

PUBLIC HEALTH ASSESSMENT FOR TRAVELERS FROM EBOLA OUTBREAK-AFFECTED COUNTRIES

When to use this form: This questionnaire is used for a traveler that is referred following the initial screening process (i.e., visibly ill, elevated measured temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$, or yes to a screening question.)

Instructions to Q-station staff: Read the following risk assessment questions to the traveler. We are interested in the highest level of exposure the traveler has experienced. Get a description of any high-risk activities identified. NOTE: "person with Ebola" includes confirmed or suspect cases.

Reason for referral:

- Visibly ill
- Elevated temperature (Recorded temperature: _____ °F)
- Yes, to any symptoms
- Yes, to exposure questions: Circle which question: **A** **B** **C**

Tell the traveler: You were referred for public health assessment because we need to investigate further to determine if you had a possible exposure to the Ebola virus. I am going to ask you a few questions to get more information. This will help us decide if you need additional evaluation.

All questions refer to your experiences in [outbreak country] over the last 21 days.

1. Were you in contact with or around a person with Ebola or a person who was sick with or died of an unknown illness?
 Yes No
 - a. If **YES**, which one?
 - Person with Ebola
 - Person with an unknown illness (List district: _____)
 - Person who died of an unknown illness (List district: _____)
 - b. If **YES**, what type of contact?
 - i. Stayed in the same residence as the person while the person was sick? Yes No
 - ii. Provided direct care to the person? Yes No
If **YES**, check one: Healthcare (*complete additional questions below*) or Home (or another non-healthcare setting)
Have other direct contact with the person? Yes No
 - iii. Was near (within 3 feet/1 meter) the person but had no physical contact. Yes⁺ (Duration: _____) No
2. Were you ever exposed to the blood or other body fluids (including feces, saliva, sweat, urine, vomit, sputum, breast milk, tears, or semen) of a person with Ebola or an unknown illness?
 - a. If **YES** which one?
 - Person with Ebola
 - Person with an unknown illness (List district: _____)
 - Person who died of an unknown illness (List district: _____)
 - b. Did the exposure include:
 - i. Getting stuck with a needle or other sharp object? Yes No
 - ii. Splashing blood or body fluids in the eye, nose, or mouth? Yes No
 - iii. Direct skin contact with the ill person's blood or body fluids? Yes No
3. Did you have any exposure to dead bodies? Yes No
 - a. If **YES**, was the person known to have Ebola? Yes No (List district: _____)
 - b. If **YES** (to exposure to dead bodies), what type of exposure?
 - i. Touched a dead body? Yes No
 - ii. Prepared a body for burial? Yes No
 - iii. Touched any items that had been in contact with a dead body? Yes No
 - iv. Worked as a burial worker? Yes No
 1. If **YES** (to burial worker): Did you wear personal protective equipment (including gloves, gowns, masks, and eye protection) at ALL times? Yes No

Healthcare-specific questions:

1. During all encounters with a patient with Ebola, did you wear the recommended personal protective equipment (gloves, gown, mask, and eye protection)? Yes No
 - a. If **NO** (to PPE use):
 - i. Did you have any physical contact with the person with Ebola? Yes No
If **NO** physical contact, were you within 3 feet (1 meter) of the person with Ebola? Yes⁺ (Duration: _____) No
2. Did you have **unprotected exposure** to any of the following? *Unprotected exposure means without the use of the recommended personal protective equipment (gloves, gown, mask, and eye protection) or experiencing a breach in infection control precautions.*
 - a. Blood or other body fluids (including feces, saliva, sweat, urine, vomit, sputum, breast milk, tears, or semen) of a person with Ebola? Yes No
 - b. A person who died of suspected or known Ebola or of an unknown cause?
 Person with Ebola
 Person who died of an unknown illness (List district: _____)

All **YES** answers indicate a **HIGH-RISK** exposure, except for those indicated with a ⁺

Please describe all known or potential exposures for any of the above answers.

Exposure date(s): _____

Duration of exposure(s): _____

Description of the exposure(s):

Exposure date(s): _____

Duration of exposure: _____

Description of the exposure:

Exposure date(s): _____

Duration of exposure: _____

Description of the exposure:

Exposure risk assessment:

- High-risk (Any **YES** except if no physical contact is reported)
- No known high-risk exposure but may have had a lower-risk exposure (Answered **YES** to either “no physical contact” question indicated with ⁺). *Further assessment is needed.*
- No known exposure (Answered **NO** to all questions).

Health status assessment:

- Symptomatic
- Asymptomatic

Disposition:

- Transfer to hospital for isolation and medical evaluation
- Quarantine/conditional release
- Cleared to continue travel