



# Ebola Virus Disease Contact Report Form

<u>INSTRUCTIONS</u>		Panorama Data Entry Guidance
<ul style="list-style-type: none"> <li>Confidential when completed</li> </ul>		
<b>PERSON REPORTING</b>		Review /update using the links on the top right hand corner: >My Account >>User Profile If entering data on behalf of someone else, record in >Notes when the investigation is context.
Health Authority: <input type="checkbox"/> FHA <input type="checkbox"/> FNHA <input type="checkbox"/> IHA <input type="checkbox"/> NHA <input type="checkbox"/> VCH <input type="checkbox"/> VIHA		
Name: _____ <small style="margin-left: 40px;">Last      First</small>	Phone Number: _____ ext. _____	
Email: _____	Fax Number: _____ Date case report form completed: _____ <small style="margin-left: 150px;">YYYY / MM / DD</small>	
Contact Attempts (Date and Time):      Report received in health authority: <small>YYYY / MM / DD</small> <input type="checkbox"/> Not Located		Record in: >Investigation >>Investigation Details >>>Reporting Notifications as Report Date (Received) <b>If required:</b> Record contact attempts in >Investigation >>Encounter Details Use disposition to indicate "not located" or other stages of the investigation. "Monitoring in progress" should be used during 21 day monitoring period >Investigation >>Investigation Details
1. _____ <input type="checkbox"/> Interview	3. _____ <input type="checkbox"/> Interview	
2. _____ <input type="checkbox"/> Interview	4. _____ <input type="checkbox"/> Interview	
<b>CONTACT INFORMATION</b>		
Name: _____ <small style="margin-left: 40px;">Last                      First                      Middle</small>		Record or review and update in >Subject >>Client Details >>>Personal Information Select this address as "Client Home Address at Time of Initial Investigation" in >Investigation >>Investigation Details >>>Investigation Information
Date of Birth: _____ <small style="margin-left: 40px;">YYYY / MM / DD</small>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Personal Health Number: _____	Health Authority ID: (E.g., Panorama client/ investigation ID)	
Phone Number (home/work/mobile): _____ - _____ ext. _____		
Address: <small>Unit #</small> <small>Street #</small> <small>Street Name</small> <small>City</small>		
Postal Code: _____	Province: _____ Interview conducted with: (E.g., Proxy)	
Who reported contact to public health: _____		Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>Ebola Contact UDF
<b>A. PHYSICIAN INFORMATION</b>		
Physician Name: _____ <small style="margin-left: 40px;">Last                      First</small>		Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>Ebola Contact UDF
Physician Phone: _____ - _____ ext. _____		



## B. TRAVEL

In the last 21 days, have you lived, visited or worked in areas where EVD transmission is widespread and intense\*:

Yes  No  Unknown

Are you a returning health care or aid worker?  Yes  No  Unknown

If yes, specify type of work (E.g., nurse, doctor, epidemiologist):

*Note: Document all legs of travel during trip including locations outside of EVD affected areas. Record each Country and dates the client arrived and departed from that Country on a separate line. In some situations a Country may not have both arrival and departure dates (E.g., date arrived back in Vancouver would have arrival date and no departure)*

Country	City/village	Location of stay during visit (hotel name, other details)	Arrival date (yyyy/mm/dd)	Departure date (yyyy/mm/dd)	Notes (E.g., purpose of travel, activities during travel including work in health care or aid)

\* Affected countries include Liberia, Guinea, Sierra Leone (as of Nov 24 2014)  
[http://apps.who.int/iris/bitstream/10665/143216/1/roadmapsitre\\_14Nov2014\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/143216/1/roadmapsitre_14Nov2014_eng.pdf?ua=1)

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Record each Country and dates the client arrived and departed from that Country on a separate line. In some situations a Country may not have both arrival and departure dates (E.g., date arrived back in Vancouver would have arrival date and no departure)



## C. CASE CONTACT

Internationally or in BC have you had contact with a symptomatic probable or confirmed EVD case<sup>1</sup>:

Yes  No  Unknown

If yes,  Probable  Confirmed  Unknown

If yes, date of first exposure to a probable or confirmed EVD case (yyyy/mm/dd): \_\_\_\_\_

If yes, date of most likely exposure to a probable or confirmed EVD case (yyyy/mm/dd): \_\_\_\_\_

If yes, date of last exposure to a probable or confirmed EVD case (yyyy/mm/dd): \_\_\_\_\_

If yes, name of facility or location where exposure occurred:

If yes, please specify type of exposure in table below:

Exposure	Response	Notes/Details
Are you a Health Care Worker in BC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, assess PPE)	
Did you provide care for a probable or confirmed case (E.g., health care worker)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, assess PPE)	
Came in direct contact with EVD patients or fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, assess PPE)	
Involved in laboratory processing of body fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, assess PPE)	
Direct exposure to human remains (e.g., through participation in funeral or burial rites)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, assess PPE)	
Had percutaneous or mucous membrane exposure or direct skin contact with body fluids of a probable or confirmed case	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, assess PPE)	
Had direct or close contact with a probable or confirmed EVD case while ill (Excluding health care worker contact) <ul style="list-style-type: none"> <li><input type="checkbox"/> household or family contact</li> <li><input type="checkbox"/> sexual contact (regardless of condom use)</li> <li><input type="checkbox"/> seated directly next to the person on a conveyance</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, assess PPE)	
Handled or consumed bats or other bush meat from a EVD-affected country/area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

*If contact identifies any exposures please complete the following section on PPE*

Was PPE and appropriate infection control/biosecurity precautions used every time there was contact with a probable or confirmed case of EVD?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was there ever a breach in PPE during or after contact with a probable or confirmed case/fluids of EVD	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  If yes, describe breach (E.g., needle stick, touch fluids directly):
Further details (E.g., What was the process for putting on/removing the PPE, what was the type of PPE?)	

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<sup>1</sup> <http://www.phac-aspc.gc.ca/id-mi/vhf-fvh/national-case-definition-nationale-cas-eng.php>



## D. PUBLIC HEALTH ASSESSMENT

Contact classification<sup>2</sup>:  Person at low risk  Person at risk  Person at higher risk

*Incubation Period should be calculated from the last contact with case or date in country of EVD transmission or through consultation with MHO*

Incubation start date: (yyyy/mm/dd):

Incubation end date: (yyyy/mm/dd):

Public health actions:

Movement restriction  Employment restrictions  other restriction: \_\_\_\_\_

Self- monitoring  Active monitoring

Frequency of active monitoring:  Daily  Weekly  Other: \_\_\_\_\_

Classification:

Contact-person under investigation

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Incubation period should be used as the 21 day monitoring period.

Calculation of incubation period should be: Current date minus last exposure date. (Only counts days that are past) e.g. Current date: 2014-NOV-19 (Weds) with Last exposure date: 2014-NOV-18 (Tues) = 1 day since last exposure.

Investigation classification of "contact-person under investigation" will be used for all contacts. "Contact-not a contact" should be used for contacts entered in error.

Contacts that become symptomatic should be reported a "case-person under investigation" until lab testing is completed. If negative, classification should be updated to "contact-person under investigation".

## E. SOCIAL & MEDICAL CONSIDERATIONS

The following questions are asked to help inform the public health actions to support a client during their monitoring period

Do you have any medical conditions that require routine appointments? Do you have any scheduled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, describe
Are you taking any medications (prescription and over the counter):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, describe
What is your living situation (E.g., who do you live with or have routine interaction with?):	Describe
Are there times you would be taking public transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, describe
What activities you would normally be doing during the incubation period (E.g., work, sports teams, groups, etc)?	Describe:
Do you have animal contact (this includes pets, wildlife and farm contact)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify animal and type of contact (E.g., daily in home, once a week)

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<sup>2</sup> Reference to contact guideline  
Version Date: February 27, 2015



## F. PUBLIC HEALTH ACTIONS

Check all public health actions taken regarding this contact :

- Provide counselling regarding symptoms compatible with EVD, checking temperature twice daily, monitoring for symptoms for 21 days since last contact, and steps to take should illness develop
- Provide a monitoring form and thermometer
- Provide recommendations regarding movement restrictions
- Conduct follow up to ensure no fever or other symptoms develop (see monitoring form)
- Report to BCCDC (604-707-2400) if the client has reported animal contact in Section E

Points to consider during counselling:

Transportation plan (E.g., plan to get client to level 2 hospital, and a back-up plan, contact person and tel # for BC Ambulance, etc)	
Nearest Type 2 hospital (E.g., name of hospital also include name and contact info for contact person at hospital should the client become symptomatic)	
Nearest Health Care Centre	
Arrangements for self-isolation	
Arrangements for monitoring and public health assessment	
Arrangements if client should identify symptoms	
Arrangements for employment Occupation:  Employer:	
Arrangements for transportation	

Are you concerned about non-compliance?

