Department of Health and Human Services
Centers for Disease Control and Prevention

OMB Approved
0920-0900
Exp XX/XX/XXXX

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 ≥100.4° 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)
☐ Fever ≥100.4° F	_____	_____
☐ Sore throat	_____	_____
☐ Body aches/muscle pain	_____	_____
☐ Severe headache	_____	_____
☐ Abdominal pain	_____	_____
☐ Vomiting	_____	_____
☐ Diarrhea	_____	_____
☐ Weakness	_____	_____
☐ Rash	_____	_____
Description of rash	_____	
☐ 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)

☐ 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)
☐ Fever ≥100.4° F	_____	_____
☐ Sore throat	_____	_____
☐ Body aches/muscle pain	_____	_____
☐ Severe headache	_____	_____
☐ Abdominal pain	_____	_____
☐ Vomiting	_____	_____
☐ 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: _____/(____)_____