Phone Number: _____

Interviewer's Email: _____

Passenger Information:

1. First Name: _____ Last Name: _____

Date of Birth: _____ Sex: _____

Country of Citizenship: _____ Country of Residence: _____

What are interviewee's travel plans through 21 days after potential flight exposure:

Street Address for next 21 days:

City: _____ State: _____ Zip: _____

Phone numbers for next 21 days Home: _____ Cell: _____

Work: _____

What flight(s) was the interviewee on with the index case? : Provide complete flight information- including flight number, flight origination and destination

First flight: _____

Second flight: _____

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

If yes, which seat did interviewee move to? _____

Document length of 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 description of the ill passenger or their identity if known, location of the event, degree of contact (talking, touching, etc.) and length of time: _____ -

3. Did interviewee have direct contact with blood or other body fluids (including but not limited to feces, saliva, sweat, urine, and vomit) of any passengers during the flight(s) mentioned above?

Yes No (If no, skip to question 4)

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

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

Tears Saliva Respiratory secretions (cough and sneeze droplets)

Vomit Urine Blood Feces Sweat

If yes, did these fluids come in contact with the interviewee's (Read below and check all that apply):

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:

5. Did interviewee experience any symptoms (fever, body aches, abdominal pain, diarrhea, rash, sore throat, severe headache, vomiting, weakness, unusual bruising or bleeding) since the flight with the index case?

Yes No (If no, skip to question 6)

If yes, which of the following symptoms did the interviewee experience since the flight with the index case, and what were the onset date and duration of symptoms (check all that apply and list onset/duration)?

	Symptom onset (MM/DD/YY)	Duration (in days)
<input type="checkbox"/> Fever $\geq 100.4^\circ$ F	_____	_____
<input type="checkbox"/> Sore throat	_____	_____
<input type="checkbox"/> Body aches/muscle pain	_____	_____
<input type="checkbox"/> Severe headache	_____	_____
<input type="checkbox"/> Abdominal pain	_____	_____
_____	_____	_____
<input type="checkbox"/> Vomiting	_____	_____
<input type="checkbox"/> Diarrhea	_____	_____
<input type="checkbox"/> Weakness	_____	_____
<input type="checkbox"/> Rash	_____	_____
Description of rash	_____	
<input type="checkbox"/> Unusual bruising or bleeding (e.g., from gums, eyes, nose)	_____	_____

6. Has interviewee travelled within the last 21 days to Sierra Leone, Guinea, Liberia, or another country experiencing widespread transmission of Ebola? Yes No

If yes, to which countries did the interviewee travel (check all that apply)?

Sierra Leone Guinea Liberia Other

If any of the above countries are selected, please notify CDC by calling EOC at 770.488.7100.

Interviewee will need to complete additional interview with CDC SME involving in-country exposure risk.

Classification of interviewee risk. After the HD has completed the interview, CDC will assign a risk level and communicate follow up recommendations to the HD. **Call the EOC and ask to speak to Air Contact**

Investigation Team after the interview to complete this process. Refer to

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

Follow-up Actions (check all actions taken for this contact):

Active Monitoring: state or local public health authority checks with potentially exposed individual daily to assess for the presence of symptoms and fever (ie: via phone or other communication)

Direct Active Monitoring: public health authority conducts active monitoring through direct observation

Ebola Symptoms (fever, body aches, abdominal pain, diarrhea, rash, sore throat, severe headache, vomiting, weakness, unusual bruising or bleeding)

Referred for medical evaluation due to presence of symptoms

Where was (s)he referred? _____

What was the outcome? _____

Was (s)he tested for Ebola? Yes No

Declined medical evaluation after it was recommended

Placed under conditional release

Placed under state issued quarantine order

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)

Federal public health travel restrictions -[Do Not Board](http://www.cdc.gov/quarantine/quarantineisolation.html)
(<http://www.cdc.gov/quarantine/quarantineisolation.html>)

Other, please describe: _____

Final Disposition:

Was interviewee contacted again after the end of the 21-day incubation period?

Yes, Date of second interview: ____/____/____ No

If yes, did interviewee develop any symptoms between the time of the flight and the end of the 21-day incubation period? Yes No

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

	Symptom onset (MM/DD/YY)	Duration (in days)
<input type="checkbox"/> Fever $\geq 100.4^{\circ}$ F	_____	_____
<input type="checkbox"/> Sore throat	_____	_____
<input type="checkbox"/> Body aches/muscle pain	_____	_____
<input type="checkbox"/> Severe headache	_____	_____
<input type="checkbox"/> Abdominal pain	_____	_____
_____	_____	_____
<input type="checkbox"/> Vomiting	_____	_____
<input type="checkbox"/> Diarrhea	_____	_____

Weakness _____

Rash _____

Description of rash _____

Unusual bruising or bleeding
(e.g., from gums, eyes, nose) _____

Outcome of medical evaluation: _____

Evaluating healthcare provider name/phone number: _____/(____)_____