

Ebola Case Report Form

Confirmed Case

Public health units should **submit** this form to Public Health Ontario (PHO) **within 24 hours** of being notified about a confirmed case of Ebola virus disease (EVD).

Public health units should enter the information from this form in the integrated Public Health Information System (iPHIS), as well as send an iPHIS referral to PHO with a scanned copy of this form. Public health units should also notify PHO of the iPHIS case ID by telephone at 647-260-7619 (during business hours) or 416-325-3000/ 1-800-268-6060 (after hours).

If the information cannot be entered into iPHIS, public health units should submit the form to PHO by secure fax (647-260-7603) without including personal identifiers on the fax.

Public health units should not submit this form directly to the Ministry of Health and Long-Term Care or the Public Health Agency of Canada. PHO will communicate information from this form to the provincial and federal governments as needed.

Persons under Investigation

Public health units should start to complete this form for a person under investigation (PUI) for EVD – particularly for a PUI where there is a high index of clinical suspicion. Public health units should enter PUIs into iPHIS within 24 hours of notification.

(1) Case Information	
Last name: _____ First name: _____	
Date of Birth:(yyyy/mm/dd) _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
Usual residential address: _____	
City: _____	Province/Territory/Country : _____
Postal code: _____	
Address in Ontario if different than above: _____	
City: _____	Postal code: _____

(1) Case Information

Phone number(s): () - home
() - cellular
() - work

(2) Administrative Information

- Initial report
- Updated report

Report Date: (yyyy/mm/dd) _____

iPHIS ID #: _____

Diagnosing health unit: _____ Responsible Health Unit: _____

Branch office: _____

Name of public health unit contact: _____

Telephone #: () - _____

Email: _____

(3) Case Classification

(refer to the Ministry of Health and Long-Term Care's EVD Case Definitions at www.ontario.ca/ebola)

- Confirmed
- Person under investigation

(4) Symptoms (check all that apply)

Date of onset of first symptom(s):
(yyyy/mm/dd) _____

Date of first presentation to
medical care: (yyyy/mm/dd)

City where individual became ill:

Country _____

- Abdominal pain
- Bleeding not related to injury
(petechiae, ecchymosis,
epistaxis, blood in stool)
- Conjunctival injection
- Diarrhea
- Fever $\geq 38^{\circ}\text{C}$
- Severe headache
- Unexplained hemorrhage

- Malaise
- Myalgia
- Rash
- Pharyngitis
- Vomiting
- Other, specify:

(5) Clinical Information, Hospitalization, Complications and Outcome

Laboratory testing completed

Lab ID	Specimen collection date (yyyy/mm/dd)	Test performed	Specimen type	Test results	Test reporting date (yyyy/mm/dd)

Please list any locations the individual accessed medical care, including current location if currently hospitalized.

Location: _____ Date: (yyyy/mm/dd) _____

Location: _____ Date: (yyyy/mm/dd) _____

Location: _____ Date: (yyyy/mm/dd) _____

Case hospitalized? Admission date: (yyyy/mm/dd) _____

Yes No Unknown

Case admitted to the Critical Care Unit (CrCU)? CrCU admission date: (yyyy/mm/dd) _____

Yes No Unknown

Patient isolated in hospital? If yes, specify type of isolation (e.g. droplet, contact or airborne precautions):

Yes No Unknown

Specify when isolation began (yyyy/mm/dd and time):

Required aerosol-generating procedure? Yes No Unknown

If yes, was the procedure completed in airborne isolation?: Yes No Unknown

Case discharged from hospital? Discharge date 1: (yyyy/mm/dd) _____

Yes No Unknown

Current disposition: Recovered Stable Deteriorating

Deceased, if so, please indicate date: (yyyy/mm/dd) _____

(6) Exposures in the 21 days before symptom onset
a) Travel history

Complete the following section if the case was in an EVD-affected country.
 Please specify the following:

City/ village/ country	Location in the city/village (hotel name & address, residence address, etc.)	Arrival date (yyyy/mm/dd) *if applicable	Departure date (yyyy/mm/dd)

Did the patient have EVD symptoms during travel? Yes No Unknown

If yes, please specify the following for all travel while the case was symptomatic:

Travel type	Carrier name	Flight number	Seat #	City of origin	Destination city	Dates of travel (yyyy/mm/dd)

6.b) Exposure risk levels – complete the following section for all EVD cases

Please check as many exposures that apply to the case within 21 days prior to symptom onset.

- Had percutaneous or mucous membrane exposure to blood or other 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** full appropriate personal protective equipment (PPE) at all times (*intermediate risk exposure*)

6.b) Exposure risk levels – complete the following section for all EVD cases

- without** full, appropriate PPE at all times (*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 of a person known or highly likely to have EVD **without** full, appropriate PPE at all times (e.g., touched the person or any of their body fluids or was within one metre of them, not including just walking by the person); this includes household contacts or those seated next to the person on an airplane (*high risk exposure*)
- Had direct or close contact with a person known or highly likely to have EVD **with** full, appropriate personal protective equipment at all times (e.g, touched the person or any of their body fluids or was within one metre of them, not including just walking by the person) (*intermediate risk exposure*)
- Processed laboratory specimens/body fluids of a person known or highly likely to have EVD:
 - with** full, appropriate PPE at all times (*intermediate risk exposure*)
 - with** appropriate biosafety precautions at all times (*intermediate risk exposure*)
 - without** full appropriate PPE at all times (*high risk exposure*)
 - without** appropriate biosafety precautions at all times (*high risk exposure*)
- Had direct contact with a dead body in a country affected by EVD OR had contact with the body of a person who had or may have had EVD
 - with** full, appropriate PPE at all times (*intermediate risk exposure*)
 - without** full, appropriate PPE at all times (*high risk exposure*)
- Was in an EVD-affected country AND had no known potential human exposures (e.g., no contact with an ill or dead person or that ill/dead person's body fluids) (*low risk exposure*)
- Had more than transient shared common space with an EVD case not in an affected country, that could result in risk through the shared environment (i.e., shared enclosed workspaces, rooms or washrooms) but no direct contact (*low risk exposure*)

Date of earliest exposure: (yyyy/mm/dd) _____

Date of latest exposure: (yyyy/mm/dd) _____

Date of most likely exposure: (yyyy/mm/dd) _____

Please provide details of exposure(s)/potential exposure(s):

(7) ADDITIONAL DETAILS / COMMENTS