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**Interim Guidance for the Evaluation and Management
Of Ebola Case Contacts in California
Revised January 8, 2015**

The California Department of Public Health (CDPH) recommends that local health departments (LHDs) develop a plan for the evaluation and management of contacts to persons with Ebola Virus Disease (EVD). Recent experiences in the United States and in Ebola-affected countries in West Africa highlight the importance of a comprehensive and timely contact management plan.

The recommendations in this document are intended for any individual with potential exposure to an Ebola patient and are based on the Centers for Disease Control and Prevention (CDC) “Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure” that can be found at <http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html>.

This document contains three sections:

- I. Contact Investigation Steps
- II. Contact Interview and Daily Symptom Checks
- III. Using the California Reportable Disease Information Exchange (CalREDIE) to Track and Manage Ebola Contacts

I. Contact Investigation

All contacts or possible contacts of Ebola case-patients should be interviewed with the appropriate CDPH contact interview form (see list below). The interview form is used to assess the contact’s level of exposure and to classify the contact as one of the following: High Risk, Some Risk, Low (But Not Zero) Risk, No exposure; this classification then dictates which public health action(s) should be taken. A description of exposure categories and their corresponding public health actions appears in Table 1.

Steps:

1. Determine the infectious period of the case-patient.
 - a. This is the date of onset of symptoms until the date the case-patient is clinically convalescent and no longer viremic based on a negative Ebola virus PCR blood test.

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2. Identify all persons who may have had contact with the case-patient by conducting a thorough interview of the Ebola case-patient.
 - a. Use the Ebola Case Investigation form to identify contacts.
3. Interview potential contacts with the appropriate contact investigation questionnaire to assess whether the contact definition has been met and, if yes, the level of risk (Table 1).
 - a. Ebola Healthcare Worker Contact Interview form
 - b. Ebola Household or Community Contact Interview form
 - c. Ebola Emergency Department* or Flight Contact Interview form

*An Emergency Department (ED) contact is a visitor or patient who was in the ED at the same time as the Ebola case-patient.
4. Implement the recommended public health monitoring action based on level of risk (Table 1).
 - a. Direct active monitoring – the local health department assumes responsibility for establishing twice daily communication with contact to assess for the presence of fever or other symptoms of Ebola. One evaluation per day should be conducted in person or via electronic means with video function such as Skype or FaceTime; the electronic means is up to the local health department. The other daily evaluation may be conducted via telephone.
 - b. Active monitoring – the local health department assumes responsibility for establishing regular communication with contact, including checking at least once daily by telephone to assess for presence of fever or other symptoms of Ebola.
 - c. Self-monitoring – the local health department establishes communication with the contact and instructs the contact to self-monitor for fever or other symptoms of Ebola at least daily and immediately report fever ($\geq 99.6^{\circ}\text{F}^*$) or any other symptoms of Ebola to the local health department.
5. Implement the recommended movement restrictions based on level of risk (see Table 1)
 - a. Quarantine – physical separation of the contact from others.
 - b. Controlled movement – limitation of movement of the contact.
6. Instruct the contact to immediately self-isolate at home if an oral temperature of $\geq 99.6^{\circ}\text{F}^*$ is measured. If the temperature is between 99.6°F^* and 100.3°F^* , the contact should measure temperature more frequently, per local health department recommendations.
7. If a contact becomes symptomatic with any of the following:
 - a. Persistently elevated oral temperature between 99.6°F^* and 100.3°F^* for a period of 24 hours; or
 - b. Single oral temperature of $\geq 100.4^{\circ}\text{F}^*$; or

- c. Other symptoms suggestive of Ebola such as severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting, abdominal pain, unexplained hemorrhage;
*Without the use of antipyretics.

The local health department should immediately contact the California Department of Public Health (CDPH) Ebola clinical consultant via the CDPH DCDC Duty Officer at (916) 328-3605 to report an ill contact.

Depending on initial symptoms and risk level, a decision on movement to a healthcare facility and testing will be made in consultation with CDPH and CDC. CDPH will coordinate consultation and testing with CDC as needed.

If symptoms resolve, twice daily monitoring for the remainder of the monitoring period is recommended.

8. Input all contacts into CalREDIE under the condition ‘Ebola Contact Tracking’ and if appropriate, update temperature and symptom data daily (see below for additional instructions).

