

EBOLA VIRUS DISEASE EXPOSURE RISK ASSESSMENT FORM

FORM D



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/

Fax the completed form to:
Acute Communicable Disease Control (ACDC) Fax 213-202-5999

The purpose of this tool is to:

- 1) Assess for Ebola Virus Disease (EVD) symptoms **AND**
- 2) Assess for potential exposure risk to an EVD case in the United States **OR** while traveling in an Affected/Endemic Area with widespread EVD transmission within the past 21 days (See *Affected/Endemic Areas in Important Terms section X.*)

These questions will help determine the EVD risk exposure category: **HIGH, SOME, LOW, OR NO IDENTIFIABLE RISK.**

Depending upon the risk, the named contact may be required to be monitored by LAC DPH for fever and EVD symptoms for 21 days following the last date of exposure with an EVD patient or country. An EVD Exposure Daily Symptom Monitoring Log should be completed for each contact with a potential EVD risk.

I. CONTACT INFORMATION

Contact Name-Last		First	Middle Initial	Date of birth	Age	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address- Number, Street, Apt #		City		State	ZIP Code	Census tract Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Due date: _____
Is current address a congregate setting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, Facility name: _____			Are there pets in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, Specify species and number: _____			
Telephone number Home ()) Work ())		Cell ())		Previous address (if less than 1 month at current address) City State/Area/Region ZIP Code		
Occupation		Country of Permanent Residence		Primary Language		Translator needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work/school location and address				Work/school telephone ())		
Occupation setting: <input type="checkbox"/> Childcare/School <input type="checkbox"/> Food Service <input type="checkbox"/> Health Care <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Laboratory <input type="checkbox"/> Residential Facility <input type="checkbox"/> Institution (Correctional Facility, Drug Treatment Center, Homeless Shelter, Military Facility) <input type="checkbox"/> Other: _____						
Who is providing information for this form? <input type="checkbox"/> Contact <input type="checkbox"/> Other: Specify person (Last, First): _____ Relationship to contact: _____ Phone _____						

II. SYMPTOMS

Do you currently have the following symptoms? If any checked, specify earliest onset date. ____/____/____

Yes	No	Symptoms	Yes	No	Symptoms
<input type="checkbox"/>	<input type="checkbox"/>	Fever: Highest _____ Fever onset: ____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	Unexplained hemorrhage (bleeding/bruising)
<input type="checkbox"/>	<input type="checkbox"/>	Headache (severe)	<input type="checkbox"/>	<input type="checkbox"/>	Muscle pain (myalgia)
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	Weakness/Fatigue
<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Other: Specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	Vomiting			

III. ASSESSMENT CATEGORY AND FORM INSTRUCTIONS

Did you have **potential exposure** to the following?

- A confirmed or suspect case of EVD in the United States (US) (Only skip Travel section V. but complete rest of form)
- Traveling in the EVD Affected/Endemic Areas (Start at Travel section V. and complete rest of form.)

IV. EXPOSURE TO KNOWN CASE IN US

Known EVD patient name (Last, First): _____ CMR ID # (if applicable) : _____
 Current Case Status: Confirmed Suspect Unknown
 Symptom onset date: ____/____/____ Isolation date: ____/____/____ Date of death (if applicable): ____/____/____

1. What is the person's relationship to the EVD patient? Household member Healthcare worker EMS Friend
 Work/School Shared transportation Other: Specify: _____
2. Did the person have exposure with the known EVD patient while they had symptoms? Yes No Unknown (see *Important Terms section XIII.*)
If Yes, What was the **FIRST** and **LAST** date of exposure with the known EVD patient? First: ____/____/____ Last: ____/____/____

(Only skip Travel section V.& complete rest of form)

V. TRAVEL

3. Did the person travel to the Ebola Virus Disease (EVD) Affected/Endemic Areas? Yes No Unknown

If Yes, Last date in the Ebola Virus Disease (EVD) Affected/Endemic Area(s)? ____/____/____

Affected/Endemic Area(s) visited: Democratic Republic of the Congo Guinea Liberia Sierra Leone Other: _____

Reason for travel: Business Vacation Visiting family Permanent residence Ebola-response activities: Agency _____

Other: _____

Type of lodging used during stay: Hotel Relative/friend's home Work lodging Other: _____

Usual activities while in EVD Affected/Endemic Area(s). _____

Specify the person's travel itinerary to and/or from the Affected/Endemic Area(s) below.

