EBOLA CONTACT TRACING

N.C. Case Investigation Form

EID:______________________________

NC EDSS Event: ____________________

Below line is CDC FORM 1 - Ebola Case Investigation Form – 11/13/2014

Ebola Viral Disease Case Investigation Form – United States

CDC ID: ___________________________

Instructions: Please complete the following form for each confirmed Ebola viral disease case. Use the "Notes" portion of each section to record additional information regarding potential exposures or contacts or other information that may aid the investigation that is not already captured on the form. If the case was listed as a contact, please use information gathered from the *Ebola Virus Disease Contact Tracing Form* or other applicable questionnaires to populate this form *PRIOR* to the case patient interview.

Ebola Viral Disease Case Investigation Form – United States EID: ______ CDC ID: ______

I. Interview Information

Date of form completed : MM / DD / YYYY   Date case identified: MM / DD / YYYY

Interviewer Information

Interviewer Name (Last, First): ____________________

State/Local Health Department (HD): ____________________

Business Address: ____________________

City: __________ State: ______ Zip: ______County: __________

Phone number: __________ Email address: __________

How was the case identified? *Check all that apply.*

☐ DHS Airport Risk Assessment

Date of Airport Assessment: MM / DD / YYYY   Airport Code: __________

☐ Active Monitoring via State/ Local HD   Name of HD:__________

If yes, why? ☐ Return from an affected country ☐ Contact with a suspect/known case of Ebola

☐ Emergency Room/Hospital/Outpatient Clinic   Facility Name:__________

☐ Other Specify:____________________

Informant Information

Who is providing information for this form?

☐ Patient

☐ Other Name (Last, First): __________ Relationship to patient: __________

Phone Number: __________ E-mail address: __________

Reason patient unable to provide information:

☐ No access because of isolation ☐ Patient deceased ☐ Patient too ill to be interviewed

☐ 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. Ebola Patient Demographic and Contact Information

Patient 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: _______________

Notes:

III. Hospitalization and Laboratory Information

Patient Hospitalization

At the time of this interview, is the patient hospitalized? ☐ Yes ☐ No

If yes, date of admission: MM / DD / YYYY Patient ID: ______________________________

Facility Name:__________________________________ City: __________________ State: _________

Physician Name (Last, First): ______________________ Contact Information: _____________________

At the time of this interview, is the patient being treated under isolation precautions? ☐ Yes ☐ No

If yes, date of isolation: MM / DD / YYYY

Did the patient previously seek health care for this illness? ☐ Yes ☐ No ☐ Unknown

If prior hospitalization information is unknown, Section IV. Medical History (page 5), allows for the collection of this information.

Date(s) of visit	Facility Name	City	State	Was the patient isolated?
				☐ Yes ☐ No ☐ Unknown
				☐ Yes ☐ No ☐ Unknown
				☐ Yes ☐ No ☐ Unknown

Laboratory Testing

Collection date (MM/DD/YYYY)	Location of Test	Test Performed (e.g. PCR, BioFire Defense FilmArray)	Test date (MM/DD/YYYY)	Result
	☐ LRN ☐ CDC			☐ Positive ☐ Negative ☐ Inconclusive
	☐ LRN ☐ CDC			☐ Positive ☐ Negative ☐ Inconclusive
	☐ LRN ☐ CDC			☐ Positive ☐ Negative ☐ Inconclusive
	☐ LRN ☐ CDC			☐ Positive ☐ Negative ☐ Inconclusive

Notes:

IV. Medical History

Did you previously seek health care for this illness? ☐ Yes ☐ No

Date(s) of visit	Facility Name	City	State

Do you have any known medical conditions? ☐ Yes ☐ No

If yes, please describe: ______________________________

____

____

____

If the patient is female. Are you pregnant? ☐ Yes ☐ No ☐ Unknown

Do you take any medications for your medical conditions? ☐ Yes ☐ No

If yes, please describe: ______________________________

____

____

____

V. Symptom Onset Information

When did you first begin to feel any symptoms, including fatigue or generally not feeling well?

Date of symptom onset: MM / DD / YYYY *Refer to the patient's answer as [Date of Onset]*

Please see the Symptom Onset Table on Page 6.
Use the information collected in the following question to populate this table.

Please describe the course of your illness from *[Date of Onset]* until the day you were admitted to the hospital:

____

____

____

____

Please describe the course of your illness from *[Date of Onset]* until the day you were admitted to the hospital.

Continued from Page 5.

Since [date of onset], which of the following have you experienced?	If yes, date symptom began (___/___/_____)	Is this symptom unusual for you to experience?*	Did the symptom become more severe?
☐ Fatigue		☐ Yes ☐ No	☐ Yes ☐ No
☐ Fever/Feverish Temp:_____		☐ Yes ☐ No	☐ Yes ☐ No If yes, Date: ___/___/_____ Temp:_____
☐ Headache		☐ Yes ☐ No	☐ Yes ☐ No
☐ Stomach Pain		☐ Yes ☐ No	☐ Yes ☐ No
☐ Muscle Pain		☐ Yes ☐ No	☐ Yes ☐ No
☐ Diarrhea		☐ Yes ☐ No	☐ Yes ☐ No
☐ Unexplained Bruising/Bleeding		☐ Yes ☐ No	☐ Yes ☐ No
☐ Vomiting		☐ Yes ☐ No	☐ Yes ☐ No
☐ Other		☐ Yes ☐ No	☐ Yes ☐ No
☐ Other		☐ Yes ☐ No	☐ Yes ☐ No

*Example: Recent headache would not be unusual for a patient with chronic migraines

VI. Activity Log from Date of Symptom Onset

Use the following guiding questions to describe the patient's whereabouts and activities for each day between date of symptom onset and hospitalization: What did you do on the day that you first felt any symptoms? Did you go to work/school? How did you get there? Who did you interact with? Did you engage in any physical activity or group sports? Did you attend any community or organizational meetings? Did you eat out at any restaurants? Did you partake in any social activities?

Date of Symptom Onset: ____________________

MM / DD / YYYY : ____________________

MM / DD / YYYY : ____________________

____

____

____

Date of Hospitalization: ______________________________

____

____

____

____

____

____

Please use the above notes to begin populating the
(1) List of Community Contacts Since Date of Symptom Onset and
(2) List of Occupational Contacts Since Date of Symptom Onset.

<u>*Guidance for Interviewer on Defining Contacts</u>

Type of Contact	Description	Examples
Casual Contact	Brief interactions with a symptomatic suspect/known case of Ebola.	Walking by the case patient; being in the same room for a very short period of time.
Close Contact	Within approximately 3 feet of a symptomatic suspect/known case of Ebola for a prolonged period of time (at least one hour) without wearing appropriate Personal Protective Equipment (PPE).	Riding in a vehicle with the case patient for more than one hour; Sitting next to the case patient during a three-hour business meeting.
Direct Contact	Directly touching a symptomatic suspect/known case of Ebola OR the blood or body fluids of a symptomatic suspect/known case of Ebola.	Shaking hands; Giving a hug.

Please ensure that both domestic and international contacts are listed.

List of Community Contacts* Since Date of Symptom Onset

Use the following as probing questions to supplement the initial list of contacts generated: Is there anyone else you may have interacted with at [Restaurant X]? Did you meet with any business partners/colleagues that you do not normally interact with? Did you interact with anyone at your child's school (teacher, classmates, other parents, etc.)?

No	First name	Last name	Sex	Relation to case	Last contact date	Street address	City	State	Phone	Description of interaction
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

**** See page 8 for Guidance for Interviewer on Defining Contacts.***

List of Community Contacts* Since Date of Symptom Onset

Use the following as probing questions to supplement the initial list of contacts generated: Is there anyone else you may have interacted with at [Restaurant X]? Did you meet with any business partners/colleagues that you do not normally interact with? Did you interact with anyone at your child's school (teacher, classmates, other parents, etc.)?

No	First name	Last name	Sex	Relation to case	Last contact date	Street address	City	State	Phone	Description of interaction
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

***** See page 8 for Guidance for Interviewer on Defining Contacts.***

VII. Animal Contact Information

Since [date of onset], have you had any contact with any animals (pets, wildlife, livestock, or other animals), either at your home or away from your home, including work?

☐ Yes ☐ No ☐ Unknown

If yes, please provide details:

Animal species	Number of animals	Where located

Notes:

If the case was previously listed as a contact, please use information gathered from the "Ebola Virus Disease Contact Tracing Form" to populate the following fields PRIOR to the case patient interview.

VIII. Domestic Epidemiological Risk Factors and Exposures

In the three weeks before becoming ill, 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 in the United States? ☐ Yes (Complete this section) ☐ No (Skip to Page 16, Section IX)

1. In the three weeks before becoming ill, 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, in the three weeks before becoming ill, 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. Domestic Community Contact with a Suspect/Known Case of Ebola

1. Please provide the name of the suspect/known Ebola case with whom you had contact.

   (Last, First): ____

   Please list each date of contact and provide a description:____

   ____

   ____

   ____

   ____

2. 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 List each date of contact: ______________________________

3. 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)?

   ☐ Yes ☐ No ☐ Unknown

   If yes, list each date of contact: ____

   If yes, 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. 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) while he/she is ill? ☐Yes ☐No ☐Unknown
   If yes, list each date of contact: ______________________________

5. 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: ______________________________

6. 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: ______________________________

7. 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. Domestic Health Care Worker Exposure

1. Specific healthcare-associated job: ☐ Doctor ☐ Nurse ☐ Clinical Assistant/Technician ☐ Volunteer ☐ Administrative Position ☐ Other: ______________________________

2. Please provide the name of the suspect/known Ebola case with whom you had contact.
   (Last, First): ______________
   Please list each date of contact and provide a description:______________________________
   ____
   ____
   ____

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, list each date of contact: ____________________

   If yes, 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:____________________

   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: ____________________

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: ____________________

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: ____________________

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

C. Domestic 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: ____________________

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

D. Domestic 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: ____________________

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

IX. International Epidemiological Risk Factors and Exposures

In the three weeks before becoming ill, did you travel to an Ebola-affected country? ☐ Yes (Complete this section) ☐ No (Skip to Section X)

A. International Travel History

1. Which countries did you travel to outside of the United States in the 3 weeks before becoming ill?

   Country: ______________________ Dates: MM / DD / YYYY to MM / DD / YYYY

   Country: ______________________ Dates: MM / DD / YYYY to MM / DD / YYYY

   Country: ______________________ Dates: MM / DD / YYYY to MM / DD / YYYY

2. What was your reason for traveling? ☐ Country of Residence ☐ Business ☐ Humanitarian Work ☐ Visiting Family/Friends ☐ Tourism ☐ Other: ______________________

3. What is your reason for traveling to the United States? ☐ Country of Residence ☐ Business ☐ Tourism ☐ Immigration ☐ Visiting Family/Friends ☐ Other: ______________________

4. Transit Points: ______________________

5. When did you return to the United States? MM / DD / YYYY

6. While in [Ebola-affected country], 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 in a non-healthcare setting?

   ☐ Yes (Complete Part B) ☐ No

7. While in [Ebola-affected country], did you provide health care for a suspect/known case of Ebola?

   ☐ Yes (Complete Part C) ☐ No

8. While in [Ebola-affected country], did you process blood/body fluids of a suspect/known case of Ebola in a laboratory setting?

   ☐ Yes (Complete Part D) ☐ No

9. While in [Ebola-affected country], did you have direct contact (hunt, touch, eat) with animals or uncooked meat before becoming ill?

   ☐ Yes (Complete Part E) ☐ No

Notes:

B. International Contact with a Suspect/Known Case of Ebola

1. Name of suspect/known case of Ebola (Last, First): ___________________ Relationship:_______________
   Please list each date of contact: ____
2. 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
3. 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)?
   ☐ Yes ☐ No ☐ Unknown
   If yes, list each date of contact: ____
4. 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: ____
5. Did you have any direct contact with a suspect/known case of Ebola (e.g. shaking hands) no matter how brief? ☐Yes ☐No ☐Unknown
   If yes, list each date of contact: ____
6. 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: ____
7. 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: ____
8. Did you directly handle dead bodies in [Ebola-affected country]? This might include participating in funeral or burial rites or any other activities that involved handling dead bodies. ☐ Yes ☐ No ☐ Unknown
   If yes, please fill out the following table:

Name of Deceased	Relation to Case	Dates of Funeral Attendance	Location (City, State)

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: ____

10. Did you ride in a vehicle that may have been used to transport a suspect/known case of Ebola?
 ☐ Yes ☐ No ☐ Unknown

Notes:

C. International Health Care Worker Exposure

1. Specific healthcare-associated job: ☐ Doctor ☐ Nurse ☐ Clinical Assistant/Technician ☐ Cleaning Staff
 ☐ Administrative Position ☐ Volunteer ☐ Other: ______________________________
2. Were you associated with any humanitarian organizations/agencies in the country? ☐ Yes ☐ No
 Name of organization: ______________________________
 Healthcare Facility Name: ______________________________
 Street Address: ______________________________
 Village/City: ________________ Prefecture/District/County: ________________
3. Please describe your clinical duties: ______________________________
 ____
4. What kind of PPE did you use? *Check all that apply.* ☐ None ☐ Gown (impermeable) ☐ Facemask
 ☐ N95 or Other Respirator ☐ Eye Protection (goggles or face shield) ☐ Body Suit ☐ Gloves
 ☐ Other: ______________________________
5. Did any breaches in PPE take place? ☐ Yes ☐ No ☐ Unknown
 If yes, describe: ______________________________
6. Last date(s) of contact with a symptomatic known/suspect case of Ebola: MM / DD / YYYY

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

D. International Laboratory Worker Exposure

1. Last date of blood/body fluid exposure: MM / DD / YYYY
2. What body fluids were you in contact with? *Check all that apply.* ☐ Blood ☐ Urine
   ☐ Other:______________________________
3. What kind of PPE did you use? *Check all that apply.* ☐ None ☐ Gown (impermeable) ☐ Facemask
   ☐ N95 or Other Respirator ☐ Eye Protection (goggles or face shield) ☐ Body Suit ☐ Gloves
   ☐ Other: ______________________________

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

E. International Zoonotic Exposure

Animal or source of meat:______________________________

Type of contact *Check all that apply.* ☐ Hunt ☐ Touch ☐ Eat ☐ Other: ______________________________

X. Patient Outcome Information

Please fill out this section at the time of patient recovery and discharge from the hospital OR at the time of patient death.

Date outcome information completed: MM / DD / YYYY **Final status of patient:** ☐ Alive ☐ Deceased

If the patient has recovered and been discharged from the hospital:

Facility name at discharge:______________________________ City:____________________ State:_________

Date of isolation discharge (if applicable): MM / DD / YYYY

If the patient is deceased:

Date of Death: MM / DD / YYYY City: ______________________________ State:_____________

Was an autopsy or other medical examination performed on the body? ☐ Yes ☐ No ☐ Unknown

Date of autopsy/medical examination: MM / DD / YYYY

What was the final disposition of the body? ☐ Cremation ☐ Burial

If cremated: Date of cremation: MM / DD / YYYY

Cremation facility:______________________________________ City:________________ State:___________

Crematorium Point of Contact: ____________________________ Contact Information : __________________

If buried: Date of funeral/ burial: MM / DD / YYYY

Was the body prepared for burial (*washed, embalmed, dressed, etc.)?* ☐ Yes ☐ No ☐ Unknown

Who prepared the body for burial? ☐ Funeral home/Mortuary ☐ Family/Friends ☐ Religious community

Funeral home name:______________________________ City:_________________ State:____________

Funeral Home Point of Contact: ___________________________ Contact Information : _________________

Place of burial: ____________________________________ City:________________ State:_____________

Please ensure that all individuals who touched or handled the body of an Ebola case are added to the List of Occupational Contacts of a Confirmed Ebola Virus Disease Case (page 21).

Ebola Viral Disease Case Investigation Form – United States

EID: ______ CDC ID: ______

List of Occupational Contacts* of a Confirmed Ebola Virus Disease Case (e.g. Health care Workers, Laboratory Workers, Funeral Home Staff)

No	First name	Last name	Sex	Occupation	Affiliation	Street address	City	State	Phone	Description of interaction
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

***** See page 8 for Guidance for Interviewer on Defining Contacts.***