

2026 Ebola Outbreak Domestic Response: Final Survey for traveler monitoring data capture from STLHDs

Starting [DATE], in response to the outbreak of Ebola in Democratic Republic of the Congo (DRC), Uganda, and South Sudan, CDC recommended post-arrival monitoring of travelers arriving from Democratic Republic of the Congo (DRC), Uganda, or South Sudan with identified risk factors.
[INSERT LINK]

CDC is evaluating all facets of the U.S. response domestic response to this Ebola outbreak, including the interim recommendations for health departments to monitor certain HCW and travelers. In order to inform this evaluation, CDC requests input from state, local, and territorial health departments regarding their experiences and resource expenditures associated with monitoring of HCW and other travelers during this response.

Thank you for your input and support of our evaluation process.

1) **What is your jurisdiction?**

a) For follow-up if needed: name, email and role of respondent

2) Over the course of the entire response ([DATE] to [DATE]), for how many travelers did you:

(Columns in table are distinct categories, but rows are not. A single traveler may be counted in multiple rows)

For each type of traveler, for how many travelers did you:	TYPE OF TRAVELER			
	U.S.-based HCW monitored daily**	U.S.-based HCW monitored intermittently or single check-in at end of 21-day period **	Other travelers monitored daily***	Other travelers monitored intermittently***
receive contact information from a sponsoring org.*			N/A	N/A
Monitored through contact at least once during the response				
Attempt to contact but were unable to reach?				

*Sponsoring organization – nongovernmental organization or academic center sending U.S.-based healthcare workers to volunteer or work in a [COUNTRY] healthcare facility. Please count these persons even if information was subsequently provided by CDC.

** [INSERT LINK]

*** [INSERT LINK]

3) **What was your jurisdiction's general strategy for monitoring of travelers from [COUNTRY]?**

a) Followed CDC interim recommendations as published

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-XXXX).

- b) Exceeded CDC interim recommendations (e.g., HD contacted travelers more frequently than was recommended by CDC or monitored travelers for whom CDC recommended self-monitoring). Please describe in comments.
 - c) Other/Comments (Free text)
- 4) Please estimate how many hours total your staff spent (both state level as well as any local level staff who were delegated monitoring duties) on monitoring HCWs or travelers and directly-associated activities (include time spent on activities such as development of infrastructure to support monitoring and the response, training of personnel from HD and partner organizations, etc.)
 - a) How did your jurisdiction estimate this total (e.g. staff directly reported hours spent on active monitoring, best estimate from HD management, other)?
- 5) **Outside of staff time**, if any, did your jurisdiction incur any other costs associated with traveler or HCW monitoring? If yes, what other items or activities incurred costs and, if available, please provide an estimate of the costs for each of the items or activities (consider resources spent on information technology, communication, travel for staff, transportation for staff or travelers, housing for staff or travelers, data support, other equipment and supplies, building out or updating previous platforms built for traveler monitoring, etc.).
- 6) What tools, systems, or processes were used in your jurisdiction to communicate with travelers for the purpose of monitoring? (select all that apply)
 - a) REDCap monitoring tool or other web-based survey (such as Google forms)
 - b) automated text messaging system (TIM or other)
 - c) Manual text/SMS
 - d) Phone or video calls
 - e) In-person visits
 - f) Other (Free text)
- 7) During this response, sponsoring organizations were asked to provide contact information for their U.S.-based HCWs (employees/volunteers) returning from [COUNTRY]. If applicable to your jurisdiction, did sponsoring organizations reliably provide this contact information to your jurisdiction? (i.e., if CDC had not initiated entry screening to support monitoring, do you believe the contact information provided by sponsoring organizations would have been sufficient to locate healthcare workers returning from Democratic Republic of the Congo (DRC), Uganda, or South Sudan)? y/n/not applicable (comments)
- 8) Did you get information from CDC about any U.S.-based HCWs that you did not receive from a sponsoring organization? y/n (No indicates all received from CDC had already been provided by the sponsoring organization) N/A – no U.S.-based HCW returned to jurisdiction
- 9) What % of HCWs returning after [DATE] had a pre-departure form with them?
- 10) Did you delegate monitoring of HCWs to sponsoring organizations or employers? ? y/n (comments) N/A – no HCW returned to jurisdiction

- a) If yes, what estimated percentage of HCW monitoring did you delegate to sponsoring organizations?
- 11) Were any travelers who were not under monitoring identified with symptoms? y/n
- a) If yes, how did you hear about them?
 - i) Traveler contacted the HD
 - ii) A healthcare facility contacted the HD
 - b) If yes, can you provide the approximate arrival dates for these individuals? (free text or date verified text)
- 12) In future VHF outbreaks, would your jurisdiction want to conduct monitoring of travelers from the outbreak country even if CDC did not recommend such monitoring? y/n/unsure
Please explain why? (free text)