

DIRECT ACTIVE MONITORING (DAM) TRACKING REPORT

Form ApJ
OMB No.
Exp. Dat:

Traveler Information													Daily Monitoring									
State assigned ID	CDC Id / Traveller's Health ID	CDC Risk Category (High, Some)	Healthcare Worker (y/n)	Citizenship Status (if not U.S. Citizen)	Arrival in Jurisdiction Date	U.S. Entry Airport	If other	U.S. Entry Date	Hospital Identified (y/n)	Local Hospital	Transport Plan to Hospital (y/n)	Travelling During Monitoring Period (y/n)	Summary of travel plans	Comments	Date of Last Some or High Risk Exposure	Today's Date	Contacted?	Reason for No Contact	Symptom (y/n)	Description of Symptoms	Referred for Evaluation (y/n)	Referred for testing?(y/n)
<p>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</p>																						

Notes:

- ¹ Report is based on 12:00 AM - 11:59 PM of the date of DAM
- ² DAM began in 6 states on 10/27; planned in all states on 11/5

Variable Name
State assigned ID
Traveler Health Declaration ID
State
CDC Risk Category (High, Some, Low)
HCW
Hospital Identified
Hospital Name
Transfer Plan
Travel Plans
Travel Plans
Date of person's last exposure
Date of entry into the US
Days until DAM completed
Date 21 days post-exposure
Date of last DAM (as of midnight) ¹
If no, why (Txt)
Total Number of Days DAM was required
Number of Days until DAM is completed
Total Number of Days DAM completed
Total Number of Days DAM missed
% of days completed
Symptom (y/n)
Referred for Evaluation (y/n)
Referred for testing (y/n)

High risk includes any of the following:

Some risk includes any of the following:

Variable Description
A unique ID for the traveler, ascribed by the state conducting the direct active monitoring (DAM), should stay the same throughout the DAM reporting period (typically 21 days)
A unique ID for the traveler, ascribed by CDC when form is received from CBP; should stay the same throughout the DAM reporting period (typically 21 days)
State that is conducting the DAM and reporting
Risk category according to CDC's Interim Guidance for the Monitoring and Movement of persons with potential exposure to ebola virus disease*
Was the traveler a healthcare worker treating patients in W. Africa
Has a hospital been identified that the travel will be taken to if he or she becomes symptomatic?
Name of hospital identified that the traveler will be taken to if he or she becomes symptomatic
Is a transfer plan in place for moving the traveler to the hospital if he or she becomes symptomatic
Does the person have travel plans during the monitoring period
Summary of person's plans for travel within the monitoring period and jurisdiction's plans for continued monitoring
Date person was last exposed to the event that put them in the some or high category
Date person was last exposed to the event that put them in the some or high category
Number of days until the 21 day incubation period is over (=Today's date -Date of last exposure)
Date the 21 day incubation period should end (=exposure +21)
Day for which this report reflects (normally yesterday)
If not, why not; could reflect "DAM Period Completed"
Total number of days that DAM was required; will usually be (= Today - Date of Entry to U.S) but might defer for unique situations (DAM officially began 10/27/14)
Total number of days until DAM period is completed (# of days required minus number of days completed or missed)
Total number of days that DAM was completed successfully (based on "y" on tracking worksheet)
Total number of days that DAM was missed (based on "n" on tracking worksheet)
Percentage of number of days DAM completed within the required period
Did traveler have fever or other symptom such as severe headache, muscle pain, vomiting, diarrhea, stomach pain, unexplained bruising or bleeding
Was the person referred for medical evaluation?
Was the person referred for testing for EVD?

Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids
[Exposure to the blood or body fluids \(including but not limited to feces, saliva, sweat, urine, vom](#)
[Processing blood or body fluids of a person with Ebola while the person was symptomatic witho](#)
 Direct contact with a dead body without [appropriate PPE](http://www.cdc.gov/vhf/ebola/h)(<http://www.cdc.gov/vhf/ebola/h>
 Having lived in the immediate household and provided direct care to a person with Ebola

In [countries with widespread Ebola virus transmission](http://www.cdc.gov/vhf/ebola/outb)(<http://www.cdc.gov/vhf/ebola/outb>
 Close contact in households, healthcare facilities, or community settings with a person w

Close contact is defined as being for a prolonged period of time while not wearing appro

Response
text
text
text
some or high*
y/n
y/n
text
y/n
yes/no
text
Date
Date
Number (0-21)
Date
Date
text
Number
Number
Number
Number
Percent
yes/no
yes/no
yes/no

of a person with Ebola while the person was symptomatic
[it, and semen\) of a person with Ebola while the person was symptomatic without appropriate personal](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)
[ut appropriate PPE](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)(<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>) or standard biosafety
[cp/procedures-for-ppe.html](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)) in a [country with widespread Ebola virus transmission](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)(<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>)
while the person was symptomatic

[reaks/2014-west-africa/distribution-map.html](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)): direct contact while using [appropriate PPE](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)(<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>)
with Ebola while the person was symptomatic

ropriate PPE(<http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>) within approximately 3 feet (1

[protective equipment \(PPE\)\(http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html\)](http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html)
[precautions](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html)
[dc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html](http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html)

www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html with a person with Ebola while the person wa:

.meter) of a person with Ebola while the person was symptomatic

s symptomatic

Look up Table

High

Some

Low (but not zero)

No identifiable risk

yes

no

H - Healthcare Worker

T- Traveler on airplane

M - Household Member