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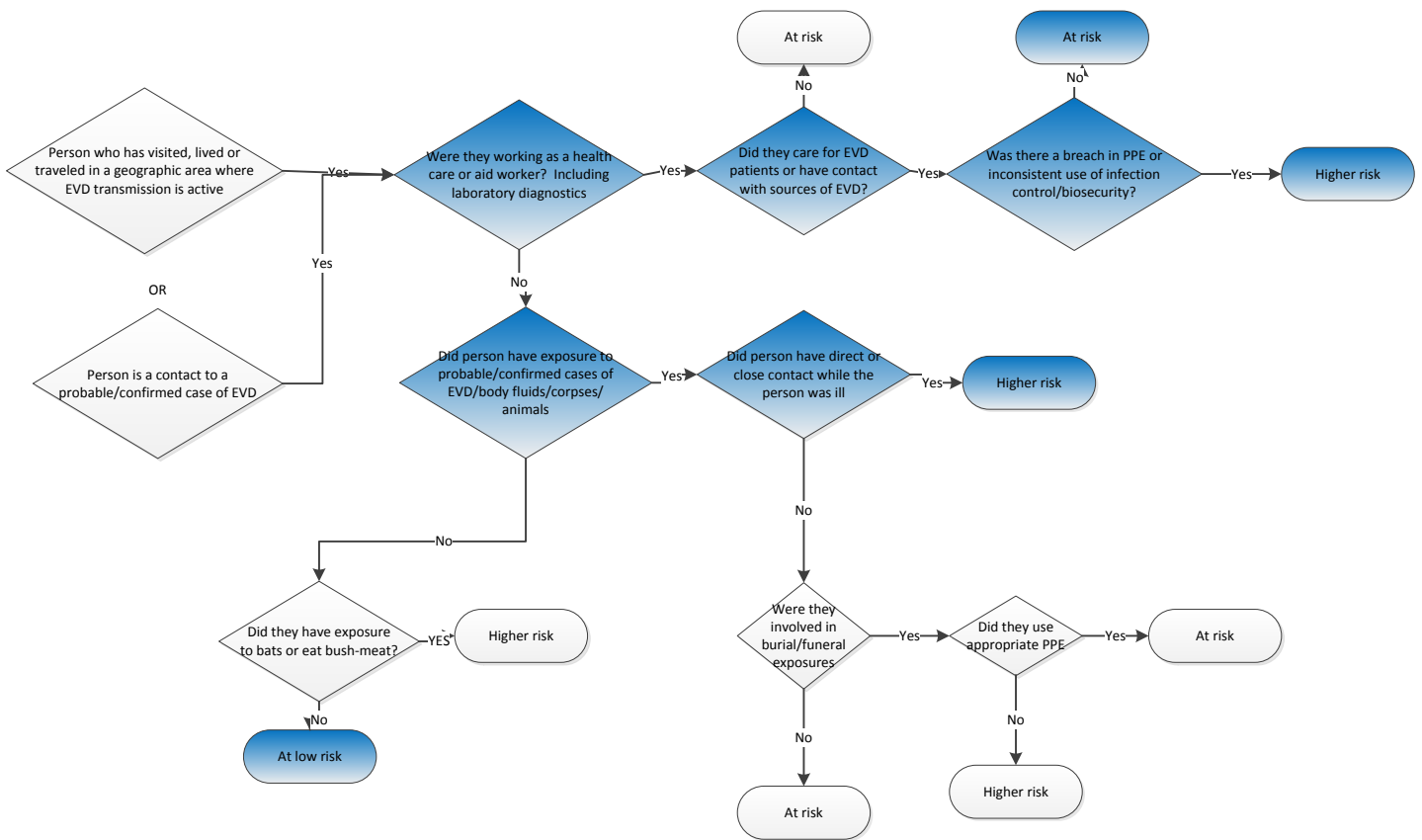


## G. NOTES

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### Additional Panorama guidance

1. In Panorama, investigation status will be used to indicate whether monitoring is occurring or complete. Status=Open indicates monitoring is occurring, Status=Closed indicates monitoring is complete.
2. If a contact has multiple exposures (E.g., travels to EVD area multiple times) a new investigation and UDF should be used for each 21 day monitoring period.
3. If a different person does the assessment from the person doing entry into Panorama for daily/weekly monitoring then both names should be entered into the single field "assessment completed by" with a clear indication of the individual who did the entry (E.g., Assessment completed by: MHO *name*, transcribed by Nurse *name*).



Cells shaded in blue for assessment of contacts in BC

Assessment of Ebola Contacts  
November 24, 2014