

| Risk Assessment and Post-Arrival Monitoring Outcome REDCap Reporting Process for Persons with Travel History from Uganda in the Prior 21 Days | Notes |
|---|-------|
| Initial Survey – Sent only once | |
| 1) In which state is your health department located? a. Drop down with all states and territories AND large cities that have separate HDs | |
| 2) What is the full name of your health department? _____ | |
| 3) Please note how your staff will handle reporting: a. State HD will report for all jurisdictions b. State HD will report for some but not all jurisdictions i. The locations that will be reporting separately are: _____ c. Other _____ (please specify) | |
| 4) Please include the name(s) and email address(s) for those who will be reporting for your jurisdiction: a. Name _____ b. Email _____ | |
| Monthly Survey Sent to HD POCs Identified in Initial Survey | |

1) During the last month (Please see guidance page for monitoring recommendations and definitions [Interim Guidance on Risk Assessment and Management of Persons with Potential Ebola Virus Exposure | Quarantine | CDC](#)):

| <i>Categories are NOT mutually exclusive</i> | For how many travelers did you receive contact information from CDC because they were in Uganda in the previous 21 days? | How many of the travelers listed in the first column were you able to contact? | How many travelers completed the 21-day monitoring period in your jurisdiction? |
|--|--|--|---|
| Total | | | |
| Present in outbreak country but not designated outbreak area | | | |
| Present in designated outbreak area | | | |
| Reported high-risk exposures | | | |

2) In the past month, how many travelers were on the SAMS/SDX list you received from CDC, who you were unable to contact (Categories not mutually exclusive):

- Total _____
- Due to non-working phone number _____
- Due to incorrect address _____
- Due to other reasons _____ (please specify)

3) For those travelers who began monitoring in your jurisdiction, how many did not complete monitoring?

| | |
|--|--|
| <ul style="list-style-type: none">• Total _____• Due to travel to another state _____• Due to travel to another country _____• Due to other reasons _____ (please specify) | |
| <p>4) Did you contact anyone who was not on the SAMS/SDX list? yes/no</p> <ul style="list-style-type: none">• If yes, how did you obtain identifying and contact information for these travelers (check all that apply)<ul style="list-style-type: none">i. Traveler notified the health departmentii. Traveler seen by provider who called the health departmentiii. Other _____ (please specify) | |

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