

Ebola Viral Disease Case Investigation Form – United States

State/Local ID: _____

CDC ID: _____

Instructions: Please complete the following form for each confirmed Ebola viral disease case. Use the “Notes” portion of each section to record additional information regarding potential exposures or contacts or other information that may aid the investigation that is not already captured on the form. If the case was listed as a contact, please use information gathered from the *Ebola Virus Disease Contact Tracing Form* or other applicable questionnaires to populate this form *PRIOR* to the case patient interview.

I. Interview Information

Date of form completed : MM / DD / YYYY

Date case identified: MM / DD / YYYY

Interviewer Information

Interviewer Name (Last, First): _____

State/Local Health Department (HD): _____

Business Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone number: _____ Email address: _____

How was the case identified? Check all that apply.

DHS Airport Risk Assessment

Date of Airport Assessment: MM / DD / YYYY Airport Code: _____

Active Monitoring via State/ Local HD Name of HD: _____

If yes, why? Return from an affected country Contact with a suspect/known case of Ebola

Emergency Room/Hospital/Outpatient Clinic Facility Name: _____

Other Specify: _____

Informant Information

Who is providing information for this form?

Patient

Other Name (Last, First): _____ Relationship to patient: _____

Phone Number: _____ E-mail address: _____

Reason patient unable to provide information:

No access because of isolation Patient deceased Patient too ill to be interviewed

Other: _____

Was this form administered via a translator? Yes No

If yes, in which language was this form administered? _____

Translator Name (Last, First): _____

Phone Number: _____ E-mail address: _____

Notes:

II. Ebola Patient Demographic and Contact Information

Patient Name (Last, First): _____

Sex: Male Female

Date of birth: MM / DD / YYYY **Age:** _____

Citizenship: _____

Country of Residence: United States of America Other (specify): _____

Contact Information (for country of residence as indicated above)

U.S. Residence

Driver's License Number: _____

Home Street Address: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Phone number: _____ E-mail address: _____

Non-U.S. Residence

Home Street Address: _____ Apt. # _____

City/Village: _____ State/County/District/Prefecture: _____

Occupational Information

Occupation: _____ Name of Business/Organization: _____

Supervisor Name (Last, First): _____

Supervisor Phone Number: _____ E-mail address: _____

Business Address: _____ Suite. # _____

City: _____ County: _____ State: _____ Zip: _____

Notes:

III. Hospitalization and Laboratory Information

Patient Hospitalization

At the time of this interview, is the patient hospitalized? Yes No

If yes, date of admission: MM / DD / YYYY

Patient ID: _____

Facility Name: _____

City: _____ State: _____

Physician Name (Last, First): _____

Contact Information: _____

At the time of this interview, is the patient being treated under isolation precautions? Yes No

If yes, date of isolation: MM / DD / YYYY

Did the patient previously seek health care for this illness? Yes No Unknown

If prior hospitalization information is unknown, Section IV. Medical History (page 5), allows for the collection of this information.

Date(s) of visit	Facility Name	City	State	Was the patient isolated?
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Laboratory Testing

Collection date (MM/DD/YYYY)	Location of Test	Test Performed (e.g. PCR, BioFire Defense FilmArray)	Test date (MM/DD/YYYY)	Result
	<input type="checkbox"/> LRN <input type="checkbox"/> CDC			<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Inconclusive
	<input type="checkbox"/> LRN <input type="checkbox"/> CDC			<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Inconclusive
	<input type="checkbox"/> LRN <input type="checkbox"/> CDC			<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Inconclusive
	<input type="checkbox"/> LRN <input type="checkbox"/> CDC			<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Inconclusive

Notes:

IV. Medical History

Did you previously seek health care for this illness? Yes No

Date(s) of visit	Facility Name	City	State

Do you have any known medical conditions? Yes No

If yes, please describe: _____

If the patient is female. Are you pregnant? Yes No Unknown

Do you take any medications for your medical conditions? Yes No

If yes, please describe: _____

V. Symptom Onset Information

When did you first begin to feel any symptoms, including fatigue or generally not feeling well?

