

ID Number _____

Ebola Exposure Assessment Questionnaire for Flight Crew

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 interviewee is determined to have a fever $\geq 101.5^{\circ}$ F, immediately call EOC at 770.488.7100.

Date of initial interview: _____ Interviewed by: _____

1. Name: _____ Age: _____

Sex: _____ Country of Birth: _____ Country of Residence: _____

Travel Plans through insert date: _____

Address: _____

Phone numbers- home: _____ cell: _____ work: _____

Job title: _____

Circle flight(s) interviewee worked or flew on: [Complete flight information]

[Complete second flight information]

2. Did the interviewee serve in the area where the ill passenger was seated? Yes No

3. Did the interviewee have any interactions with the sick passenger? Yes No

If yes, please describe this event, including duration: _____

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

Yes No (If no, skip to question 4)

If yes, describe the contact including location & the passenger(s) 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): _____

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

- Yes No

If yes, please describe situation and location in the plane: _____

6. What protective equipment (i.e. gloves, face mask) was the interviewee wearing if he/she was involved in cleaning the cabin? (NA if not involved in cleaning)

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

- Fever $\geq 101.5^\circ$ F Sore throat Body aches/muscle pain Headache
- Abdominal pain Vomiting Diarrhea Weakness
- Rash Hiccups Unusual bleeding (e.g. from gums, eyes or nose)

8. Has interviewee travelled in any of the following countries within the last 21 days (check all that apply)? Sierra Leone Guinea Liberia Nigeria

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.

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 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 some risk or high risk exposures above. (This may include passengers who were seated within 3 feet of the passenger for only a short amount of time, consult CDC.)

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 were they 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:

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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.