



Ebola Virus Disease Case Report Form

INSTRUCTIONS		<p>Panorama Data Entry Guidance More details in Section Q, page 9.</p> <p>Review /update in: >My Account >>User Profile</p> <p>If entering data on behalf of someone else, record in >Notes when the investigation is in context.</p> <p>Record date report received in: >Investigation >>Investigation Details >>>Reporting Notifications as Report Date (Received)</p> <p>If required, record in >Investigation >>Encounter Details</p> <p>Use disposition to indicate "not located" or other stages of the investigation >Investigation >>Investigation Details</p>					
<ul style="list-style-type: none"> • Confidential when completed • Case definitions are on page 8 							
PERSON REPORTING 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: _____ <i>Last</i> <i>First</i>	Phone Number: () - ext.						
Email: _____	Fax Number () - ext.						
Date report received by health authority: _____ YYY / MM / DD							
Date case report form completed: _____ YYYY / MM / DD							
Contact Attempts (Date and Time): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. _____ <input type="checkbox"/> Interview</td> <td style="width: 50%;">4. _____ <input type="checkbox"/> Interview</td> </tr> <tr> <td>2. _____ <input type="checkbox"/> Interview</td> <td>5. _____ <input type="checkbox"/> Interview</td> </tr> <tr> <td>3. _____ <input type="checkbox"/> Interview</td> <td>6. _____ <input type="checkbox"/> Interview</td> </tr> </table>		1. _____ <input type="checkbox"/> Interview	4. _____ <input type="checkbox"/> Interview	2. _____ <input type="checkbox"/> Interview	5. _____ <input type="checkbox"/> Interview	3. _____ <input type="checkbox"/> Interview	6. _____ <input type="checkbox"/> Interview
1. _____ <input type="checkbox"/> Interview	4. _____ <input type="checkbox"/> Interview						
2. _____ <input type="checkbox"/> Interview	5. _____ <input type="checkbox"/> Interview						
3. _____ <input type="checkbox"/> Interview	6. _____ <input type="checkbox"/> Interview						
A. CLIENT PERSONAL INFORMATION							
Name: _____ <i>Last</i> <i>First</i> <i>Middle</i>	Record or review and update in >Subject >>Client Details >>>Personal Information						
Date of Birth: _____ YYY / MM / DD	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Unknown						
Health Card Number: _____	Alternate Name(s): _____						
Phone Number (home/work/mobile): () - ext.							
Address: _____ <i>Unit #</i> <i>Street #</i> <i>Street Name</i> <i>City</i>							
Postal Code: _____	Province: _____	Country of Residence (if not Canada): _____					
Address Located on Reserve Administered By: _____							
B. PROXY INFORMATION							
Is respondent a proxy? (e.g., for very ill case, deceased case, child) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
If yes, Last Name: _____ First Name: _____							
Relationship to Case: _____							
Phone Numbers: _____							
Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>Ebola Case Investigation Form							



						Panorama Data Entry Guidance
C. LABORATORY INFORMATION						
Specimen	Site	Collection Date (YYYY/MM/DD)	Test Performed	Test Result (positive, negative, titre & interpretation)	Lab Report Date (YYYY/MM/DD)	
						Record positive and negative lab results in Panorama
						(Section Q)
						Island Health and Northern Health: record in >Investigation >>Lab >>>Lab Quick Entry
						and Interior Health: record in >Notes when the investigation is in context
						All Health Regions: If positive, record Causative Agent in >Investigation >>Disease Summary as Causative Agent
D. PHYSICIAN						
Physician Name: _____ <i>Last</i> _____ <i>First</i>						If required, record in >Investigation >>Investigation Details >>>External Sources
Physician Phone: (_____) _____ - _____ ext. _____						



E. SIGNS AND SYMPTOMS

Onset of first symptom: _____ / _____ / _____ First symptom: _____ Onset of fever: _____ / _____ / _____
YYYY MM DD YYYY MM DD

Sign / Symptom	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed
Abdominal pain/discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anorectal symptoms – bloody stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anorexia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthralgia (sore joints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood in urine (hematuria)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circulatory shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conjunctival injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever ≥ 38°C <i>Highest temperature:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypotension (low blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malaise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myalgia (muscle pain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharyngitis (sore throat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rash, maculopapular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath / breathing difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting blood (hematemesis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, <i>specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Record in >Investigation >>Signs and Symptoms

Select "Set as Onset" and record onset date of first clinically relevant symptom.

