

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

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

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

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

## EBOLA ENTRY SCREENING RISK ASSESSMENT FORM

### Instructions to CDC staff:

- **Tell traveler:** You were referred for public health assessment because of possible exposure to Ebola. I am going to ask you a few questions to get more information. This will help us decide if you need additional evaluation or monitoring.
- Complete the SIGNS OR SYMPTOMS section for the **past 48 hours** using checkboxes and record date of first symptom onset. Measure and record temperature. Record whether fever-reducing medications were taken within the **past 12 hours**, including dose and last time taken. Ask additional questions as needed. Describe any illness on page 3.
- Read the EXPOSURE ASSESSMENT QUESTIONS to the traveler. **All questions refer to the past 21 days. Relevant countries are those with either widespread transmission or cases in urban settings with uncertain control measures** (see <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>).
- All questions must be completed. Check YES, NO or UNKNOWN (as applicable). Ask additional questions as needed to get as complete a description as possible of all pertinent activities during the past 21 days and potential exposures. **Obtain dates of all potential exposures and document on page 3 along with a narrative description of the exposure situation.**
- Complete ASSESSMENT and DISPOSITION sections on page 3.
  - o Document whether symptomatic and describe any illness.
  - o Check exposure risk level and provide a justification. For high/some risk, document last potential exposure date.
  - o document notification of Global Migration Task Force (GMTF) Ebola Consultant on call
  - o Check disposition and document notification of state/local health department(s) (S/L HD).
  - o Sign and date form.

### Definitions (for the purpose of this form) – explain each to traveler at first mention:

- **“Person with Ebola”** includes confirmed or suspect cases or any person who died of an illness that included fever, vomiting, diarrhea, or unexplained bleeding. If not a confirmed case, get more information about illness/death circumstances.
- **Appropriate personal protective equipment (PPE)** is wearing (at a minimum): facemask, eye protection (goggles/face shield), gloves, impermeable gown, boots/shoe covers during every potential exposure.
- **Body fluids** include blood, urine, saliva, sweat, feces, vomit, breast milk, and semen.

Relevant country(ies): \_\_\_\_\_

Dates in country(ies) (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Resides in relevant country (list departure date)

If traveler was not in a relevant country or was last there more than 21 days ago, no further assessment is needed. Document on page 3 as no identifiable risk and provide justification.

REASON FOR REFERRAL TO CDC (check all that apply):  measured temp  $\geq 100.4^{\circ}\text{F}$   visibly symptomatic  self-reported fever  
 self-reported vomiting/diarrhea  contact with Ebola patient  in healthcare facility (HCF)/laboratory  dead body/funeral

SIGNS OR SYMPTOMS (past 48 hours):  None  Fever  Severe headache  Muscle pain  Fatigue  Vomiting  
 Diarrhea  Stomach pain  Unexplained bleeding/bruising **Onset date of earliest symptom**

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

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

If temperature rechecked: \_\_\_\_\_ Time: \_\_\_\_\_ Temperature method:  Oral  Tympanic  Noncontact

Reported use of fever-reducing medication (past 12 hours)?  Yes  No  Unknown

If YES: Medication name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time since last dose: \_\_\_\_\_ (hours)

### EXPOSURE ASSESSMENT QUESTIONS – In the past 21 days, while you were in [name of relevant country]:

1. Did you ever come into contact with or have other potential exposure to blood or other body fluids of a person with Ebola (this includes while wearing PPE)? *Note to interviewer: As applicable, ask about activities such as cleaning/disinfecting contaminated areas or spraying in HCF doffing areas (i.e. before PPE removal) or of dead bodies/body bags.*  Yes  No  Unknown