II. Contact Interviews and Daily Symptom Checks

For all High- and Some-Risk contacts, an initial home visit should be considered to establish a relationship with the contact, to assess the ability of the contact to comply with quarantine requirements, and to identify any household members. Prior to any home visit, it is recommended that the individual conducting the home visit:

- a. Call ahead to ensure that the contact is not symptomatic; if the contact reports symptoms do not make a home visit.
- b. Visually assess the contact at the door for symptoms; if the contact appears symptomatic, leave immediately and conduct the interview/symptom check by telephone from the car.

After the initial home visit for High and Some-Risk contacts, and for all Low (But Not Zero Risk) contacts, CDPH recommends that contact interviews and daily symptom checks occur remotely to minimize any potential exposure to local public health investigators.

Possible methods for each type of monitoring are:

- Direct Active Monitoring: Skype, FaceTime, or other video method where the contact can be directly observed.
- Active Monitoring: telephone; Skype or FaceTime can be used if desired.

III. Using CalREDIE to Track and Manage Ebola Contacts

LHDs using CalREDIE should enter data on all Ebola Contacts into the system using the steps below. LHDs not using CalREDIE can send completed contact investigation forms via secure email to EbolaEpi@cdph.ca.gov or fax to (916) 440-5471.

1. Create a new disease incident with disease condition: "Ebola Contact Tracking".
2. Complete the Patient and Case Investigation tabs.
3. In addition to the Patient and the Case Investigation tabs, three User Defined Form (UDF) tabs appear within the incident.
 - a. Contact Summary Information: complete for all contacts and returned travelers. Information including risk category, type(s) of public health follow-up and final disposition are captured here.
 - b. Travel History: complete for all returned travelers from Ebola-affected countries (see the CDC website for current listing of Ebola-affected countries).
 - c. Symptom Diary: complete for any individual undergoing 21-day symptom monitoring including returned travelers or High Risk, Some Risk and Low (But Not Zero Risk) contacts.
4. Three contact investigation UDFs are located in the Electronic Filing Cabinet and should be completed depending on the type of contact. These forms should be completed for any contacts in the High, Some, or Low (But Not Zero) risk categories.
 - a. Healthcare Worker Interview: complete for all healthcare, laboratory and environmental/sanitation workers with potential exposure to an Ebola patient.
 - b. Household/Community Interview*: complete for all household and community contacts with potential exposure to an Ebola patient.
 - c. Emergency Department/Flight Interview*: complete if the contact had potential exposure to an Ebola patient while in the emergency department or on a flight.*

*These forms are currently being configured in CalREDIE. Information will be sent to CalREDIE users when they are available for use.
5. Mark the Resolution Status on the Case Investigation tab as "Not a Case".

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6. When all follow-up is complete, mark the Process Status on the Case Investigation tab as "Closed by LHD".

Table 1: Summary of CDC Interim Guidance for Monitoring and Movement of People Exposed to Ebola Virus

Exposure Category	Clinical Criteria	Public Health Actions
<p>High risk includes any of the following:</p> <ul style="list-style-type: none"> • Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic • Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate personal protective equipment (PPE) • Processing blood or body fluids of a person with Ebola while the person was symptomatic without appropriate PPE or standard biosafety precautions • Direct contact with a dead body without appropriate PPE in a country with widespread Ebola virus transmission (see the CDC Website for current listing of Ebola-affected countries) • Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic 	<p>Fever (subjective fever or measured temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) OR any of the following:*</p> <ul style="list-style-type: none"> • severe headache • muscle pain • vomiting • diarrhea • stomach pain • unexplained bruising or bleeding <p>Asymptomatic (no fever or other symptoms consistent with Ebola)</p>	<ul style="list-style-type: none"> • Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation • Medical evaluation is required. <ul style="list-style-type: none"> ○ Isolation orders may be used to ensure compliance ○ Air travel is permitted only by air medical transport • If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply <ul style="list-style-type: none"> • Direct active monitoring • Public health authority will ensure, through orders as necessary, the following minimum restrictions: <ul style="list-style-type: none"> ○ Controlled movement: exclusion from all long-distance and local public conveyances (aircraft, ship, train, bus, and subway) ○ Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings ○ Exclusion from workplaces for the duration of the public health order, unless approved by the state or local health department (telework is permitted) • Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park) • Federal public health travel restrictions (Do Not Board) will be implemented to enforce controlled movement • If travel is allowed, individuals are subject to controlled movement <ul style="list-style-type: none"> ○ Travel by noncommercial conveyances only ○ Coordinated with public health authorities at both origin and destination ○ Uninterrupted direct active monitoring

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Table 1: Summary of CDC Interim Guidance for Monitoring and Movement of People Exposed to Ebola Virus

