

EBOLA CONTACT MONITORING FORM

Local Health Jurisdiction:			
Contact IDs	LHJ_ID:	DOH_ID:	CDC_ID:
Name	Last:	First:	Middle initial:
	DOB ___ / ___ / ___	Sex:	Age: <input type="checkbox"/> Years <input type="checkbox"/> Months
Local Address	Street:	Apt:	
	City:	State:	Zip: County:
Permanent address			
Work/School	Occupation & employer/school:		
Responsible person	<input type="checkbox"/> Self <input type="checkbox"/> Other (give name and relationship): _____		
Phone (get several)	Home:	Cell:	Friend/family:
Contact relation to source	<input type="checkbox"/> Household	<input type="checkbox"/> Family, non-household	<input type="checkbox"/> Co-Worker <input type="checkbox"/> Lab worker
	<input type="checkbox"/> Friend	<input type="checkbox"/> Healthcare or aid worker	<input type="checkbox"/> Other:
Healthcare provider visits	Name:	Phone:	
	Dates of visit:	Location:	
	Infection control notified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pertinent health history, Exposure notes			
Exposure location	Country: _____ if known: Town: _____ District: _____		
	Setting: <input type="checkbox"/> Household <input type="checkbox"/> Healthcare facility: _____		
	<input type="checkbox"/> Church <input type="checkbox"/> Burial <input type="checkbox"/> Travel: _____		
	<input type="checkbox"/> Work <input type="checkbox"/> School/child care <input type="checkbox"/> Lab worker <input type="checkbox"/> Other: _____		
Exposure dates	Earliest: ___ / ___ / ___ Last: ___ / ___ / ___		
Nature of exposure (check all that apply)	<input type="checkbox"/> Blood or body fluid exp. <input type="checkbox"/> used PPE <input type="checkbox"/> Laboratory work for patient <input type="checkbox"/> used PPE <input type="checkbox"/> Direct patient care <input type="checkbox"/> used PPE <input type="checkbox"/> Touched a dead body <input type="checkbox"/> used PPE <input type="checkbox"/> Lived with and cared for patient <input type="checkbox"/> Coworker in US facility became ill <input type="checkbox"/> Close contact (3 ft) with case <input type="checkbox"/> used PPE <input type="checkbox"/> Residence or travel only <input type="checkbox"/> Brief contact or brief proximity with a patient <input type="checkbox"/> Passenger on flight or transport <input type="checkbox"/> Other:		
Exposure type	<input type="checkbox"/> High risk <input type="checkbox"/> Some risk <input type="checkbox"/> Low risk <input type="checkbox"/> No known exposure		
Disposition	<input type="checkbox"/> Home monitoring <input type="checkbox"/> Other: _____		
Method	<input type="checkbox"/> Daily visit <input type="checkbox"/> Daily call <input type="checkbox"/> Self-report daily via: phone/text/email/other: _____		
PH Action	Discussed: <input type="checkbox"/> Monitoring <input type="checkbox"/> Work/school <input type="checkbox"/> Travel plans/restrictions <input type="checkbox"/> Pets <input type="checkbox"/> Health care; if seeking care go to: _____ <input type="checkbox"/> Transportation to healthcare facility: private car / EMS / Other:		
Symptom watch	Start date (day ___): ___ / ___ / ___ End date (day 21): ___ / ___ / ___		
Instructions for low risk monitoring or for public health monitoring:			
<p>Low risk person can self-monitor and report daily (phone, text, email, etc.) For some risk schedule daily visit at the residence. Temperature checks should be at least 6 hours apart. On the recording sheet cross off any days that have already passed and fill in the first day of monitoring. Persons at some risk should be told not avoid public areas and commercial conveyances and to report any planned travel. They should also avoid household pets.</p> <p>Have available in the car for every visit: telephone number to report if person is ill; also gloves, if desired a face mask, and hand alcohol gel. At the visit, ask about any fever or pain medication (e.g. aspirin or Tylenol). Note if the person had a recent influenza vaccination. Ask about reported and planned activities during the monitoring period.</p>			

Ebola Nature of Exposure Screening Questions

In the **last 21 days** did you have any of the following exposures? (Note: countries current as of 6/17/2015 – include other countries if Ebola cases are known to be present)

