

EBOLA VIRUS DISEASE CONTACT INVESTIGATION WORKSHEET FOR SYMPTOMATIC PUI OR CONFIRMED CASE

FORM B



Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212
Los Angeles, CA 90012
213-240-7941 (phone), 213-482-4856 (facsimile)
publichealth.lacounty.gov/acd/

Investigator name: _____ Phone: _____ District/Program: _____

Date interviewed: _____

CASE INFORMATION

IRIS ID#	Case Name (Last, First)	Phone Number	Symptom Onset Date	Isolation Date	If Case Unavailable, Name of Person Interviewed.	Relationship to Case	Alternate Person's Phone

Instructions: Use this interview form to elicit contacts from patients with Ebola Virus Disease (EVD). Record all information about exposure sites on this form.

POSSIBLE CONTACTS

During the period that you have been ill:		Yes	No	Instructions
HOUSEHOLD	Who have you been living with?	<input type="checkbox"/>	<input type="checkbox"/>	<i>[Record names on Pg.5]</i>
	Who else spent time at your home (eating meals, hanging out, sleeping over) but doesn't live with you?	<input type="checkbox"/>	<input type="checkbox"/>	<i>[Record names on Pg.5]</i>
	Who has slept in the same room with you?	<input type="checkbox"/>	<input type="checkbox"/>	<i>[Record names on Pg.5]</i>
	Who has taken care of you or cleaned up after you at home?	<input type="checkbox"/>	<input type="checkbox"/>	<i>[Record names on Pg.5]</i>
	Do you have a household member or pet needing your care? (e.g. chronically ill family member)	<input type="checkbox"/>	<input type="checkbox"/>	<i>[Record/Note on Pg.5]</i>
SEXUAL CONTACT	Did you have any sexual contacts?	<input type="checkbox"/>	<input type="checkbox"/>	<i>[Record/Note on Pg.5]</i>
HEALTHCARE	Did you visit a health care facility (HCF)?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Facility name _____ Address _____ Phone _____ Dates visited _____ Who had direct physical contact with you*? <i>[Record names on Pg.5]</i> <small>*NEED TO CONDUCT A THOROUGH INVESTIGATION OF ALL HCW CONTACTS EXPOSED TO CASE – ASK FOR LOG OF ALL CONTACTS EXPOSED TO CASE AND LIST OF ALL PRE-HOSPITAL PERSONNEL (EMS, FIRE DEPARTMENT, LAW ENFORCEMENT).</small>
	Did you visit more than one HCF?	<input type="checkbox"/>	<input type="checkbox"/>	Please record the address and visit date information in Notes.

Case name (last, first) _____

IRIS ID# _____

POSSIBLE CONTACTS (CONTINUED)				
During the period that you have been ill,		Yes	No	Instructions
TRAVEL	Did you travel via public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Mode of travel: <input type="checkbox"/> Plane <input type="checkbox"/> Taxi <input type="checkbox"/> Bus <input type="checkbox"/> Other _____ Bus line/train line/flight number: _____ Where did your travel originate? _____ What was your destination? _____ Dates of travel _____ Who traveled with you or had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on Pg.5]</i>
WORK	Did you go to work?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Business name _____ Address _____ Phone _____ Supervisor _____ Dates went to work _____ Who are the people that you had direct physical contact with or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on Pg.5]</i>
SCHOOL	Did you go to school?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, School name _____ Address _____ Phone _____ Principal/Administrator _____ Dates attended _____ Classes _____ Who are the people that you had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on Pg.5]</i>

Case name (last, first) _____

IRIS ID# _____

POSSIBLE CONTACTS (CONTINUED)				
During the period that you have been ill,		Yes	No	Instructions
SOCIAL EVENT	Did you attend any organized social event such as a party?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Event name _____ Address _____ Host name _____ Phone _____ Dates of event _____ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on Pg.5]</i>
BARS/CLUBS	Did you attend any bars or clubs?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Bar/Club name _____ Address _____ Dates visited _____ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on Pg.5]</i>
FRIEND'S OR RELATIVE'S HOME	Did you go to friend's or relative's homes?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Friend or relative name _____ Address _____ Dates visited _____ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on Pg.5]</i>
COMMUNITY CENTERS	Did you go to any community centers?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Community center name _____ Address _____ Dates visited _____ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on Pg.5]</i>

Case name (last, first) _____

IRIS ID# _____

POSSIBLE CONTACTS (CONTINUED)

During the period that you have been ill,		Yes	No	Instructions
RELIGIOUS SERVICES	Did you go to any religious services?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Church/temple/mosque name _____ Address _____ Dates visited _____ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on Pg.5]</i>
OTHER ACTIVITIES OR PLACES	Did you participate in any other activities or visit any other places?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Place name _____ Address _____ Dates visited _____ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on Pg.5]</i>

IF CASE DIED BEFORE EVD DIAGNOSIS, ASK THE FOLLOWING TO ALTERNATE CONTACT:

FUNERAL/ BURIAL	Was there a viewing, a wake or a service for the case?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Address of viewing, wake, or service. _____ Funeral home name _____ Address _____ Phone _____ Who had direct physical contact with the body? <i>[Record names on Pg.5]</i>
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NOTES:

Case name (last, first) _____

IRIS ID# _____

CONTACT INFORMATION LIST

NO	FULL NAME <u>LAST</u> FIRST	SEX	PREGANAT?	<u>DOB</u> AGE (YR)	<u>RELATIONSHIP TO CASE</u> EXPOSURE SETTING	DATE OF LAST CONTACT	RISK CLASSIFICATION (HIGH, MED, LOW, NONE) *	<u>NO. AND STREET</u> CITY, STATE, ZIP	PHONE
1					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
2					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
3					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
4					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
5					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
6					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
7					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
8					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
9					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
10					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				

*Risk Classification: Refer to the B-73 for Ebola.

Case name (last, first) _____

IRIS ID# _____

CONTACT INFORMATION LIST (CONTINUED)

NO	FULL NAME <u>LAST</u> FIRST	SEX	PREGANAT?	<u>DOB</u> AGE (YR)	<u>RELATIONSHIP TO CASE</u> EXPOSURE SETTING	DATE OF LAST CONTACT	RISK CLASSIFICATION (HIGH, MED, LOW, NONE) *	<u>NO. AND STREET</u> CITY, STATE, ZIP	PHONE
11					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
12					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
13					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
14					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
15					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
16					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
17					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
18					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
19					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				
20					Relation: _____ <input type="checkbox"/> Household <input type="checkbox"/> Transportation <input type="checkbox"/> Social Event <input type="checkbox"/> Work/school <input type="checkbox"/> Bar/Club <input type="checkbox"/> Other: _____				

*Risk Classification: Refer to the B-73 for Ebola.