For fever:

- Record the onset date.
- Record the highest reported temperature in Observation Details using the Observation Value and Unit fields.

Record additional details (e.g. rash location, severity of headache; site of hemorrhage) in Observation Details in the Observation field.



F. CLINICAL COURSE, HOSPITALIZATIONS, COMPLICATIONS and OUTCOME

Name of the municipality where the case became ill:
(If the case became ill outside of Canada, include the name of the country) _____

Has the case been in any health care facilities since he/she became ill? Yes No Unknown

If yes, complete the list indicating location of the health care facilities and relevant dates:

City, Country	Facility Name	Date First Presented (YYYY/MM/DD)	Date Discharged (YYYY/MM/DD)

How was the case transported to the health care facility?

- Ambulance Medevac Private vehicle Commercial vehicle
 Public transportation Other, *specify*: _____

Hospitalized? Yes No Unknown *If yes, admission date:* _____
YYYY/MM/DD

Admitted to Intensive Care Unit (ICU)? Yes No Unknown *If yes, ICU admission date:* _____
YYYY/MM/DD

Did the case require a ventilator? Yes No Unknown

Was the case appropriately isolated for Ebola precautions while in hospital
(includes droplet and contact precautions)? Yes No Unknown

If yes, indicate the date first placed on Ebola isolation precautions: _____
YYYY/MM/DD

Was there a break in infection prevention and control (IPC) in the management of this case?

- Yes No Unknown *If yes, provide details in the table below:*

Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	Details

Were aerosol generating medical procedures (AGMP) performed while in hospital? Yes No Unknown

If yes, identify type(s) of AGMP, dates and other pertinent details.

Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	Type and Details

Were strategies to limit aerosol generation implemented? Yes No Unknown

Case discharged from the hospital? Yes No Unknown *If yes, discharge date:* _____
YYYY/MM/DD

Record in
>Investigation
>>Investigation
Details
>>>Links &
Attachments
>>>>Ebola Case
Investigation Form

If the client has been
in a health care
facility **in British
Columbia** since
becoming ill, and
contact tracing will be
done specifically on
those exposed in the
health care facility,
record as a
Transmission Event
(Section Q)

If the client was
transported to a
health care facility **in
British Columbia**
and contact tracing
will be done
specifically on those
exposed during
transport, record as a
Transmission Event
(Section Q)



G. TRAVEL

In the 21 days prior to symptom onset, did the case travel outside British Columbia? Yes No Unknown

If yes, please specify the following (submit additional information in Section O or on a separate page, if required):

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)

In the 21 days prior to symptom onset, did the case travel on a plane or other public carrier(s)? Yes No Unknown

If yes, please specify the following (submit additional information in Section O or on a separate page, if required):

Travel Type	Carrier Name	Flight/Carrier #	Seat #	City of Origin	Destination City	Dates of Travel

Record in
>Investigation
>>Investigation
Details
>>>Links &
Attachments
>>>>Ebola Case
Investigation Form

H. Human Exposures

In the 21 days prior to symptom onset, was the case exposed to:

One or more confirmed case(s) of EVD? Yes No Unknown *If yes, how many?* _____

If yes, Date of first exposure: _____ *Date of last exposure:* _____
YYYY/MM/DD YYYY/MM/DD

One or more person(s) under investigation (PUI) for EVD?

Yes No Unknown *If yes, how many?* _____

If yes, Date of first exposure: _____ *Date of last exposure:* _____
YYYY/MM/DD YYYY/MM/DD

If exposed to one or more confirmed case(s) or PUI:

Did the exposure occur in Canada? Yes No Unknown *If no, specify Country:* _____

At the time of exposure, was the source case: Alive Deceased

If deceased, date of death: _____
YYYY/MM/DD

Was the case in contact with the source case as a: household contact caregiver to a family member

sexual contact Health Care Worker (HCW) Other, specify: _____

In the 21 days preceding symptom onset, was the case hospitalized or has he/she spent time in a healthcare facility where cases of EVD are being treated in a country/region with widespread and intense Ebola virus transmission ¹?