Exposure Category	Clinical Criteria	Public Health Actions
<p>Some risk includes any of the following:</p> <ul style="list-style-type: none"> • In countries with widespread Ebola virus transmission (see CDC website for listing of current Ebola-affected countries.): <ul style="list-style-type: none"> ○ direct contact while using <u>appropriate PPE</u> with a person with Ebola while the person was symptomatic or with the person's body fluids ○ any direct patient care in other healthcare settings • Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic <ul style="list-style-type: none"> ○ Close contact is defined as being for a prolonged period of time while not wearing <u>appropriate PPE</u> within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic 	<p>Fever (subjective fever or measured temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) OR any of the following:*</p> <ul style="list-style-type: none"> • severe headache • muscle pain • vomiting • diarrhea • stomach pain • unexplained bruising or bleeding 	<ul style="list-style-type: none"> • Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation • Medical evaluation is required <ul style="list-style-type: none"> ○ Isolation orders may be used to ensure compliance ○ Air travel is permitted only by air medical transport • If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply
	<p>Asymptomatic (no fever or other symptoms consistent with Ebola)</p>	<ul style="list-style-type: none"> • Direct active monitoring • The public health authority, based on a specific assessment of the individual's situation, will determine whether additional restrictions are appropriate, including: <ul style="list-style-type: none"> ○ Controlled movement: exclusion from long-distance commercial conveyances (aircraft, ship, train, bus) or local public conveyances (e.g., bus, subway) ○ Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings ○ Exclusion from workplaces for the duration of a public health order, unless approved by the state or local health department (telework is permitted) • If the above restrictions are applied, non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park) • Other activities should be assessed as needs and circumstances change to determine whether these activities may be undertaken • Any travel will be coordinated with public health authorities to ensure uninterrupted direct active monitoring • Federal public health travel restrictions (Do Not Board) may be implemented based on an assessment of the particular circumstance <ul style="list-style-type: none"> ○ For travelers arriving in the United States, implementation of federal public health travel restrictions would occur after the traveler reaches the final destination of the itinerary

Table 1: Summary of CDC Interim Guidance for Monitoring and Movement of People Exposed to Ebola Virus

Exposure Category	Clinical Criteria	Public Health Actions
<p>Low (but not zero) risk includes any of the following:</p> <ul style="list-style-type: none"> • Having been in a country with widespread Ebola virus transmission (see CDC website for current listing of Ebola-affected countries) within the past 21 days and having had no known exposures • Having brief direct contact (e.g., shaking hands), while not wearing appropriate PPE, with a person with Ebola while the person was in the early stage of disease • Brief proximity, such as being in the same room for a brief period of time, with a person with Ebola while the person was symptomatic • In countries without widespread Ebola virus transmission (see CDC website for current listing of countries without widespread Ebola transmission), direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic* • Traveled on an aircraft with a person with Ebola while the person was symptomatic 	<p>Fever (subjective fever or measured temperature $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$) OR any of the following:*</p> <ul style="list-style-type: none"> • vomiting • diarrhea • unexplained bruising or bleeding 	<ul style="list-style-type: none"> • Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation • Medical evaluation is required. <ul style="list-style-type: none"> ○ Isolation orders may be used to ensure compliance ○ Air travel is permitted only by air medical transport • If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply
	<p>Asymptomatic (no fever, vomiting, diarrhea, or unexplained bruising or bleeding)</p>	<ul style="list-style-type: none"> • No restrictions on travel, work, public conveyances, or congregate gatherings • Direct active monitoring for: <ul style="list-style-type: none"> ○ U.S.-based healthcare workers caring for symptomatic Ebola patients while wearing appropriate PPE ○ Travelers on an aircraft with, and sitting within 3 feet of, a person with Ebola • Active monitoring for all others in this category

Table 1: Summary of CDC Interim Guidance for Monitoring and Movement of People Exposed to Ebola Virus

Exposure Category	Clinical Criteria	Public Health Actions
<p>No identifiable risk includes:</p> <ul style="list-style-type: none"> • Contact with an asymptomatic person who had contact with person with Ebola • Contact with a person with Ebola before the person developed symptoms • Having been more than 21 days previously in a country with widespread Ebola virus transmission (see CDC website for current listing of Ebola-affected countries) • Having been in a country without widespread Ebola virus transmission (see the CDC website for current listing of countries without widespread transmission of Ebola) and not having any other exposures as defined above • Aircraft or ship crew members who remain on or in the immediate vicinity of the conveyance and have no direct contact with anyone from the community during the entire time that the conveyance is present in a country with Ebola transmission 	Symptomatic (any)	<ul style="list-style-type: none"> • Routine medical evaluation and management of ill persons, as needed
	Asymptomatic	<ul style="list-style-type: none"> • No actions needed

* If an Ebola case is identified in the US and a healthcare worker who took care of that patient also develops Ebola despite use of appropriate PPE without an identified breach, then all healthcare workers who cared for the US Ebola patient would be considered **High risk**.

