

Traveler's Name: \_\_\_\_\_ PHARS#: \_\_\_\_\_ POE: \_\_\_\_\_

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

### CDC RISK ASSESSMENT AT POE (CDC Secondary) - Marburg Response

IF TRAVELER CLINICALLY UNSTABLE: DO NOT DELAY EMS TRIAGE AND TRANSPORT. ENSURE ISOLATION, ADVANCE NOTIFICATION/PLANNING WITH STATE/LOCAL HEALTH DEPARTMENT AND RECEIVING FACILITY.

- Reason for Referral:**  Symptomatic  Presence in a healthcare facility
- Provided healthcare/interactions with patients (e.g., professional, trainee, student)
- Contact/near sick person (any setting)  Contact with blood or other body fluids
- Contact with dead body/funeral attendance
- Other: \_\_\_\_\_

**Tell traveler:** "You were referred for this additional public health assessment because we need to get more specific information to complete a public health evaluation. These questions will help us decide next steps." (Be cognizant of any flight connections, or other travel).

**Health Assessment (Complete if febrile/feverish, ill appearance, symptomatic on CDC Primary)**

Appears well?  YES  NO- if NO, specify: \_\_\_\_\_

Temperature measurement in CDC Secondary: \_\_\_\_\_ (°C/°F) Method: \_\_\_\_\_

Signs/symptoms in the **past 2 days?**  No symptoms reported

Fever (≥100.4°F/38.0°C)- if YES, T-max: \_\_\_\_\_ (C/F) Method: \_\_\_\_\_

Date (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ AM/PM (calculate using your POE's time zone)

- Subjective Fever  Chills  New/Unusual Fatigue  New/Unusual Weakness
- New/Unusual Headache  New/Unusual Muscle Pains  Loss of appetite
- Cough/difficulty breathing/sore throat, other resp symptoms  Chest pain
- Nausea  Vomiting  Diarrhea  Abdominal pain  Unexplained bruising/bleeding
- Skin rash [If yes, describe appearance and location(s)]: \_\_\_\_\_

Date of 1<sup>st</sup> symptom onset (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments (include location of any pains): \_\_\_\_\_

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

Use of antipyretic medication(s) in past 2 days:  YES  NO

(includes acetaminophen, paracetamol, aspirin, ibuprofen, systemic steroids, some cold remedies)

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Name of antipyretic: \_\_\_\_\_ Dose: \_\_\_\_\_ Hrs ago: \_\_\_\_\_ Purpose: \_\_\_\_\_ Name of antipyretic: \_\_\_\_\_ Dose: \_\_\_\_\_ Hrs ago: \_\_\_\_\_ Purpose: \_\_\_\_\_

Was malaria prophylaxis taken as prescribed?  YES  NO Name of antimalarial: \_\_\_\_\_

**Complete this section if provided healthcare/interacted with patients**

Was the traveler under an affiliation with a sponsoring organization?  Yes  No

If yes, provide name of organization: \_\_\_\_\_

Name of representative in the U.S.: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does traveler have a copy of a *Predeparture Assessment Form*?

Yes  No (not done)  No (completed a form, even if org's own version, but traveler does not have it)

Review the form and return it to the traveler. The health department may ask them for that form. Comments:

**Complete this section if any presence in healthcare facility (HCF)/healthcare setting**

Healthcare facility(ies) name(s) and location(s) in Rwanda visited or worked in (check here  if none visited/worked in): \_\_\_\_\_

Reason for presence in HCF/Setting (check all that apply):  Patient care  Clinical Lab

Cleaning/laundry  Other nonclinical role (clerical, clergy, social work, meal service, administrative)

Patient  Patient's companion/visitor

Present in patient care areas  Present only in non-patient care areas

Other: \_\_\_\_\_

Last day present in HCF (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Traditional healer visit:  Yes  No - If yes, describe visit: \_\_\_\_\_

Does the traveler work in a U.S. healthcare facility?  Yes  No

**Complete this section if provided healthcare, contact/near a sick person, contact with blood/body fluids**

The following questions apply to any setting (healthcare or non-healthcare):

Did you have any contact with blood/body fluids?  YES  NO **If NO, skip to sick person question**

Did this contact involve any of the following? Check as applicable:

Needlestick  Other injury with a sharp object (that is, piercing of your skin)

Skin contact  Splash to the eye, nose, or mouth

Was the person suspected or known to have Marburg?