Departure From (Country, City/Region)	Departure Date	Destination (Country, City/Region)	Arrival Date	Airline	Flight No.

4. Did the person directly handle bats, rodents or primates from the Affected/Endemic Areas? Yes No Unknown

If Yes, Place of contact. _____ Last date of exposure: ____/____/____

Type of animal. Bats Rodents Primates

5. Was the person near anyone who was sick with EVD symptoms (signs of fever, vomiting, diarrhea, OR unexplained bleeding)? Yes No Unknown

If Yes, Explain. _____

VI. HOUSEHOLD EXPOSURE

6. Did the person live in same household with a suspect or known EVD patient while they were symptomatic? Yes No Unknown

(If No, skip to next Healthcare Exposure section VII.)

If Yes, Where was household exposure? in US in Affected/Endemic Areas

Last date of household exposure? ____/____/____

7. Did the person do any of the following: (Check all that apply)

Yes	No	Exposure
<input type="checkbox"/>	<input type="checkbox"/>	Attend to the patient's direct care in a household setting (bathe, feed, help to bathroom, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Attend to the patient's indirect care in a household setting (laundry, wash dishes, clean patient's room)
<input type="checkbox"/>	<input type="checkbox"/>	Visit EVD patient's household (no direct or indirect care) only. If Yes, Describe visit. _____

VII. HEALTHCARE EXPOSURE

8. Did the person visit or work in a healthcare facility or other healthcare setting? Yes No Unk (If No, skip to next Funeral section VIII.)

If Yes, Specify facility/setting. _____

Where was the healthcare exposure? in US in Affected/Endemic Areas

Was the facility an Ebola Treatment Unit (ETU)? Yes No Unk If Yes, what zone(s) did you enter?: Red Yellow Green

Specify date(s) of last exposure in each zone. _____

First and Last date of healthcare exposure? First: ____/____/____ Last: ____/____/____

Ongoing exposure (ex. US HCW to an EVD patient)? Yes No

Work title (if applicable): Physician Nurse Lab personnel Emergency Medical Service Observer

Other: Specify. _____

Nature of visit/work: _____

Were there any patients with EVD at that facility/setting? Yes No Unknown

9. Did the person have any of the following types of exposures to a suspect or known EVD patient while they were symptomatic? (Check all that apply.)

Yes	No	Exposure
<input type="checkbox"/>	<input type="checkbox"/>	Provide direct care to a suspect or known EVD patient in a hospital/outpatient setting (physician, nurse, EMS, etc)
<input type="checkbox"/>	<input type="checkbox"/>	Perform laboratory services (phlebotomy, other sample collection, laboratory testing, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Perform custodial services (launder linens, disinfect equipment, clean an EVD patient's room)
<input type="checkbox"/>	<input type="checkbox"/>	Attend to an EVD patient's food service needs (deliver food tray to room, pick up food tray, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Perform an autopsy, surgery, or other medical examination

VII. HEALTHCARE EXPOSURE (CONTINUED)

10. Did the person have exposure to blood or other body fluid(s) from a suspect or known EVD patient while they had symptoms? (include exposures while wearing person protective equipment [PPE]) Yes No Unknown

If Yes, Explain how. _____

What body fluid(s) was the person exposed to? (Check all that apply)

- Blood Saliva Tears Vaginal fluid Other: Specify. _____
 Vomitus Sweat Breast milk Respiratory/Nasal secretion
 Stool Urine Semen Cerebral spinal

11. Did the person use personal protective equipment (PPE)? Yes No Unknown

If Yes, Specify type of PPE used? (Check all that apply)

- Single glove Gown (fluid resistant & impermeable) Goggles
 Double gloves Face shield Leg covers
 Coveralls (body suit): with integrated hood Facemask Shoe covers
 without integrated hood Surgical mask Boot covers (extends at least to mid-calf)
 Surgical scrub suit Head hood (extending to shoulders)

Was the following witnessed? Donning of PPE Yes No Unknown If Yes, by whom? Name: _____
 Patient care Yes No Unknown If Yes, by whom? Name: _____
 Doffing of PPE? Yes No Unknown If Yes, by whom? Name: _____

Did the person wear the same PPE items for every single encounter with the EVD patient? Yes No

If No, Which items were not worn consistently? _____

Describe any contact the person had without PPE or any breaks in PPE. _____

12. What was the person's type of exposure with the body fluids? (Check all that apply)

- Contact with appropriate PPE only
 Contact with intact skin
 Contact with broken skin (fresh cut, burn, abrasion that had not dried)
 Contact with mucous membranes (splashes to eyes, nose, mouth, etc.)
 Contact via a needle stick (percutaneous)
 Other: Specify. _____

VIII. FUNERAL EXPOSURE

13. Did the person attend or participate in a funeral or funeral preparations for a suspect or known EVD patient? Yes No Unknown

(If No, skip to next Other Exposure section IX.)

If Yes, Where was funeral exposure? in US in Affected/Endemic Areas

Last date of funeral exposure? ____/____/____

14. Did the person do any of the following: (Check all that apply.)

Yes	No	Exposure
<input type="checkbox"/>	<input type="checkbox"/>	Prepare, or help prepare, the body for funeral/burial services (e.g., wash, embalm, or dress the body)
<input type="checkbox"/>	<input type="checkbox"/>	Have other direct contact with the body during funeral/burial services
<input type="checkbox"/>	<input type="checkbox"/>	Only attend funeral/burial services (no direct contact with the body)

15. Was there direct exposure to the human remains without appropriate Personal Protective Equipment (PPE)? Yes No Unknown

Washing body Preparing body Other direct contact with body/fluids. Specify. _____

IX. OTHER EXPOSURES

16. Did the person do any of the following with a suspect or known EVD patient while they were symptomatic? (Check all that apply.)

Yes	No	Exposure
<input type="checkbox"/>	<input type="checkbox"/>	Share transportation: <input type="checkbox"/> Plane <input type="checkbox"/> Taxi <input type="checkbox"/> Bus <input type="checkbox"/> Other: Specify mode. _____ Length of time (hours): _____ Specify dates: _____
<input type="checkbox"/>	<input type="checkbox"/>	Attend the same school/daycare class/office If Yes, Last date exposed: ____/____/____
<input type="checkbox"/>	<input type="checkbox"/>	Close contact in households/healthcare facilities/community settings (see Important Terms section XIII.) Last date exposed: ____/____/____
<input type="checkbox"/>	<input type="checkbox"/>	Brief direct contact (e.g., shaking hands) with an EVD patient in the early stage of disease without appropriate PPE Last date exposed: ____/____/____
<input type="checkbox"/>	<input type="checkbox"/>	Brief proximity (e.g. being in the same room for a brief period of time) with a symptomatic EVD patient Last date exposed: ____/____/____
<input type="checkbox"/>	<input type="checkbox"/>	Other: Specify what and dates: _____

