

Traveler Name: \_\_\_\_\_

Date (mm/dd/yy): \_\_\_\_\_

Passport Country: \_\_\_\_\_

Passport Number: \_\_\_\_\_

## RISK ASSESSMENT FOR TRAVELERS FROM EBOLA OUTBREAK-AFFECTED COUNTRIES

### Instructions to CDC staff:

- Read the following risk assessment questions to the traveler. Get a description of any high-risk or some-risk activities identified. Dates of exposure must be obtained.
- *NOTE: "person with Ebola" includes confirmed or suspect cases or unexplained sudden deaths in outbreak-affected areas.* For the purpose of this document, appropriate personal protective equipment (PPE) is defined as: wearing gloves, gown, and face protection including goggles or face shield plus face mask during every potential exposure.
- The form must be completed through question 5. Check YES, NO or UNKNOWN. If a HIGH risk exposure is identified in 1-5, you may stop. If only exposure is "household contact", also complete question 6.
- Describe on page 3 of this form any high-risk or some-risk exposures identified.
- Check overall exposure assessment.
- Complete signs/symptom section using checkboxes. Record measured temperature and date of first symptom onset. Record whether fever-reducing medications were taken, including dose and last time taken.
- Check disposition.

Complete and sign evaluator section. **Tell patient:** There is an Ebola outbreak going on in [insert country name]. I am going to ask you a few questions to assess any exposures you might have had to Ebola. This will help us decide if you need additional evaluation or monitoring.

1. In the last 21 days, did you ever come into contact with blood or other body fluids of a person with Ebola?

Yes  No  Unknown

a. If **YES**: Did the contact include any of the following (**YES to any of these = high risk**):

i. Stuck with a needle or other sharp object?  Yes  No  Unknown

ii. Splashed in the eye, nose or mouth?  Yes  No  Unknown

iii. Blood or body fluids directly on your skin?  Yes  No  Unknown

2. In the last 21 days, did you provide direct care to anyone with Ebola while person was sick? This includes household or health care setting.  Yes  No  Unknown

a. If **YES**: Did you wear appropriate PPE at all times?  Yes  No  Unknown

**NO (to PPE use) = HIGH RISK**

3. In the last 21 days, did you work in a laboratory in [Ebola-affected country]?  Yes  No  Unknown

a. If **YES**: Did you process body fluids of Ebola patients?  Yes  No  Unknown

i. If **YES** (to processing body fluids): Did you wear appropriate PPE and follow standard lab biosafety precautions at all times?  Yes  No  Unknown

**NO (to PPE use or biosafety precautions) = HIGH RISK**

4. In the last 21 days, did you directly handle dead bodies in [Ebola-affected country]? This might include participating in funeral or burial rites or any other activities that involved handling dead bodies.  Yes  No  Unknown

a. If **YES**: Did you wear appropriate PPE at all times?  Yes  No  Unknown

**NO (to PPE use) = HIGH RISK**

Public reporting burden of this collection of information is estimated to average 15 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 0920-0821.

Traveler Name: \_\_\_\_\_

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5. In the last 21 days, did you live or work (such as cleaning or doing laundry) in the same household as a person with Ebola while that person was sick?

Yes  No  Unknown

a. Confirm Ebola patient's date of symptom onset (if known) and dates traveler lived or worked in same household.

**Onset date (mm/dd/yy):** \_\_\_ / \_\_\_ / \_\_\_ **Dates in same household:** \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

**YES (household member during symptomatic period) = SOME RISK**

6. In the last 21 days, have you spent time in the same room with any person with Ebola while the person was sick?

Yes  No  Unknown

a. If **YES**: Were you wearing appropriate PPE at all times?  Yes  No  Unknown

If **NO** (to PPE use): Ask the following:

i. Did you have any direct contact with the person with Ebola (e.g. shaking hands)?  Yes  No  Unknown

**YES = SOME RISK**

ii. Were you within 3 feet (1 meter) of the person with Ebola?  Yes  No  Unknown

How long were you within 3 feet of the person with Ebola? [Get an estimate of time and distance and a description of activities then consult leadership/SME.] **Time:** \_\_\_\_\_ (hours) \_\_\_\_\_ (minutes)

**YES AND extended period = SOME RISK**

iii. Did you have any other contact with a person with Ebola?  Yes  No  Unknown

**[Get an estimate of time and distance and a description of each activity then consult leadership/SME.]**

**THIS SECTION TO BE COMPLETED BY SCREENER BASED ON ASSESSMENT**

**Overall Exposure Assessment:**  High risk  Some risk  No known exposure

Country: \_\_\_\_\_ Dates in country: \_\_\_\_\_

**Signs or Symptoms Identified:**

Fever  Severe headache  Muscle pain  Vomiting  Diarrhea  Stomach pain

Unexplained bleeding or bruising **Onset date (mm/dd/yy):** \_\_\_ / \_\_\_ / \_\_\_

Measured temperature: \_\_\_\_\_ Temperature method:  Oral  Tympanic  Noncontact

**Reported use of fever-reducing medication?**  Yes  No  Unknown

If YES: medication name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time since last dose: \_\_\_\_\_

**Disposition:**

- Medical evaluation required
- Conditional release
- Self-monitoring
- Other: \_\_\_\_\_

**Evaluator:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Location: \_\_\_\_\_

Medical Officer consulted Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**Description of high-risk or some-risk exposures**

Question # \_\_\_\_\_

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

Time of exposure (Exact dates if possible): \_\_\_\_\_

Question # \_\_\_\_\_

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Date and time of exposure (Exact dates if possible): \_\_\_\_\_

Question # \_\_\_\_\_

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Date and time of exposure (Exact dates if possible): \_\_\_\_\_

Question # \_\_\_\_\_

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Date and time of exposure (Exact dates if possible): \_\_\_\_\_

Question # \_\_\_\_\_

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Date and time of exposure (Exact dates if possible): \_\_\_\_\_

Question # \_\_\_\_\_

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\_\_\_\_\_

Date and time of exposure (Exact dates if possible): \_\_\_\_\_

The legal authorities for this collection are sections 311 and 361-368 of the Public Health Service Act. NOTE: While cooperation with CDC during this proposed risk assessment is voluntary, if an individual refuses to provide the requested information, or is not truthful about the information provided during screening or an illness investigation, CDC may, if it is reasonably believed that the individual is infected with or has been exposed to Ebola, quarantine, isolate, or place the individual under surveillance under 42 CFR 71.32 and 71.33.