Yes No Unknown *If yes, specify where:* _____

If yes, first date of contact with hospital: _____ *Date of last contact with hospital:* _____
YYYY/MM/DD YYYY/MM/DD

Record in
>Investigation
>>Investigation
Details
>>>Links &
Attachments
>>>>Ebola Case
Investigation Form

If an exposure to confirmed / probable case or PUI occurred **in BC**, link to the case investigation for the case/PUI this case was exposed to (Section Q).

If the client was most likely infected while staying in or visiting a **hospital in BC**, record the hospital's details in the Exposure Location section in the Maintain Acquisition Event Details screen (Section Q).



	Panorama Data Entry Guidance
I. HUMAN EXPOSURES <i>continued</i>	
<p>In the 21 days preceding symptom onset, was the case in contact with human remains in a country/region with widespread and intense Ebola virus transmission ¹ (e.g. funerals or burial rites)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>If yes, date of first exposure:</i> _____ <i>Date of last exposure:</i> _____ YYYY/MM/DD YYYY/MM/DD</p> <p>Did the contact with the human remains take place in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>If no, indicate the country in which the contact with human remains took place:</i> _____</p> <p>Was personal protective equipment (PPE) used during contact with human remains? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>If yes, was there a safety breach?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>Ebola Case Investigation Form</p> <p>If an exposure to human remains occurred in BC, record in Acquisition Event Details (Section Q).</p>
J. OCCUPATIONAL AND RECREATIONAL EXPOSURES	
<p>The case is a: <input type="checkbox"/> Medevac Staff <input type="checkbox"/> Consular employee</p> <p><input type="checkbox"/> NGO/Aid Worker <input type="checkbox"/> Expatriate Worker <input type="checkbox"/> Prospector, <i>specify:</i> _____</p> <p><input type="checkbox"/> Mine worker <input type="checkbox"/> Mortician <input type="checkbox"/> Veterinary/animal worker/or game hunter</p> <p><input type="checkbox"/> Laboratory Worker handling Ebola virus or processing body fluids from a case of EVD</p> <p><input type="checkbox"/> HCW ¹ <i>specify:</i> _____ <input type="checkbox"/> Other, <i>specify:</i> _____</p> <p>1. Healthcare worker: defined as individuals who provide health care or support services, such as nurses, physicians, dentists, nurse practitioners, paramedics, some emergency first responders, allied health professionals, unregulated healthcare providers, clinical instructors and students, volunteers and housekeeping staff; have varying degrees of responsibility related to the health care they provide, depending on their level of education and their specific job/responsibilities.</p>	<p>Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>Ebola Case Investigation Form</p>
K. ANIMAL EXPOSURES	
<p>In the 21 days prior to symptom onset, did the case have contact with wild animals in a country/region with widespread and intense Ebola virus transmission? ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>If yes, specify date of last direct contact:</i> _____ <i>Country/City/Village:</i> _____ YYYY/MM/DD</p> <p>What type of animals did the case have direct contact with? (select all that apply):</p> <p><input type="checkbox"/> Primates <input type="checkbox"/> Bats <input type="checkbox"/> Other, <i>specify</i> _____</p> <p>Did the animal display any symptoms of illness or was the animal dead? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Where did the direct contact occur? (select all that apply): <input type="checkbox"/> Home <input type="checkbox"/> Work</p> <p><input type="checkbox"/> Outdoor work / recreation (camping, hiking, hunting, etc.) <input type="checkbox"/> Other, <i>specify:</i> _____</p> <p>In the 21 days prior to symptom onset, did the case consume bush meat? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>If yes, specify last date consumed bush meat:</i> _____ <i>Country/City/Village:</i> _____ YYYY/MM/DD</p> <p>What type of bush meat did the case consume? (select all that apply):</p> <p><input type="checkbox"/> Primates <input type="checkbox"/> Other, <i>specify</i> _____</p>	<p>Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>Ebola Case Investigation Form</p>