Contact ID # _____

Interview Date: _____

HEALTHCARE WORKER (HCW) CONTACT TO EBOLA PATIENT INTERVIEW FORM

SECTION I: GENERAL INFORMATION

Interviewer Information

Interviewer Name (Last, First): _____

State/Local Health Department: _____

Phone number: _____ Email address: _____

Ebola Patient Information (Patient Associated with Contact)

Please complete the questions below if the exposure occurred in a U.S. healthcare facility.

Ebola Case CalREDIE ID # _____

Last Name: _____ First Name: _____

DOB: MM / DD / YYYY

Date of illness onset: MM / DD / YYYY

Date of hospital admission: MM / DD / YYYY

Name of admitting hospital: _____

Date patient was isolated in a healthcare facility: MM / DD / YYYY

At the time of this report, is the patient? Confirmed Probable Unknown

Notes:

Contact ID # _____

Interview Date: _____

HCW Contact Information

Last Name: _____ First Name: _____

Date of birth: MM / DD / YYYY Age: _____

Sex: Male Female

If female, are you currently pregnant? Yes No

If yes, what is your EDD: MM / DD / YYYY

Home address: (add all places where the contact resides including temporary residence due to travel)

Street Address #1: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____

Alternate phone number/email: _____

Is this the current residence: Yes No

Is this the permanent residence: Yes No

Is this a congregate setting (dorm, assisted living, etc.): Yes No

How many people live at this address: _____

Street Address #2: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Country: _____

Is this the current residence: Yes No

Is this the permanent residence: Yes No

Contact ID # _____

Interview Date: _____

HCW Contact Information (Continued)

Is this a congregate setting (dorm, assisted living, etc.): Yes No

How many people live at this address: _____

Notes regarding address section:

(Add additional addresses and contact information on the back of the form)

Who is providing information for this contact?

Contact (Self)

Other, specify person (Last, First): _____

Relationship to contact: _____

Reason contact unable to provide information: Contact is a minor Other _____

Contact primary language: _____

Was this form administered via a translator? Yes No

Contact ID # _____

Interview Date: _____

Symptoms

Do you currently have any of the following symptoms?

<u>Symptom</u>	<u>Date of onset</u>
<input type="checkbox"/> No symptoms	
<input type="checkbox"/> Temperature $\geq 99.6^{\circ}$ F (oral)	MM / DD / YYYY
<input type="checkbox"/> Chills	MM / DD / YYYY
<input type="checkbox"/> Weakness	MM / DD / YYYY
<input type="checkbox"/> Headache	MM / DD / YYYY
<input type="checkbox"/> Muscle Aches	MM / DD / YYYY
<input type="checkbox"/> Abdominal Pain	MM / DD / YYYY
<input type="checkbox"/> Diarrhea ____times/day	MM / DD / YYYY
<input type="checkbox"/> Vomiting	MM / DD / YYYY
<input type="checkbox"/> Unexplained hemorrhage	MM / DD / YYYY

If yes, location: _____

 Other _____ MM / DD / YYYYDo you belong to a health network? Yes No Name of health network: _____**Occupation**What is your job and title?

Contact ID # _____

Interview Date: _____

Occupation (Continued)

Please select the category that best describes the contact's occupation:

- Direct care healthcare worker (physician, nurse, respiratory therapist, phlebotomist, etc.)
- Laboratorian
- Non-direct care provider (e.g., front desk clerk, admissions clerk)
- Environmental services (e.g., housekeeping, central processing staff)
- Security
- Patient transporter
- Other, specify: _____

Place of work and address:

SECTION II: EXPOSURE ASSESSMENT

Exposure History

Did you work with the patient in:

- US Guinea Sierra Leone Liberia Mali Other _____

If Guinea, Sierra Leone, Liberia, or Mali did you work in:

- An Ebola treatment facility
- A healthcare facility not designated as an Ebola treatment facility

Exposure History (Continued)

What was your date of first exposure: MM / DD / YYYY

What was your date of last exposure: MM / DD / YYYY

Did you provide direct care for an Ebola patient?

Yes No Unknown

If yes, please answer the following questions:

Did you have contact with the patient's blood or bodily fluids?

Yes No Unknown

Were you within 6 feet of the patient while the patient was vomiting or having uncontained diarrhea?

Yes No Unknown

Did you perform aerosol generating procedures on the patient?

(examples are: intubation, resuscitation ("code") suctioning, oxygen administration, nebulized medication, manipulating upper airway, bronchoscopy, laryngoscopy, endoscopy, sputum induction)

Yes No Unknown

Were you within 6 feet of the patient while an aerosol generating procedure was being performed?

Yes No Unknown

Did you manipulate the patient's rectal/genitourinary areas such as urinary or rectal tube insertion?

Yes No Unknown

Did you perform phlebotomy or other catheter insertion (example – IV, arterial catheter)

Yes No Unknown

Did you provide any environmental sanitation services for an Ebola patient?

Yes No Unknown

Exposure History (Continued)

If Yes, please answer the following questions:

Were you involved in cleaning the patient's room, clothing, bedding, furniture, equipment?

Yes No Unknown

If yes, was there obvious contamination with blood or bodily fluids?

Yes No Unknown

Were you involved with cleaning/disinfecting reusable patient care items outside of the patient room?

Yes No Unknown

If yes, was there obvious contamination with blood or bodily fluids?

Yes No Unknown

What was the minimum PPE you used at any point during your patient or environmental encounters?

Single gloves

Double gloves

Surgical mask

N95

PAPR

If PAPR used, did hood cover neck area?

Yes No

If PAPR used, were hose and battery pack exposed?

Yes No

Hood (not PAPR hood)

Tyvek suit (usually white)

Tychem suit (usually yellow)

Shoe coverings

Exposure History (Continued)

Gown

If gown used, was gown fluid-resistant?

Yes No

If gown used, was gown impermeable to fluids?

Yes No

Leg covers

Faceshield

Goggles

Impermeable apron

Other, describe: _____

Were you observed/assisted donning your PPE?

Yes No

Were you observed/assisted doffing your PPE?

Yes No

Did you note any breaches in your use of PPE?

Yes No

If yes, please describe:

SECTION III: SUMMARY

Exposure Category

- HIGH RISK CONTACT (quarantine, direct active monitoring)
- SOME RISK CONTACT (movement restrictions, direct active monitoring)
- LOW (BUT NOT ZERO) RISK CONTACT (direct active monitoring for U.S. based healthcare workers caring for symptomatic Ebola patients while wearing appropriate PPE, active monitoring for all others)
- NO RISK EXPOSURES IDENTIFIED (self-monitoring)

LAST DATE OF EXPOSURE: _____

Follow-up Actions

- No further follow-up, self-monitoring recommended

Why is no follow-up needed?

- No risk exposures identified
- Last exposure was > 21 days ago
- Other _____

Last date of self-monitoring: _____

- Twice daily active monitoring recommended

Last date of follow-up: _____

- Twice daily direct active monitoring recommended

Last date of follow-up: _____

Contact ID # _____

Interview Date: _____

Follow-up Actions (Continued)

Quarantine recommended

Last date of quarantine: _____

Work exclusion recommended

Last date of work exclusion: _____

Contact ID # _____

Interview Date: _____

HOUSEHOLD OR OTHER COMMUNITY CONTACT TO EBOLA PATIENT INTERVIEW FORM

SECTION I: GENERAL INFORMATION

Interviewer Information

Interviewer Name (Last, First): _____

State/Local Health Department: _____

Phone number: _____ Email address: _____

Ebola Patient Information (Patient Associated with Contact)

Ebola Patient CalREDIE ID # _____

Last Name: _____ First Name: _____

DOB: MM / DD / YYYY

Date of illness onset: MM / DD / YYYY

Date of hospital admission: MM / DD / YYYY

Name of admitting hospital: _____

Date patient was isolated in a healthcare facility: MM / DD / YYYY

At the time of this report, is the patient? Confirmed Probable Unknown

Notes:

Contact ID # _____

Interview Date: _____

Contact Information

Last Name: _____ First Name: _____

Date of birth: MM / DD / YYYY Age: _____

Sex: Male Female

If female, are you currently pregnant? Yes No

If yes, what is your EDD: MM / DD / YYYY

Home address: (add all places where the contact resides including temporary residence due to travel)

Street Address #1: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____

Alternate phone number/email: _____

Is this the current residence: Yes No

Is this the permanent residence: Yes No

Is this a congregate setting (dorm, assisted living, etc.): Yes No

How many people live at this address: _____

Street Address #2: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Country: _____

Is this the current residence: Yes No

Is this the permanent residence: Yes No

Contact ID # _____

Interview Date: _____

Contact Information (Continued)

Is this a congregate setting (dorm, assisted living, etc.): Yes No

How many people live at this address: _____

Notes regarding address section:

(Add additional addresses and contact information on the back of the form)

Who is providing information for this contact?

Contact (Self)

Other, specify person (Last, First): _____

Relationship to contact: _____

Reason contact unable to provide information: Contact is a minor Other _____

Contact primary language: _____

Was this form administered via a translator? Yes No

Contact ID # _____

Interview Date: _____

Symptoms

Do you currently have any of the following symptoms?

<u>Symptom</u>	<u>Date of onset</u>
<input type="checkbox"/> No symptoms	
<input type="checkbox"/> Temperature $\geq 99.6^{\circ}$ F (oral)	MM / DD / YYYY
<input type="checkbox"/> Chills	MM / DD / YYYY
<input type="checkbox"/> Weakness	MM / DD / YYYY
<input type="checkbox"/> Headache	MM / DD / YYYY
<input type="checkbox"/> Muscle Aches	MM / DD / YYYY
<input type="checkbox"/> Abdominal Pain	MM / DD / YYYY
<input type="checkbox"/> Diarrhea ____times/day	MM / DD / YYYY
<input type="checkbox"/> Vomiting	MM / DD / YYYY
<input type="checkbox"/> Unexplained hemorrhage	MM / DD / YYYY

If yes, location: _____

 Other _____ MM / DD / YYYYDo you belong to a health network? Yes No Name of health network: _____**Occupation**

What is your occupation? _____

What is your occupation setting? _____

Contact ID # _____

Interview Date: _____

Occupation (Continued)

Place of work and address:

Medical History

Do you routinely undergo any routine medical procedures or monitoring (i.e., glucose monitoring, dialysis, injections)?

Yes No

If yes, please describe: _____

(If possible contact who undergo routine medical procedures or monitoring are determined to be exposed, additional recommendations may be needed to accommodate routine medical care safely)

SECTION II: EXPOSURE ASSESSMENT

Exposure History

1. What is your relationship to the patient?

Partner/spouse Family member Co-worker Friend/acquaintance

Classmate Neighbor/community member Other: _____

2. Did you reside in the same house as the patient while the patient was ill (include dates)?

Yes No

Exposure History (Continued)

If yes, date of last encounter: MM / DD / YYYY

3. Did you spend time in the patient's household while the patient was ill (include dates)?

Yes No

If yes, date of last encounter: MM / DD / YYYY

4. Were you within 6 feet of (name of person) in a location outside (name of person)'s home, for example – at work, at a religious institution, in school, at a social gathering, at a restaurant, park or anywhere else while the patient was ill (include dates)?

Yes No

If yes, date of last encounter: MM / DD / YYYY

4a. If yes, did that contact take place in (check all that apply):

Workplace

Day care, school or university

Religious organization

Social or family gathering

Restaurant

Park

Emergency Department or other healthcare setting

Plane

Public transportation (e.g., bus, train)

Other household (not patient's)

Shared same vehicle (personal vehicle, taxi; specify type of vehicle, provide details in question 4)

Other (specify): _____

Exposure History (Continued)

5. Did you have any other contact with the patient while he/she was ill that is not captured above?

Yes No Unsure

If yes, please describe and provide dates of first and last contact:

If the contact answers No to questions 1 - 5 the contact has no exposure. Skip to Section III: Summary.

If the contact answers Yes to any question, complete the activities table below.

6. Provide the name of the place(s), the address(es), the date(s) and other information about the location where contact occurred (e.g., household, workplace, school, etc.).

Name of Place or Type of Vehicle	Address (if applicable)	Date(s)	Time spent within 6 feet of the patient	Other information on activity

Activities During Exposure Period

During the patient's infectious period from MM / DD / YYYY to MM / DD / YYYY (date the patient was isolated) did you:

Exposed – HIGH RISK		
Type of Exposure	Dates of Exposure	Additional Details/Describe
Take care of the patient while they were sick? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Touch the patient's blood, stool, saliva, urine, vomit or other body fluids? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Clean up spills of urine, stool, blood, saliva or other body fluids of the patient without appropriate PPE or training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have sex with the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Kiss the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Touch the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Get stuck with any sharp object that had the patient's blood or body fluids on it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Share any personal hygiene equipment with the patient (toothbrush, razor)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Activities During Exposure Period (Continued)

