EBOLA CONTACT TRACING

N.C. Contact Investigation Questionnaire

C

Contact EID:_____

CTID: _____

Below line is a slightly modified version of CDC FORM 2 -
Ebola Viral Disease Contact Tracing Form – United States – 11/14/2014

Ebola Viral Disease Contact Tracing Form – United States

CDC ID: _____

Instructions: Please complete the following form for each contact of a suspect/known case of Ebola. Use the "Notes" portion of each section to record additional information regarding potential exposures or other information that may aid the investigation that is not already captured on the form. If the contact is a health care worker, please use information gathered from the *EVD Tracking Form for Healthcare Workers with Direct Patient Contact* or other applicable questionnaires to assist with assessing overall exposure history and PPE use.

I. Interview Information

Date form completed : MM / DD / YYYY

Interviewer Information

Interviewer Name (Last, First): _____

State/Local Health Department (HD): _____

Business Address: _____

City: _____ State: _____ Zip: _____County: _____

Phone number: _____ Email address: _____

Informant Information

Who is providing information for this form?

☐ Contact

☐ Other Name(Last, First): _____ Relationship to contact: _____

Phone Number: _____ E-mail address: _____

Reason contact unable to provide information:

☐ Contact is a minor ☐ Other _____

Was this form administered via a translator? □ Yes □ No

If yes, in which language was this form administered? _____

Translator Name (Last, First): _____

Phone Number: _____ E-mail address: _____

Notes:

II. PUI/Case Information

PUI/Case EID: _____ NC EDSS Event: _____

What is the classification of the patient at the time of this report? □ Confirmed □ PUI □ Unknown

Date of illness onset: MM / DD / YYYY

Notes:

III. Contact Information

Contact Name (Last, First): _____ **Sex**: ☐ Male ☐ Female

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

Citizenship:_____

Country of Residence: ☐ United States of America ☐ Other (specify): _____

Contact Information *(for country of residence as indicated above)*

U.S. Residence

Driver's License Number: _____

Home Street Address: _____ Apt. # _____

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

Phone number: _____ E-mail address: _____

Non-U.S. Residence

Home Street Address: _____ Apt. # _____

City/Village: _____ State/County/District/Prefecture: _____

Occupational Information

Occupation: _____ Name of Business/Organization:_____

Supervisor Name (Last, First): _____

Supervisor Phone Number: _____ E-mail address: _____

Business Address: _____ Suite. # _____

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

Do you have any pets in your household?: ☐ Yes ☐ No

If yes, give species and number_____

Notes:

IV. Exposure History

1. Did you come in contact with a suspect/known case of Ebola OR the blood or body fluids of a suspect/known case of Ebola outside of a health care setting?

   ☐ Yes (Complete Part A) ☐ No

2. Do you work in a health care setting and come in contact with a suspect/known case of Ebola OR the blood or body fluids of a suspect/known case of Ebola through your work?

   ☐ Yes ☐ No

   If yes, which of the following best describes your occupation?

   ☐ Health Care Worker (Complete Part B)

   ☐ Laboratory Worker (Complete Part C)

   ☐ Environmental Decontamination/Cleaning Staff (Complete Part D)

A. Community Contact with a Suspect/Known Case of Ebola

1. What is your relationship to the suspect/known case of Ebola? *Choose one.*

   ☐ Partner/spouse ☐ Family member ☐ Co-worker ☐ Friend/acquaintance

   ☐ Classmate ☐ Visited same healthcare facility/care area as Ebola patient

   ☐ Neighbor/community member ☐ Other _____

2. Please list each date of contact with the suspect/known case of Ebola and provide a description of that contact:

   _____

   _____

   _____

   _____

   _____

3. Do you live in the same house as the suspect/known case of Ebola? ☐ Yes ☐ No

4. Did you have any casual contact with a suspect/known case of Ebola (brief interaction, such as walking by him/her or being in the same room for a very short period of time) in which you did not directly touch him/her?

   ☐ Yes ☐ No ☐ Unknown *If yes*, list each date of contact: _____

5. Did you have any contact with blood or body fluids from the suspect/known case of Ebola while he/she was ill (including contaminated objects or surfaces such as bedding or clothing)?

   ☐ Yes ☐ No ☐ Unsure

   If yes, what body fluids were you in contact with?

   (Provide types and dates in table on the following page.)

Check all that apply and indicate dates of contact.

Type	*Date(s)of contact*	*Type*	*Date(s)of contact*
☐ Blood		☐ Feces	
☐ Vomit		☐ Urine	
☐ Sweat		☐ Tears	
☐ Respiratory secretions (e.g. sputum, nasal mucus)		☐ Saliva	
☐ Semen or vaginal fluids		☐ Other, specify: _____	

6. Were you within approximately 3 feet of the suspect/known case of Ebola or within his/her room or care area for a prolonged period of time (at least one hour) while he/she was ill?

