

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 department ii. Traveler seen by provider who called the health department iii. Other _____ (please specify) 	

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