Exposed – HIGH RISK		
Type of Exposure	Dates of Exposure	Additional Details/Describe
Sleep or lie in the same bed as the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Help wash or bathe the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do the laundry of the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Touch the bedding or clothing or other objects that had not been decontaminated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Share food with the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Eat off the same plate as the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Share drinks or cigarettes with the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Activities During Exposure Period (Continued)

Exposed – SOME RISK		
Type of Exposure	Dates of Exposure	Additional Details/Describe
<p>Use the same bathroom as the patient while the patient was experiencing vomiting, diarrhea, or hemorrhage?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Spend a prolonged amount of time (>1 hour) within 6 feet of the patient while the patient was NOT experiencing diarrhea, vomiting, or hemorrhage?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Uncertain Exposure – LOW (BUT NOT ZERO) RISK		
Type of Exposure	Dates of Exposure	Additional Details/Describe
<p>Clean up spills of urine, vomit, stool, blood, saliva or other body fluids of the patient with appropriate PPE and training?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

SECTION III: SUMMARY

Exposure Category

- HIGH RISK CONTACT (quarantine, direct active monitoring)
- SOME RISK CONTACT (movement restrictions, direct active monitoring)
- LOW (BUT NOT ZERO) RISK CONTACT (direct active monitoring for U.S. based healthcare workers caring for symptomatic Ebola patients while wearing appropriate PPE, active monitoring for all others)
- NO RISK EXPOSURES IDENTIFIED (self-monitoring)

LAST DATE OF EXPOSURE:

Follow-up Actions

Adhere to recommendations found in 'CDPH Guidance for the Evaluation and Management of Contacts to Ebola Virus'

No further follow-up, self-monitoring recommended

Why is no follow-up needed?

No risk exposures identified

Last exposure was > 21 days ago

Other _____

Last date of self-monitoring: _____

Twice daily active monitoring recommended

Last date of follow-up: _____

Twice daily direct active monitoring recommended

Last date of follow-up: _____

Quarantine recommended

Last date of quarantine: _____

Work exclusion recommended

Last date of work exclusion: _____

Contact ID # _____

Interview Date: _____

EMERGENCY DEPARTMENT OR FLIGHT CONTACT TO EBOLA PATIENT INTERVIEW FORM**SECTION I: GENERAL INFORMATION****Interviewer Information**

Interviewer Name (Last, First): _____

State/Local Health Department: _____

Phone number: _____ Email address: _____

Ebola Patient Information (Patient Associated with Contact)

Ebola Patient CalREDIE ID # _____

Last Name: _____ First Name: _____

DOB: MM / DD / YYYY

Date of illness onset: MM / DD / YYYY

Date of hospital admission: MM / DD / YYYY

Name of admitting hospital: _____

Date patient was isolated in a healthcare facility: MM / DD / YYYY

At the time of this report, is the patient? Confirmed Probable Unknown

Notes:

Contact Setting Emergency Department/Other Outpatient Healthcare Setting Flight*If emergency department/other healthcare setting please provide the information below:*

Name of healthcare facility: _____

Dates/times Ebola case was in the emergency department/waiting room:

Arrived: MM / DD / YYYY _____ AM PM Departed: MM / DD / YYYY _____ AM PM

Dates/times contact was in the emergency department/waiting room:

Arrived: MM / DD / YYYY _____ AM PM Departed: MM / DD / YYYY _____ AM PM

Contact ID # _____

Interview Date: _____

Contact Setting (Continued)*If flight, please provide the below information:*

Name of Airline: _____

Flight Number: _____

Seat assignment of Ebola case: _____

Class of travel of Ebola case: First/Business Economy

Seat assignment of contact: _____

Class of travel of contact: First/Business Economy**Contact Information**

Last Name: _____ First Name: _____

Date of birth: MM / DD / YYYY Age: _____

Sex: Male FemaleIf female, are you currently pregnant? Yes No

If yes, what is you EDD: MM / DD / YYYY

Home address: (add all places where the contact resides including temporary residence due to travel)

Street Address #1: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____

Alternate phone number/email: _____

Is this the current residence: Yes NoIs this the permanent residence: Yes NoIs this a congregate setting (dorm, assisted living, etc.): Yes No

How many people live at this address: _____

Contact ID # _____

Interview Date: _____

Contact Information (Continued)

Street Address #2: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Country: _____

Is this the current residence: Yes No

Is this the permanent residence: Yes No

Is this a congregate setting (dorm, assisted living, etc.): Yes No

How many people live at this address: _____

Notes regarding address section:

(Add additional addresses and contact information on the back of the form)

Who is providing information for this contact?