   ☐ Yes ☐ No ☐ Unknown *If yes*, list each date of contact: _____

7. Did you share a bathroom or use the same tub or toilet as a known/suspect case of Ebola while he/she was ill?

   ☐ Yes ☐ No ☐ Unknown *If yes*, list each date of contact: _____

8. Did you perform any caregiving activities or household assistance for a suspect/known case of Ebola (helping to bathe or feed the case; washing clothes or dishes)?

   ☐ Yes ☐ No ☐ Unknown *If yes*, list each date of contact: _____

9. Did you share transport with a suspect/known case of Ebola (car, bus, plane, taxi, etc.)?

   ☐ Yes ☐ No ☐ Unknown

   If yes, please provide for **all** shared transport: Date of Travel: MM / DD / YYYY

   Name of airline and flight number: _____

   Origin: _____ Destination: _____

   Transit Points: _____

Notes:

B. Health Care Worker Exposure

1. Specific health care-associated job:

☐ Doctor ☐ Nurse ☐ Clinical Assistant/Technician ☐ Volunteer ☐ Administrative Position

☐ Other: _____

2. Please list each date of contact with the suspect/known case of Ebola and provide a description of that contact:_____

_____

_____

_____

3. Did you have any casual contact with a suspect/known case of Ebola (brief interaction, such as walking by him/her or being in the same room for a very short period of time) in which you did not directly touch him or her?

☐ Yes ☐ No ☐ Unknown *If yes*, list each date of contact: _____

4. Did you have contact with blood or body fluids from a suspect/known case of Ebola while he/she was ill (including contaminated objects or surfaces such as bedding or clothing), including while you were wearing PPE?

☐ Yes ☐ No ☐ Unknown

If yes, what body fluids were you in contact with? *Check all that apply and indicate dates of contact.*

Type	*Date(s)of contact*	*Type*	*Date(s)of contact*
☐ Blood		☐ Feces	
☐ Vomit		☐ Urine	
☐ Sweat		☐ Tears	
☐ Respiratory secretions (e.g. sputum, nasal mucus)		☐ Saliva	
☐ Semen or vaginal fluids		☐ Other, specify: _____	

If yes, what PPE was worn on these occasions? *Check all that apply.*

☐ None ☐ Gown (impermeable) ☐ Facemask ☐ N95 or Other Respirator

☐ Eye Protection (goggles or face shield) ☐ Body Suit ☐ Gloves

☐ Other: _____

If PPE was worn, was donning of PPE witnessed each time? ☐ Yes ☐ No ☐ Unknown

If PPE was worn, was doffing of PPE witnessed each time? ☐ Yes ☐ No ☐ Unknown

5. Were you within approximately 3 feet of a suspect/known case of Ebola or within his/her room or care area for a prolonged period of time (at least one hour)? ☐ Yes ☐ No ☐ Unknown

If yes, list each date of contact: _____

If yes, what PPE was worn on these occasions? *Check all that apply.*

☐ None ☐ Gown (impermeable) ☐ Facemask ☐ N95 or Other Respirator

☐ Eye Protection (goggles or face shield) ☐ Body Suit ☐ Gloves

☐ Other: _____

If PPE was worn, was donning of PPE witnessed each time? ☐ Yes ☐ No ☐ Unknown

If PPE was worn, was doffing of PPE witnessed each time? ☐ Yes ☐ No ☐ Unknown

If PPE was worn, was patient care witnessed each time? ☐ Yes ☐ No ☐ Unknown

6. Did you have any direct contact with a suspect/known case of Ebola (e.g. shaking hands) no matter how brief, including while you were wearing PPE? ☐ Yes ☐ No ☐ Unknown

If yes, list each date of contact: _____

If yes, what PPE was worn on these occasions? *Check all that apply.*

☐ None ☐ Gown (impermeable) ☐ Facemask ☐ N95 or Other Respirator

☐ Eye Protection (goggles or face shield) ☐ Body Suit ☐ Gloves

☐ Other: _____

If PPE was worn, was donning of PPE witnessed each time? ☐ Yes ☐ No ☐ Unknown

If PPE was worn, was doffing of PPE witnessed each time? ☐ Yes ☐ No ☐ Unknown

If PPE was worn, was patient care witnessed each time? ☐ Yes ☐ No ☐ Unknown

Please provide additional information, particularly on any possible blood/body fluid exposure:

C. Laboratory Worker Exposure

1. Please list all dates of blood/body fluid exposure: _____

   _____

2. What body fluids were you in contact with? *Check all that apply.*

   ☐ Blood ☐ Urine ☐ Other:_____

3. What PPE was worn on these occasions? *Check all that apply.*

   ☐ None ☐ Gown (impermeable) ☐ Facemask ☐ N95 or Other Respirator

   ☐ Eye Protection (goggles or face shield) ☐ Body Suit ☐ Gloves

   ☐ Other: _____

   If PPE was worn, was donning of PPE witnessed each time? ☐ Yes ☐ No ☐ Unknown

   If PPE was worn, was doffing of PPE witnessed each time? ☐ Yes ☐ No ☐ Unknown

Please provide additional information, particularly on any possible blood/body fluid exposure:

D. Environmental Exposure

1. Please list all dates of blood/body fluid exposure: _____

2. Which aspects of the patient care environment did you clean or decontaminate? *Check all that apply.*

   ☐ General room or area (including floors, walls, furniture)

   ☐ Linens (including patient clothing, sheets, pillows, towels)

   ☐ Patient care equipment (including bedside commode, IV or urinary catheter tubing, intubation equipment)

   ☐ Other (specify): _____

3. What body fluids were you in contact with? *Check all that apply.*

   ☐ Blood ☐ Feces ☐ Vomit ☐ Urine ☐ Sweat ☐ Tears

   ☐ Respiratory secretions (e.g. sputum, nasal mucus) ☐ Saliva ☐ Semen or vaginal fluids

   ☐ Other:_____

4. What PPE was worn on these occasions? *Check all that apply.*

   ☐ None ☐ Gown (impermeable) ☐ Facemask ☐ N95 or Other Respirator

   ☐ Eye Protection (goggles or face shield) ☐ Body Suit ☐ Gloves

   ☐ Other: _____

   If PPE was worn, was donning of PPE witnessed each time? ☐ Yes ☐ No ☐ Unknown

   If PPE was worn, was doffing of PPE witnessed each time? ☐ Yes ☐ No ☐ Unknown

Please provide additional information, particularly on any possible blood/body fluid exposure:

V. Public Health Assessment and Response

Use the *CDC Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus*(http://www.cdc.gov/vhf/ebola/exposure/risk-factors-when-evaluating-person-for-exposure.html) and the *Summary of CDC Interim Guidance for Monitoring and Movement of People Exposed to Ebola Virus* (http://www.cdc.gov/vhf/ebola/exposure/monitoring-and-movement-of-persons-with-exposure.html#table-monitoring-movement) to determine the risk levels of the exposures noted in the interview and to determine the appropriate public health action.

A. Risk Classification

If risk was identified, check all classifications and enter date(s) of last exposure. If no risk was identified, check 'No identifiable Risk.'

Exposure Risk Classification	***Date of Last Exposure***	***Date 21 Days Past Last Exposure***
☐ High Risk	MM / DD / YYYY	MM / DD / YYYY
☐ Some Risk	MM / DD / YYYY	MM / DD / YYYY
☐ Low (but not zero) Risk	MM / DD / YYYY	MM / DD / YYYY
☐ No Identifiable Risk	*Not Applicable*	*Not Applicable*

B. Follow-up Action

Check type of follow-up required.

Asymptomatic contacts:

Follow-up	***Recommended for:***
☐ No further follow-up	No identifiable risk or all exposures were >21 days.
☐ Active monitoring	Asymptomatic **low (but not zero) risk** exposure only, excluding US-based health care workers and travel-related close contacts. • Last exposure date: MM / DD / YYYY • Last day of monitoring: MM / DD / YYYY • Who will conduct the follow-up for symptom monitoring? • Name/Affiliation: _____ _____ • Phone number and contact information: (_____)_____-_____ _____
☐ Direct active monitoring	Asymptomatic **high risk** or **some risk** exposures or **low (but not zero) risk** exposures who are US-based health care workers or travel-related close contacts. • Last exposure date: MM / DD / YYYY • Last day of monitoring: MM / DD / YYYY • Who will conduct the follow-up for symptom monitoring? • Name/Affiliation: _____ _____ • Phone number and contact information: (_____)_____-_____ _____

Symptomatic contacts with high, some or low risk exposures:

Follow-up	***Recommended for:***
☐ Rapid isolation, notification of public health authorities, and medical evaluation	Respondent has had **high risk, some risk,** or l**ow (but not zero)** exposure and has fever, severe headache, muscle pain, diarrhea, vomiting, stomach pain, or unexplained bleeding or bruising within 21 days of contact with the suspect/known case of Ebola or the blood/body fluids of a suspect/known case of Ebola. • Highest temperature recorded: _____°F • Fever onset date: MM / DD / YYYY • Symptoms:_____ _____ • Where will the patient be medically evaluated? _____

NOTES: