

Ebola Virus Disease – Interim Public health follow-up form

For asymptomatic returning travellers from an affected country/area or close contacts of an Ebola virus disease case

October 22, 2014

(1) Case Information			
Last name: _____ First name: _____ Date of Birth: (dd/mm/yyyy) _____			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____			
Usual residential address: _____ _____			
City: _____		Province/Territory: _____	
Postal code: _____		Phone number(s): (____) _____ - _____ home	
		(____) _____ - _____ cellular	
		(____) _____ - _____ work	
(2) Administrative Information <i>(applicable only for contacts of individuals known or highly likely to have Ebola virus disease and not for returning travellers)</i>			
Report Date: _____ (dd/mm/yyyy)			
iPHIS ID #: _____			
Diagnosing Health Unit: _____		Responsible Health Unit: _____	
Branch office: _____			
Name of public health unit person reporting: _____			
Telephone #: () ____ - _____			
Email: _____			
(3) Exposure			
Travel to a country/area affected by EVD: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
EVD at risk city/village visited	Location of stay during visit (hotel name, other details)	Date arrived (dd/mm/yyyy)	Date departed (dd/mm/yyyy)

Investigator's Initial: _____ Designation PHI PHN Other, specify: _____

Exposure to someone known or highly likely to have EVD

Yes No Unknown

If yes, date of first exposure (dd/mm/yyyy): _____

If yes, date of most likely exposure (dd/mm/yyyy): _____

If yes, date of last exposure (dd/mm/yyyy): _____

Please provide additional details:

Please check as many exposures that apply when in affected country/area:

- Had percutaneous or mucous membrane exposure or direct skin contact with body fluids of a person known or highly likely to have EVD (*High Risk Exposure*)
- Provided health care for a person known or highly likely to have EVD
 - With** appropriate personal protective equipment (PPE) (*Intermediate Risk Exposure*)
 - Without** appropriate personal protective equipment (PPE) (*High Risk Exposure*)
- Had sexual contact with a person known or highly likely to have EVD (regardless of condom use) (*High Risk Exposure*)
- Had direct or close contact (i.e., within one metre) of a person known or highly likely to have EVD; this includes household or family contacts or those seated next to the person on an airplane. Please note, close contact constitutes more than just walking by the person (*High Risk Exposure*)
- Laboratory processing of body fluids of a person
 - With** appropriate personal protective equipment (PPE) (*Intermediate Risk Exposure*)
 - With** appropriate biosafety precautions (*Intermediate Risk Exposure*)
 - Without** appropriate personal protective equipment (PPE) (*High Risk Exposure*)
 - Without** appropriate biosafety precautions (*High Risk Exposure*)
- Touched a dead body in the geographic area where the outbreak is occurring without appropriate PPE
 - With** appropriate personal protective equipment (PPE) (*Intermediate Risk Exposure*)
 - Without** appropriate personal protective equipment (PPE) (*High Risk Exposure*)
- Handled or consumed bats or other bush meat from a EVD-affected country/area (*High Risk Exposure*)
- Was a patient, visitor or worker in a health care facility where EVD is circulating
 - There was a known patient with EVD in the health care facility (*Low Risk Exposure*)
 - There was **NO** known patient with EVD in the health care facility (*Low Risk Exposure*)
- Interacted with a person known or highly likely to have EVD but without direct or close contact (e.g., did not touch the person or their bodily fluids and did not come within one metre of the person, except for just walking by them) (*Low Risk Exposure*)

- Was in an affected country/area **AND** had no known potential exposures (e.g., no contact with an ill or dead person or their bodily fluids, or a health care setting, or bush meat or bats) (*Very Low Risk Exposure*)

Please provide additional details:

(4) Public Health Follow-up

Please check all public health actions required regarding this asymptomatic traveller or close contact :

- Provide counselling regarding symptoms compatible with EVD, checking temperature twice daily, monitoring for symptoms for 21 days after leaving an affected area, and steps to take should illness develop as per the [Temperature Recording Form](#)
- Provide individual with the [Temperature Recording Form](#)
- Conduct follow up to ensure no fever or other symptoms develop using the [Ebola Virus Disease \(EVD\) Interim Risk Assessment and Evaluation of Returning Travellers](#)
- Provide recommendations and counselling according to the EVD Exposure Risk Level as per the [Ebola Virus Disease \(EVD\) Interim Risk Assessment and Evaluation of Returning Travellers.](#)

Please provide details of advice given:

Daily contact follow-up form
 iPHIS case ID #: _____

Clinical Update Form for Individuals Requiring EVD follow-up

Last Name: _____ First Name: _____ Date of Birth: _____ (dd/mm/yyyy)

Date of last exposure (dd/mm/yyyy) _____ Date that is 21 days from last exposure (dd/mm/yyyy) _____

Follow-up Date (dd/mm/yyyy) Number of days since last exposure	Temperature Recording		Symptoms	Comments / Action Items	Person in health unit completing form
	Check 1/AM	Check 2/PM			
			<input type="checkbox"/> Severe headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		
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