Y N

- Contact with fluids from an Ebola case (circle all that apply: needlestick, fluid splashed face, fluid on skin)
If yes, what body fluid(s) (circle all that apply)? Feces/diarrhea, vomit, urine, saliva, sweat, sexual fluid
If yes, what personal protective equipment did you use?
High risk if needlestick, direct splash, skin contact, or no PPE; Some risk if used appropriate PPE
- Did laboratory work on blood or other body fluids of an Ebola patient
If yes, what personal protective equipment or biosafety precautions did you use?
High risk if no PPE; Some risk if used appropriate PPE
- Touched any dead body in Sierra Leone or Guinea without PPE *High risk*
- Lived with and cared for anybody with Ebola symptoms (feeding, cleaning, helping to toilet) *High risk*
- Coworker in same US facility unexpectedly sick with Ebola *High risk*
- Provided direct care to anybody with Ebola symptoms in a health care setting (including health care, feeding, cleaning, helping to toilet, patient transport)
If yes, what country?
If yes, what personal protective equipment did you use?
High risk if no PPE; If used PPE Some risk in high transmission country, Low risk in other countries
- Was in the same room (within 1 meter or 3 feet) of a person with Ebola symptoms (home, hospital, etc.)
If yes, how long were you in the room?
If yes, what personal protective equipment did you use?
Some risk if no PPE and prolonged time or if in high transmission county and used appropriate PPE
- Had direct contact with a person with Ebola symptoms in Sierra Leone or Guinea
If yes, what was the contact?
If yes, what personal protective equipment did you use?
Low risk if only brief contact or brief proximity; Some risk if patient care even with appropriate PPE
- Traveled or lived in Sierra Leone or Guinea
Low risk if no known exposures
- Briefly touched a person with Ebola symptoms while the person was in the early stage of disease
Low risk if brief contact even without PPE
- Had brief proximity, such as briefly in the room, with a person symptomatic with Ebola *Low risk*
- Was a passenger on a flight or shared other transport (bus, taxi, car) with a person with Ebola *Low risk*
- Were interviewed as part of an investigation for a person with Ebola *Get details of investigation*

If yes to any of the above questions, contact Office of Communicable Disease Epidemiology immediately at 206-418-5500 or 877-539-4344.

ID: _____

Name of person: _____

Address: _____

Telephone: _____ Risk level: High risk Some risk Low risk No known exposure

Instructions for home visits:

- 1) Have available appropriate equipment (gloves and disposal bags in your pocket, other equipment in your car).
- 2) Telephone and ask if the person is feeling well. If the person cannot be reached, contact your supervisor.
- 3) If the person is ill when telephoned, ask for a temperature reading. Contact your supervisor. **DO NOT** enter the residence.
- 4) If the person is well, go to the residence. Avoid physical contact with the person while in the residence.
- 5) Visually confirm a temperature reading without touching the thermometer. Ask about presence or absence of each symptom. Ask about alternative explanations (e.g., allergic sore throat) and about fever medication (e.g., aspirin, Tylenol). If fever is > 100.4 F (38 C) or if any symptoms are present, leave and contact your supervisor.
- 6) Confirm the date and time of the next visit to the residence.

Date		Enter morning and afternoon temperatures. Enter Y, N, or U for any symptoms.									Check Monitoring Method I = In Person E = Email T = Text P = Phone				Initial
		Temp AM	Temp PM	Unexplained Bleeding/bruising	Muscle Pain	Severe headache	Vomiting	Diarrhea	Muscle pain	Fever/Pain Reducers	I	E	T	P	
	1														
	2														
	3														
	4														
	5														
	6														
	7														
	8														
	9														
	10														
	11														
	12														
	13														
	14														
	15														
	16														
	17														
	18														
	19														
	20														
	21														

Initials	Signature	Initials	Signature

ID: _____

Name of person: _____

Monitoring Activity Log

Encounter	Date/Time	Reported Activities	Planned Activities	Comment/Initials
Day 1A				
Day 1B				
Day 2A				
Day 2B				
Day 3A				
Day 3B				
Day 4A				
Day 4B				
Day 5A				
Day 5B				
Day 6A				
Day 6B				
Day 7A				
Day 7B				
Day 8A				
Day 8B				
Day 9A				
Day 9B				
Day 10A				
Day 10B				
Day 11A				
Day 12A				
Day 12B				
Day 13A				
Day 13B				
Day 14A				
Day 14B				
Day 15A				
Day 15B				
Day 16A				
Day 16B				
Day 17A				
Day 17B				
Day 18A				
Day 18B				
Day 19A				
Day 19B				
Day 20A				
Day 20B				
Day 21A				
Day 21B				

Initials	Signature	Initials	Signature