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- a. If **YES**: Did the contact include any of the following? (**YES to any of these = HIGH RISK, describe on p. 3**):
- i. Getting stuck with a needle or other sharp object?  Yes  No  Unknown
  - ii. Getting splashed in the eye, nose or mouth?  Yes  No  Unknown
  - iii. Getting blood or body fluids directly on your skin?  Yes  No  Unknown
- b. If **NO** to i – iii above: Did you wear appropriate PPE at all times that you were potentially exposed to blood or body fluids?  
 Yes  No  Unknown **NO** (to PPE use) = **HIGH RISK** **YES** (to PPE use) = **SOME RISK** (Describe on p. 3)
2. Did you take care of patients in any healthcare setting or did you work as a phlebotomist (drawing blood)?  Yes  No  
**YES = SOME RISK** (Describe on p. 3)
3. Did you provide direct care to anyone with Ebola while that person was sick or enter an area (e.g. as an observer) where Ebola patient care was taking place? This includes household or healthcare settings. *Note to interviewer: Please clarify context; for travelers that report visiting Ebola treatment units (ETUs) this question refers only to areas of the ETU where PPE is typically required, such as patient care areas.*  Yes  No If **YES**, document setting:
- Household member providing care = **HIGH RISK** (Describe on p. 3.)
  - Healthcare worker (HCW) providing patient care  Nonclinical activities  Observer – **check as applicable and ask 3 a & b**
- a. Did you wear appropriate PPE at all times?  Yes  No  Unknown  
**NO** (to PPE use) = **HIGH RISK** **YES** (to PPE use) = **SOME RISK** (Describe on p. 3.)
- b. If **YES** (to PPE use): Were any healthcare workers or other staff in facility diagnosed with Ebola?  Yes  No  Unknown  
If **YES**, get more information to assess whether unrecognized infection control breaches (**HIGH RISK**) may have occurred. (Describe on p. 3.)
4. Did you work in a laboratory?  Yes  No **Name of laboratory:** \_\_\_\_\_
- a. If **YES**: Did you handle specimens of Ebola patients or was the lab associated with an ETU?  Yes  No  Unknown
- i. If **YES** (to handling specimens of Ebola patients/lab associated with ETU): Did you wear appropriate PPE and follow standard lab biosafety precautions at all times?  Yes  No  Unknown  
Consult the list of laboratories for which CDC is confident that biosafety precautions are followed. If laboratory is not on list, get a description of all lab-related activities, including activities outside the laboratory environment such as phlebotomy or entering a patient care area to pick up specimens. Together with GMTF Consultant, call CDC Emergency Operations Center (770-488-7100) and ask for the Laboratory Task Force on-call to conduct assessment.  
**Appropriate PPE plus biosafety precautions = LOW (BUT NOT ZERO) RISK**  
**Appropriate PPE but not all biosafety precautions followed (based on SME assessment) = SOME RISK**  
**No PPE/biosafety precautions or PPE breach = HIGH RISK**  
**NOTE:** Use questions 2 and 3, as applicable, to assess and document any activities in patient care areas (e.g., phlebotomy, picking up specimens).
5. Were you around dead bodies or did you go to a funeral?  Yes  No
- a. If **YES**: Did you directly touch or handle dead bodies or have contact with the water used to wash dead bodies or the cloth that covered a dead body? This might include participating in funeral or burial rites or any other activities that involved handling dead bodies.  Yes  No  Unknown
- i. If **YES** (to touching bodies or other exposure): Did you wear appropriate PPE at all times?  Yes  No  Unknown  
**NO** (to PPE use) = **HIGH RISK** **YES** (to PPE use) = **SOME RISK** (Describe on p. 3.)
6. 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  
Ebola patient's date of symptom onset (if known) (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Dates traveler lived or worked in household during person's illness: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**YES** (household member during symptomatic period) = **HIGH/SOME RISK** (Get more information. Describe on p. 3.)
7. Were you ever near a person with Ebola while the person was sick and you were not wearing PPE?  Yes  No  Unknown
- a. Were you within 3 feet (1 meter) of the person with Ebola?  Yes  No  Unknown

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If **YES**: Get an estimate of time and a description of activities. Describe on p. 3. Time: \_\_\_\_\_ (hours) \_\_\_\_\_ (minutes) **YES AND extended period = SOME RISK**

b. Did you touch the person with Ebola (e.g. shaking hands)?  Yes  No  Unknown

If **YES**: Get more information about stage of illness: **EARLY (mildly ill) = LOW (BUT NOT ZERO)** **LATE (severely ill) = HIGH**

8. If PPE was worn (per questions 1, 3-5): Did you ever have a breach in your PPE?  Yes  No  Unknown

**YES may be HIGH RISK.** (Describe on p. 3)

**ASSESSMENT**

Asymptomatic  Symptomatic For symptomatic travelers - description of illness: \_\_\_\_\_

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

Exposure Risk Level:  High risk  Some risk  Low (but not zero) risk  No identifiable risk

For HIGH/SOME risk, date of last high/some risk exposure: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Description of all pertinent activities and any potential exposure situations and justification for exposure risk level assignment:

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

GMTF Ebola Consultant called Time: \_\_\_\_\_ Name(s) of GMTF Consultant(s): \_\_\_\_\_

**DISPOSITION (check one)**

Medical evaluation required  Released to continue travel without S/L HD notification

S/L HD notified -> select one:  notified before traveler released  notified after traveler released

S/L HD/point of contact: \_\_\_\_\_ Time: \_\_\_\_\_

Other (describe): \_\_\_\_\_

**Additional notes (including justification of disposition for symptomatic travelers, if applicable):** \_\_\_\_\_

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

Medical Officer: \_\_\_\_\_ Port of Entry: \_\_\_\_\_

Medical Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form completed by (if other than medical officer): \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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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.