		Panorama Data Entry Guidance
L. MINE/CAVE EXPOSURES		
In the 21 days prior to symptom onset, did the case work or spend time in a mine/cave inhabited by bat colonies in a country/region with widespread and intense Ebola virus transmission? ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify date of last direct contact _____ <div style="text-align: center; margin-left: 150px;">YYYY/MM/DD</div>		Record in >Investigation >>Investigation Details >>>Links & Attachments >>>>Ebola Case Investigation Form
M. OUTCOME AT TIME OF REPORTING		
<input type="checkbox"/> Fully Recovered <input type="checkbox"/> Not yet recovered/recovering <input type="checkbox"/> Fatal If died, date of death: _____ <div style="text-align: center; margin-left: 150px;">YYYY/MM/DD</div> <input type="checkbox"/> Other, specify below <input type="checkbox"/> Unknown <input type="checkbox"/> Permanent disability, specify below Specify other outcome / permanent disability: _____		Record in >Investigation >> Outcome (Section Q)
N. CLASSIFICATION		
<input type="checkbox"/> Confirmed <input type="checkbox"/> Person Under Investigation <input type="checkbox"/> Not a Case See page 8 for case definitions.		Record/Update in >Investigation >>Disease Summary
O. NOTES		
		Record in >Notes In order to have the note linked to the investigation, ensure the investigation is in context when creating the note.

1. Refer to the World Health Organization's Ebola Virus Disease (EVD) website for updated information on affected areas: <http://www.who.int/csr/disease/ebola/en/>

Note: This form is based on the Public Health Agency of Canada's Ebola Virus Disease Case Report Form, updated November 29, 2022 (<https://www.canada.ca/en/public-health/services/diseases/ebola/health-professionals-ebola/case-report-form.html>).



P. NATIONAL CASE DEFINITION: EBOLA VIRUS (EVD) ¹

For surveillance purposes, a person with EVD-compatible symptoms is defined as an individual presenting with fever (temperature ≥ 38.0 degrees Celsius) **OR** at least one of the following symptoms/signs:

- | | | |
|--------------------|------------------------|--|
| - subjective fever | - loss of appetite | - vomiting |
| - malaise | - conjunctival redness | - diarrhea that can be bloody |
| - myalgia | - sore throat | - hemorrhage |
| - headache | - chest pain | - erythematous maculopapular rash on the trunk |
| - arthralgia | - abdominal pain | |
| - fatigue | -nausea | |

Epidemiological Risk Factors:

- Individual who cared for a case of Ebola Virus Disease (EVD).
- Laboratory worker handling Ebola virus or processing body fluids from a case of EVD.
- Individual who spent time in a healthcare facility where cases of EVD are being treated in a country/region with widespread and intense Ebola virus transmission.²
- Sexual contact with an EVD case.
- Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic - close contact is defined as being for a prolonged period of time within approximately 2 meters (6 feet) of a person with Ebola.
- Contact with any human remains of a case of EVD or contact with human remains in a country/region with widespread and intense Ebola virus transmission.²
- Contact with bats, primates or wild animal bush meat from affected countries/regions.²
- A travel history to a country/region with widespread and intense Ebola virus transmission² within 21 days constitutes a low risk factor.

Person Under Investigation (PUI)

A person with EVD-compatible symptoms (as defined above) **AND** EVD has not been ruled out.

- A travel history to a country/region with widespread and intense EVD transmission² within 21 days of symptom onset **OR** exposure to one of the epidemiological risk factors within 21 days of symptom onset.
- With or without pending laboratory results for EVD.

Confirmed Case

A person with laboratory confirmation of EVD infection using at least one of the methods below:

- Isolation and identification of virus from an appropriate clinical specimen (e.g., blood, serum, tissue, urine specimens or throat secretions) (performed at the National Microbiology Laboratory) **OR**
- Detection of virus-specific RNA by reverse-transcriptase PCR from an appropriate clinical specimen (e.g., blood, serum, tissue) using two independent targets or two independent samples **AND** confirmed by the National Microbiology Laboratory by nucleic acid testing or serology **OR**
- Demonstration of virus antigen in tissue (e.g., skin, liver or spleen) by immunohistochemical or immunofluorescent techniques **AND** another test (e.g., PCR) **OR**
- Demonstration of specific IgM **AND** IgG antibody by EIA, immunofluorescent assay or Western Blot by the National Microbiology Laboratory or an approved WHO collaboration centre **OR**
- Demonstration of a fourfold rise in IgG titre by EIA, immunofluorescent assay from an acute vs. convalescent serum sample (performed at the National Microbiology Laboratory).