Date of onset: MM / DD / YYYY Refer to the patient's answer as [Date of Onset]

Please see the Symptom Onset Table on Page 6. Use the information collected in the following question to populate this table.

Please describe the course of your illness from [Date of Onset] until the day you were admitted to the hospital:

VI. Activity Log from Date of Onset

Use the following guiding questions to describe the patient's whereabouts and activities for each day between date of onset and hospitalization: What did you do on the day that you first felt any symptoms? Did you go to work/school? How did you get there? Who did you interact with? Did you engage in any physical activity or group sports? Did you attend any community or organizational meetings? Did you eat out at any restaurants? Did you partake in any social activities?

Date of Onset: _____

MM / DD / YYYY : _____

MM / DD / YYYY : _____

Date of Hospitalization: _____

Please use the above notes to begin populating the next two pages: (1) Log of Activities from Date of Onset to Hospitalization and (2) List of Community Contacts Since Date of Onset.

***Guidance for Interviewer on Defining Contacts**

Type of Contact	Description	Examples
Casual Contact	Brief interactions with a symptomatic suspect/known case of Ebola.	Walking by the case patient; being in the same room for a very short period of time.
Close Contact	Within approximately 3 feet of a symptomatic suspect/known case of Ebola for a prolonged period of time (at least one hour) without wearing appropriate Personal Protective Equipment (PPE).	Riding in a vehicle with the case patient for more than one hour; Sitting next to the case patient during a three-hour business meeting.
Direct Contact	Directly touching a symptomatic suspect/known case of Ebola OR the blood or body fluids of a symptomatic suspect/known case of Ebola.	Shaking hands; Giving a hug.

Please ensure that both domestic and international contacts are listed.

List of Community Contacts* Since Date of Onset

Use the following as probing questions to supplement the initial list of contacts generated: Is there anyone else you may have interacted with at [Restaurant X]? Did you meet with any business partners/colleagues that you do not normally interact with? Did you interact with anyone at your child's school (teacher, classmates, other parents, etc.)?

No	First name	Last name	Sex	Relation to case	Last contact date	Street address	City	State	Phone	Description of interaction
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

* See page 8 for Guidance for Interviewer on Defining Contacts.

List of Community Contacts* Since Date of Onset

Use the following as probing questions to supplement the initial list of contacts generated: Is there anyone else you may have interacted with at [Restaurant X]? Did you meet with any business partners/colleagues that you do not normally interact with? Did you interact with anyone at your child's school (teacher, classmates, other parents, etc.)?

No	First name	Last name	Sex	Relation to case	Last contact date	Street address	City	State	Phone	Description of interaction
1										
2										
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4										
5										
6										
7										
8										
9										
10										
11										
12										

* See page 8 for Guidance for Interviewer on Defining Contacts.

VII. Animal Contact Information

Since [date of onset], have you had any contact with any animals (pets, wildlife, livestock, or other animals), either at your home or away from your home, including work?

- Yes No Unknown

If yes, please provide details:

Animal species	Number of animals	Where located

Notes:

If the case was previously listed as a contact, please use information gathered from the “Ebola Virus Disease Contact Tracing Form” to populate the following fields PRIOR to the case patient interview.

VIII. Domestic Epidemiological Risk Factors and Exposures In the three weeks before becoming ill, did you come in contact with a suspect/known case of Ebola OR the blood or body fluids of a suspect/known case of Ebola in the United States? Yes (Complete this section) No (Skip to Page 16, Section IX)

1. In the three weeks before becoming ill, did you come in contact with a suspect/known case of Ebola OR the blood or body fluids of a suspect/known case of Ebola outside of a health care setting?
 Yes (Complete Part A) No
2. Do you work in a health care setting and, in the three weeks before becoming ill, come in contact with a suspect/known case of Ebola OR the blood or body fluids of a suspect/known case of Ebola through your work? Yes No
 If yes, which of the following best describes your occupation?
 Health Care Worker (Complete Part B) Laboratory Worker (Complete Part C)
 Environmental Decontamination/Cleaning Staff (Complete Part D)

