



**INSTRUCTIONS**

- Confidential when completed

**PERSON REPORTING**

Health Authority:  FHA  FNHA  IHA  NHA  VCH  VIHA

Name: \_\_\_\_\_ Phone Number: ( ) - ext.  
*Last First*

Email: \_\_\_\_\_ Fax Number ( ) - ext.

Date case report form completed: \_\_\_\_\_  
YYYY / MM / DD

Contact Attempts (Date and Time): Report received in health authority: YYYY / MM / DD  Not Located

1. \_\_\_\_\_  Interview 3. \_\_\_\_\_  Interview  
2. \_\_\_\_\_  Interview 4. \_\_\_\_\_  Interview

**CONTACT INFORMATION**

Name: \_\_\_\_\_  
*Last First Middle*

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
YYYY / MM / DD

Personal Health Number: \_\_\_\_\_ Health Authority ID:  
(E.g., Panorama client/  
investigation ID)

Phone Number (home/work/mobile): ( ) - ext.

Address: \_\_\_\_\_  
*Unit # Street # Street Name City*

Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_ Interview conducted with:  
(E.g., Proxy)

Who reported contact to public health:

**A. PHYSICIAN INFORMATION**

Physician Name: \_\_\_\_\_  
*Last First*

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)

## 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<br>(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<br>(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<br>(If yes, assess PPE) |               |
| Involved in laboratory processing of body fluids  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br>(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<br>(If yes, assess PPE) |               |

<sup>1</sup> [http://www.phac-aspc.gc.ca/id-mi/vhf-fvh/assets/pdf/evd\\_crf-mvd\\_fdc-eng.pdf](http://www.phac-aspc.gc.ca/id-mi/vhf-fvh/assets/pdf/evd_crf-mvd_fdc-eng.pdf)



|  |   |  |
|--|---|--|
| 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<br>(If yes, assess PPE) |  |
| Had direct or close contact with a probable or confirmed EVD case while ill (Excluding health care worker contact)<br><br><input type="checkbox"/> household or family contact<br><input type="checkbox"/> sexual contact (regardless of condom use)<br><input type="checkbox"/> seated directly next to the person on a conveyance<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br>(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<br><br>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?)                                       |   |

## 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<sup>3</sup>

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

Classification:

Contact-person under investigation

<sup>2</sup> <http://www.health.gov.bc.ca/pho/pdf/british-columbia-ebola-virus-disease-evd-contact-investigation-and-management-guideline.pdf>

<sup>3</sup> <http://www.health.gov.bc.ca/pho/pdf/british-columbia-ebola-virus-disease-evd-contact-investigation-and-management-guideline.pdf>



## 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<br><br>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<br><br>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<br><br>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<br>If yes, specify animal and type of contact (E.g., daily in home, once a week) |



## 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
- Create plan with client to report findings of self-monitoring to public health (see monitoring form)
- Report to BCCDC (604-707-2400) if the client has reported animal contact in Section E

Points to consider during counselling:

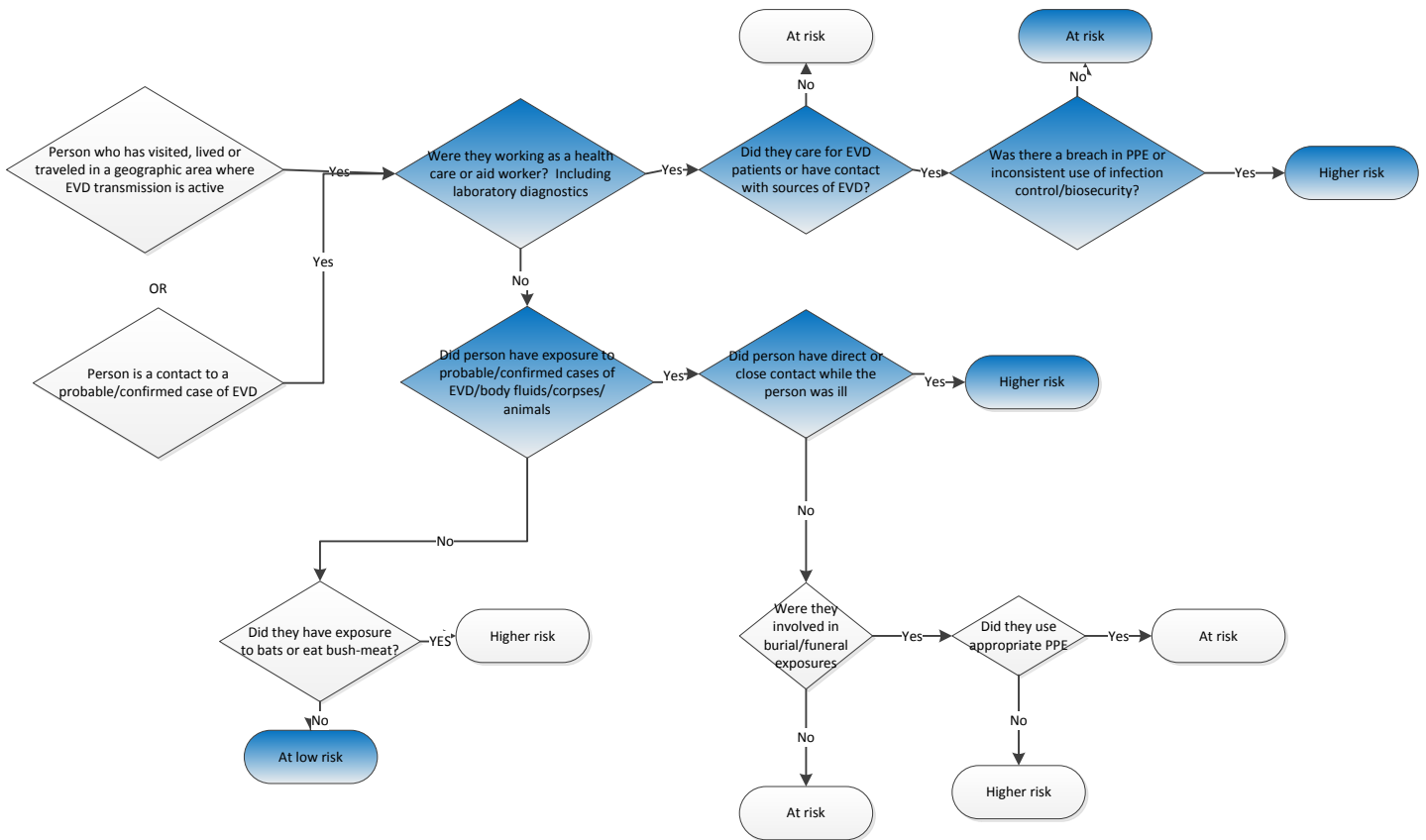
|   |  |
|---|--|
| Transportation plan (E.g., plan to get client to Type 2 hospital, and a back-up plan, contact person and tel # for BC Ambulance, etc)                   |  |
| Nearest Type 2 hospital (E.g., name of hospital also include name and contact info for contact person at hospital should the 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<br>Occupation:<br><br>Employer:   |  |
| Arrangements for transportation   |  |

Are you concerned about non-compliance?



**G. NOTES**

A large, empty rectangular box with a black border, intended for handwritten notes.



Cells shaded in blue for assessment of contacts in BC

Assessment of Ebola Contacts  
November 24, 2014