X. RISK CLASSIFICATION

- High risk** - check if includes any of the following:
 - Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) from a person with Ebola while the person was symptomatic.
 - Direct contact **without** appropriate personal protective equipment (PPE) with a person with Ebola while the person was symptomatic or person's body fluids.
 - Lab processing of blood or body fluids from 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 transmission or a country with cases in urban settings with uncertain control measures*.
 - Having provided direct care in a household setting to a person with Ebola while the person was symptomatic.
- Some risk** - check if includes any of the following:
 - In countries with widespread transmission:
 - Direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic or the person's body fluids
 - Being in the patient care area of an Ebola treatment unit (ETU)
 - Any direct patient care in non-Ebola healthcare settings.
 - Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic **without** appropriate PPE.
(See Close Contact-Important Terms section XIII.) (e.g., household member, HCW, observer in ETU)
- Low (but not zero) risk** - check if includes any of the following:
 - Having been in a country with widespread transmission, a country with cases in urban settings with uncertain control measures, or a country with former widespread transmission and current control measures* and having had **NO** known exposures.
 - In countries other than those with widespread transmission*: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic or the person's body fluids or being in the patient-care area of an ETU.
 - Brief direct contact (e.g., shaking hands), while not using appropriate PPE, with a person with Ebola while the person was in the early stage of disease.
 - Brief proximity **without** appropriate PPE with a person with Ebola who has symptoms, such as being in the same room (not in close contact).
 - Lab processing of blood or body fluids from a person with Ebola while person was symptomatic while using appropriate PPE & standard biosafety precautions.
 - Traveling on an airplane with a person with Ebola who has symptoms and having had no identified "some" or "high" risk exposures.
- No identifiable risk**
 - Laboratory processing Ebola-containing specimens in a Biosafety Level 4 facility.
 - Any contact with an asymptomatic person who had potential exposure to Ebola virus.
 - Contact with a person with Ebola before the person developed symptoms.
 - Any potential exposure to Ebola virus that occurred more than 21 days previously.
 - Having been in a country with Ebola cases, but without widespread transmission, cases in urban settings with uncertain control measures, or former widespread transmission and now established control measures*, and not having had any other exposures.
 - Having stayed on or very close to an aircraft or ship during the entire time that the aircraft or ship was in a country with widespread transmission or a country with cases in urban settings with uncertain control measures*, and having had no direct contact with anyone from the community.
 - Having had laboratory-confirmed Ebola and subsequently been determined by public health authorities to no longer be infectious (i.e., Ebola survivors).

XI. PUBLIC HEALTH ACTIONS (For details see B-73)

	Monitoring	Isolation/Quarantine	Controlled movement
High	<input type="checkbox"/> Direct Active Monitoring (<i>face-to-face twice a day</i>)	Yes	Yes
Some	<input type="checkbox"/> Direct Active Monitoring (<i>face-to-face once day plus 1 call per daily</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Case by case)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Case by case)
Low	<input type="checkbox"/> Direct Active Monitoring (<i>face-to-face once day plus 1 call per daily</i>) -US-based healthcare workers caring for symptomatic Ebola patients while wearing appropriate PPE -Travelers on an aircraft with, and sitting within 3 feet of, symptomatic Ebola patient <input type="checkbox"/> Active Monitoring for all others (<i>once a day by phone</i>)	No	No
No	<input type="checkbox"/> No further follow-up required	No	No

Does the person have travel plans outside of LAC during their daily symptom monitoring period? Yes No If Yes, Provide details.

Departure From (City/State/Country)	Departure Date	Destination (City/State/Country)	Arrival Date	Mode of Transportation (Airline, bus, private car, etc)	Carrier Name/Flight no.

- Respondent refusing follow-up
- Respondent has had a fever or other EVD symptom(s) since having exposure (*Symptoms section XIII.*) Where evaluated?

XII. INVESTIGATOR

Investigator's name (print)	Investigator's signature	Telephone number
Health District	Interview Date	

XIII. IMPORTANT TERMS

EVD Affected/Endemic Areas include several African countries. Please check CDC.gov/ebola for details.

- EVD symptoms: 1) Fever (≥99.5°F or 37.5°C) 4) Weakness/Fatigue 6) Vomiting 8) Unexplained hemorrhage (bleeding or bruising)
 2) Severe headache 5) Diarrhea 7) Abdominal pain

Close contact: Defined as being within approximately 3 feet of a person with Ebola while the person was symptomatic for a prolonged period of time while not using appropriate PPE.

Personal Protective Equipment (PPE): PPE used for standard, contact, and droplet precautions (e.g., gloves, impermeable gown, eye protection, facemasks, etc.)