Contact (Self)

Other, specify person (Last, First): _____

Relationship to contact: _____

Reason contact unable to provide information: Contact is a minor Other _____

Contact primary language: _____

Was this form administered via a translator? Yes No

Symptoms

Do you currently have any of the following symptoms?

Symptom	Date of onset
<input type="checkbox"/> No symptoms	
<input type="checkbox"/> Temperature $\geq 99.6^{\circ}$ F (oral)	_____
<input type="checkbox"/> Chills	_____
<input type="checkbox"/> Weakness	_____
<input type="checkbox"/> Headache	_____
<input type="checkbox"/> Muscle Aches	_____
<input type="checkbox"/> Abdominal Pain	_____
<input type="checkbox"/> Diarrhea _____times/day	_____
<input type="checkbox"/> Vomiting	_____
<input type="checkbox"/> Unexplained hemorrhage	_____
<input type="checkbox"/> Other _____	_____

Do you belong to a health network? Yes No

Name of health network: _____

Occupation

What is your occupation? _____

What is your occupation setting? _____

Place of work and address:

Medical History

Do you routinely undergo any routine medical procedures or monitoring (i.e., glucose monitoring, dialysis, injections)?

Yes No

If yes, please describe: _____

(If possible contact who undergo routine medical procedures or monitoring are determined to be exposed, additional recommendations may be needed to accommodate routine medical care safely)

Travel Plans

Do you have any upcoming travel plans?

Yes No Unknown Refused

If yes, please describe where, when, and how you are planning to travel (please include airlines and flight numbers or other relevant and comparable commercial transportation information):

SECTION II: EXPOSURE ASSESSMENT**For Health Department Use ONLY**

1. Was the Ebola case experiencing any Ebola symptoms while in the emergency department/on the flight?
 Yes No Unknown
2. Was the Ebola case experiencing vomiting or diarrhea while in the emergency department/on the flight?
 Yes No Unknown
3. Was the Ebola case experiencing bleeding/hemorrhaging while in the emergency department/on the flight?
 Yes No Unknown

If YES to question 1 and no to both questions 2 and 3, then the contact is considered to have "Low (but not zero) risk" exposure, please skip to SECTION III: SUMMARY.

If YES or UNKNOWN either question 2 or 3 above, please ask the below questions to further assess the potential risk of the contact.

Questions for Contact

1. Did you use the bathroom while you were in the emergency department/on the flight?
 Yes No Unknown Refused

If FLIGHT and YES,
 - a. Which bathrooms on the aircraft did you use?
 First/business class only Economy class only

 Both, first/business class and economy class
2. Did someone vomit or have diarrhea in the same room/cabin as you while you were in the emergency room/on the flight?
 Yes No Unknown Refused

Contact ID # _____

Interview Date: _____

Questions for Contact (Continued)

If YES,

a. Do you know the name of this person?

 Yes – Name: _____ No

b. Did any of the vomit or diarrhea get on you?

 Yes No Unknown Refused

c. Approximately how far away from the person who vomited or had diarrhea were you?

_____ Feet Meters

3. Did you get blood from someone other than yourself on you while in the emergency department/on the flight?

 Yes No Unknown Refused

If YES,

a. Do you know the name of the person whose blood got on you?

 Yes – Name: _____ No**SECTION III: SUMMARY****Exposure Category** HIGH RISK (quarantine, twice daily direct active monitoring) SOME RISK (movement restrictions, twice daily direct active monitoring) LOW (BUT NOT ZERO) RISK (twice daily direct active monitoring for travelers on an aircraft with, and sitting within 3 feet of, a person with Ebola; all others twice daily active monitoring) NO RISK EXPOSURES IDENTIFIED (self-monitoring)**LAST DATE OF EXPOSURE:** _____

Follow-up Actions

Adhere to recommendations found in 'CDPH Guidance for the Evaluation and Management of Contacts to Ebola Virus'.

No further follow-up, self-monitoring recommended

Why is no follow-up needed?

No risk exposures identified

Last exposure was > 21 days ago

Other _____

Last date of self-monitoring: _____

Twice daily active monitoring recommended

Last date of follow-up: _____

Twice daily direct active monitoring recommended

Last date of follow-up: _____

Quarantine recommended

Last date of quarantine: _____

Work exclusion recommended

Last date of work exclusion: _____