YES SUSPECTED  YES CONFIRMED  UNSURE  NO

Diagnosis other than Marburg, if known: \_\_\_\_\_

Description: \_\_\_\_\_

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Did you have contact with any sick person?  YES  UNSURE  NO If NO, section is complete

Did the person have fever?  YES  UNSURE  NO

Did the sick person have vomiting, diarrhea, or bleeding?  YES  UNSURE  NO

Was the person suspected or known to have Marburg?

YES SUSPECTED  YES CONFIRMED  UNSURE  NO

Diagnosis other than Marburg, if known: \_\_\_\_\_

Did you have physical contact with this person?  YES  NO

Did you stay in the same household as this person?  YES  NO

Did you provide care to this person?  YES  NO

If YES to provided care: Did you provide this care in a healthcare facility or another location? HCF

Home  Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**For healthcare personnel only:** What personal protective equipment did you use?

(Most relevant for care given to a patient with known or suspected MVD)  No PPE

Surgical or medical mask  Respirator (e.g., N95, KN95)  Surgical hood  PAPR

Disposable fluid-resistant or impermeable gown/coverall  Disposable apron

Disposable full-face shield  Goggles  Waterproof rubber boots  Boot covers

Latex/nitrile gloves:  One pair  Two pairs (outward with extended cuffs)

Other: \_\_\_\_\_

Did you perform hand hygiene after removing PPE?  YES (every time)  NO (not every time)

Did you experience any breach in infection control precautions?

YES  UNSURE  NO  N/A

Did you participate in an invasive procedure or an aerosol-generating procedure?

YES  UNSURE  NO  N/A

Comments: \_\_\_\_\_

**Complete this section if worked in a clinical laboratory**

Did you handle clinical specimens?  YES  NO

What PPE did you use?  None

Surgical or medical mask  Respirator (e.g., N95, KN95)  Surgical hood  PAPR

Disposable fluid-resistant or impermeable gown/coverall  Disposable apron

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Disposable full-face shield    Goggles    Waterproof rubber boots    Boot covers

Latex/nitrile gloves:    One pair    Two pairs (outward with extended cuffs)

Other: \_\_\_\_\_

Did you perform hand hygiene after removing PPE?    YES (every time)    NO (not every time)

Did you have a needlestick, other sharps injury (that is, piercing of your skin), or splash to the eye, nose, or mouth, or skin contact with blood or other body fluids of a person who had Marburg or may have had Marburg?    YES    UNSURE    NO

Did you have any other contact with blood or body fluids?    YES    NO

Please describe: \_\_\_\_\_

**Complete if worked as environmental cleaner or doing laundry in HCF**

What was your role in the healthcare facility? \_\_\_\_\_

Did you perform environmental cleaning in any patient care areas?    YES    NO

Did you handle wet or soiled laundry?    YES    NO

What protective equipment did you use?    None

Surgical or medical mask    Respirator (e.g., N95, KN95)

Disposable fluid-resistant or impermeable gown/coverall    Disposable apron

Disposable full-face shield    Goggles    Waterproof rubber boots    Boot covers

Latex/nitrile gloves:    One pair    Two pairs

Other: \_\_\_\_\_

Did you wash hands after removing protective equipment?    YES (every time)    NO (not every time)

Did you get any body fluids on your skin or clothes?    YES    NO    UNSURE

Comments: \_\_\_\_\_

**Complete this section if reported contact with dead body or attended a funeral or burial**

Did you attend a funeral or burial?    YES    NO   Did you touch a dead body?    YES    NO

Please describe activities at funeral/burial or touching a dead body (touched deceased person's garments, belongings or water used to wash body?):

Was the cause of death known?    YES    NO   If YES, please list: \_\_\_\_\_

Did you serve as mortuary/burial worker?    YES    NO   **If NO, go to Final Open Question.**

**If a mortuary/burial worker**, what protective equipment (PE) did you use?    None

Surgical or medical mask    Respirator (e.g., N95, KN95)

Disposable fluid-resistant or impermeable gown/coverall    Disposable apron

Disposable full-face shield    Goggles    Waterproof rubber boots    Boot covers

Latex/nitrile gloves:    One pair    Two pairs (outward with extended cuffs)

Other: \_\_\_\_\_

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Did you wash hands after removing PE?  YES (every time)  NO (not every time)

Did you have any problems with your protective equipment that resulted in your skin or clothes coming into contact with the dead body or body fluids?  YES  UNSURE  NO

**FINAL OPEN QUESTION: (all travelers)**

Any other situation that is of concern to you about your health that we haven't raised?

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