1. Public Health Agency of Canada. National Case Definition: Ebola Virus Disease (EVD), Date Modified: June 6, 2022. Available online: <https://www.canada.ca/en/public-health/services/infectious-diseases/viral-haemorrhagic-fevers/national-case-definition-ebola-virus-disease.html>, Accessed December 5, 2022.
2. Refer to the World Health Organization's Ebola Virus Disease (EVD) website for updated information on affected areas: <http://www.who.int/csr/disease/ebola/en/>



Q. PANORAMA DATA ENTRY DETAILS

Lab Results

Record **positive and negative** lab results in Panorama. Update the Causative Agent in the Disease Summary screen, as appropriate.

Island Health and Northern Health: Record in Lab Quick Entry, when the investigation is on context, as follows:

Test Name: Microorganism DNA; PCR/NAAT
Result / Interpreted Result: Positive **or** Negative
Disease: Ebola
Causative Agent: Ebola virus (*if positive*)

Interior Health: record in an Investigation encounter level Note (i.e. create a Note when the Investigation is in context) as follows:

Encounter Type: Lab
Note Date: Date lab report received in Health Unit
Subject: Lab Results
Note Details: *follow regional standards to record details such as:*
o Date of lab report
o Date of specimen collection
o Specimen Type
o Results of each test including test name and result (i.e. Anti HBs or HBsAb = 120 mIU/mL)
o Name of Lab

Transmission Events

In order to track **contacts to this clients** that occurred as a result of exposures **in British Columbia**, select the Create Transmission Event button on the Exposure Summary Screen (under Investigation on the left hand navigation) to navigate to the Maintain Transmission Event Details screen.

Create one transmission event **for each identifiable group** of people (e.g., household contacts, caregivers) exposed in British Columbia as follows:

Exposure Name:
General contacts (e.g. household): XXX-Contact-Ebola where XXX is the Health Authority identifier (FNHA, IHA, VIHA, FHA, or NHA)
Contacts from a specific event/facility: XXX-Description of Event or Facility-Ebola where XXX is the Health Authority identifier
Mode of Transmission: Direct contact (not sexual) *or* Sexual contact
Nature of Transmission: *Select most appropriate (see below)*
Exposure Start: estimated date of first contact, event, or beginning of client's communicability period
Exposure End: most recent contact or end of client's communicability period if known; otherwise leave blank
Exposure Location Name: *same as Exposure Name*
Exposure Setting Type: *Select most appropriate (see below)*
Exposure Setting: *Select most appropriate (see below)*

Nature of Transmission:

Type of Contact	Nature of Transmission
Household	Household
Caregiver to a family member	Caregiver – Not Health Care Worker
Sexual	<i>Nature of transmission not required</i>
Health Care Worker	Occupational Exposure – Health Care Worker
Other	Other *
Nosocomial (hospital acquired)	Nosocomial

* Specify details in Investigation Notes.

Exposure Setting Type and Exposure Setting:

Type of Setting	Exposure Setting Type	Exposure Setting
BC Health Care Facility	Facility – non-recreational	Hospital or Doctor's Office or Other

Acquisition Events

If the client was **exposed to a confirmed/probable EVD case, a PUI for EVD, or human remains from an EVD case in British Columbia**, create the linkage between the source case and this client by creating a Transmission Event in the source case's Ebola Investigation record and link this case by identifying them as an Acquisition Event in the source case's Transmission Events record. If the known source case is not reportable in BC, the creation of the Acquisition Event for the client is not required.

Review and update the following fields in the automatically-created Acquisition Event for this client to further refine the description of the exposure (e.g., client's Exposure Start and End dates may be more narrow than the source case's incubation period):

Exposure Name:
Mode of Transmission:
Nature of Transmission:



Exposure Start:
Exposure End:
Exposure Location Name: *same as Exposure Name*
Exposure Setting Type:
Exposure Setting:

NOTE: if the client was exposed to human remains *in British Columbia*, link to the deceased potential source case using the Transmission/Acquisition event functionality described above. Exposure dates will be used in conjunction with the source case's date of death and the responses to the questions about exposure to human remains to differentiate between pre- and post-mortem exposures.

Outcome

If the **outcome is fatal**, record as follows.

Outcome: Fatal
Outcome Date: Date of death (if known) or date at which user found out about fatal outcome (if date of death unknown)
Cause of Death: Select most appropriate response

After recording the outcome, inactivate the client in the Personal Information screen (under Subject > Client Details on the left hand navigation) following routine procedures/standards.

Note: If the outcome is **not fatal**, the outcome date is the date public health was made aware of the outcome.