A. Domestic Community Contact with a Suspect/Known Case of Ebola

1. Please provide the name of the suspect/known Ebola case with whom you had contact.
 (Last, First): _____
 Please list each date of contact and provide a description: _____

2. Did you have any casual contact with a suspect/known case of Ebola (brief interaction, such as walking by him/her or being in the same room for a very short period of time) in which you did not directly touch him or her? Yes No Unknown List each date of contact: _____
3. Did you have contact with blood or body fluids from a suspect/known case of Ebola while he/she was ill (including contaminated objects or surfaces such as bedding or clothing)?
 Yes No Unknown
 If yes, list each date of contact: _____
 If yes, what body fluids were you in contact with? *Check all that apply.* Blood Feces Vomit
 Urine Sweat Tears Respiratory secretions (e.g. sputum, nasal mucus) Saliva
 Semen or vaginal fluids Other: _____

4. Were you within approximately 3 feet of a suspect/known case of Ebola or within his/her room or care area for a prolonged period of time (at least one hour) while he/she is ill? Yes No

If yes, list each date of contact: _____

5. Did you share a bathroom or use the same tub or toilet as a known/suspect case of Ebola while he/she was ill? Yes No Unknown

If yes, list each date of contact: _____

6. Did you perform any caregiving activities or household assistance for a suspect/known case of Ebola (helping to bathe or feed the case; washing clothes or dishes)? Yes No Unknown

If yes, list each date of contact: _____

7. Did you share transport with a suspect/known case of Ebola (car, bus, plane, taxi, etc.)?

Yes No Unknown

If yes, please provide for **all** shared transport: Date of Travel: MM / DD / YYYY

Name of airline and flight number: _____

Origin: _____ Destination: _____

Transit Points: _____

Notes:

B. Domestic Health Care Worker Exposure

1. Specific healthcare-associated job: Doctor Nurse Clinical Assistant/Technician Volunteer
 Administrative Position Other: _____

2. Please provide the name of the suspect/known Ebola case with whom you had contact.

(Last, First): _____

Please list each date of contact and provide a description: _____

3. Did you have any casual contact with a suspect/known case of Ebola (brief interaction, such as walking by him/her or being in the same room for a very short period of time) in which you did not directly touch him or her? Yes No Unknown

If yes, list each date of contact: _____

4. Did you have contact with blood or body fluids from a suspect/known case of Ebola while he/she was ill (including contaminated objects or surfaces such as bedding or clothing), including while you were wearing PPE? Yes No Unknown

If yes, list each date of contact: _____

If yes, what body fluids were you in contact with? *Check all that apply.* Blood Feces Vomit

Urine Sweat Tears Respiratory secretions (e.g. sputum, nasal mucus)

Semen or vaginal fluids Other: _____

If yes, what PPE was worn on these occasions? *Check all that apply.* None Gown (impermeable)

Facemask N95 or Other Respirator Eye Protection (goggles or face shield) Body Suit

Gloves Other: _____

5. Were you within approximately 3 feet of a suspect/known case of Ebola or within his/her room or care area for a prolonged period of time (at least one hour)? Yes No Unknown

If yes, list each date of contact: _____

If yes, what PPE was worn on these occasions? *Check all that apply.* None Gown (impermeable)

Facemask N95 or Other Respirator Eye Protection (goggles or face shield) Body Suit

Gloves Other: _____

6. Did you have any direct contact with a suspect/known case of Ebola (e.g. shaking hands) no matter how brief, including while you were wearing PPE? Yes No Unknown

If yes, list each date of contact: _____

If yes, what PPE was worn on these occasions? *Check all that apply.* None Gown (impermeable)

Facemask N95 or Other Respirator Eye Protection (goggles or face shield) Body Suit

Gloves Other: _____

Please provide additional information, particularly on any possible blood/body fluid exposure:

C. Domestic Laboratory Worker Exposure

1. Please list all dates of blood/body fluid exposure: _____
2. What body fluids were you in contact with? *Check all that apply.* Blood Urine
 Other: _____
3. What PPE was worn on these occasions? *Check all that apply.* None Gown (impermeable)
 Facemask N95 or Other Respirator Eye Protection (goggles or face shield) Body Suit
 Gloves Other: _____

Please provide additional information, particularly on any possible blood/body fluid exposure:

D. Domestic Environmental Exposure

1. Please list all dates of blood/body fluid exposure: _____
2. Which aspects of the patient care environment did you clean or decontaminate? *Check all that apply.*
 General room or area (including floors, walls, furniture)
 Linens (including patient clothing, sheets, pillows, towels)
 Patient care equipment (including bedside commode, IV or urinary catheter tubing, intubation equipment)
 Other (specify): _____
3. What body fluids were you in contact with? *Check all that apply.* Blood Feces Vomit
 Urine Sweat Tears Respiratory secretions (e.g. sputum, nasal mucus) Saliva
 Semen or vaginal fluids Other: _____
4. What PPE was worn on these occasions? *Check all that apply.* None Gown (impermeable)
 Facemask N95 or Other Respirator Eye Protection (goggles or face shield) Body Suit
 Gloves Other: _____

Please provide additional information, particularly on any possible blood/body fluid exposure:

IX. International Epidemiological Risk Factors and Exposures In the three weeks before becoming ill, did you travel to an Ebola-affected country? Yes (Complete this section) No (Skip to Section X)

A. International Travel History

1. Which countries did you travel to outside of the United States in the 3 weeks before becoming ill?
 Country: _____ Dates: MM / DD / YYYY to MM / DD / YYYY
 Country: _____ Dates: MM / DD / YYYY to MM / DD / YYYY
 Country: _____ Dates: MM / DD / YYYY to MM / DD / YYYY
2. What was your reason for traveling? Country of Residence Business Humanitarian Work
 Visiting Family/Friends Tourism Other: _____
3. What is your reason for traveling to the United States? Country of Residence Business Tourism
 Immigration Visiting Family/Friends Other: _____
4. Transit Points: _____
5. When did you return to the United States? MM / DD / YYYY
6. While in [Ebola-affected country], did you come in contact with a suspect/known case of Ebola OR the blood or body fluids of a suspect/known case of Ebola in a non-healthcare setting?
 Yes (Complete Part B) No
7. While in [Ebola-affected country], did you provide health care for a suspect/known case of Ebola?
 Yes (Complete Part C) No
8. While in [Ebola-affected country], did you process blood/body fluids of a suspect/known case of Ebola in a laboratory setting?
 Yes (Complete Part D) No
9. While in [Ebola-affected country], did you have direct contact (hunt, touch, eat) with animals or uncooked meat before becoming ill?
 Yes (Complete Part E) No

Notes:

B. International Contact with a Suspect/Known Case of Ebola

1. Name of suspect/known case of Ebola (Last, First): _____ Relationship: _____
Please list each date of contact: _____
 2. Did you have any casual contact with a suspect/known case of Ebola (brief interaction, such as walking by him/her or being in the same room for a very short period of time) in which you did not directly touch him or her? Yes No Unknown
 3. Did you have contact with blood or body fluids from a suspect/known case of Ebola while he/she was ill (including contaminated objects or surfaces such as bedding or clothing)?
 Yes No Unknown
If yes, list each date of contact: _____
 4. Were you within approximately 3 feet of a suspect/known case of Ebola or within his/her room or care area for a prolonged period of time (at least one hour)? Yes No Unknown
If yes, list each date of contact: _____
 5. Did you have any direct contact with a suspect/known case of Ebola (e.g. shaking hands) no matter how brief? Yes Unknown
If yes, list each date of contact: _____
 6. Did you share a bathroom or use the same tub or toilet as a known/suspect case of Ebola while he/she was ill? Yes No Unknown
If yes, list each date of contact: _____
 7. Did you perform any caregiving activities or household assistance for a suspect/known case of Ebola (helping to bathe or feed the case; washing clothes or dishes)? Yes No Unknown
If yes, list each date of contact: _____
 8. Did you directly handle dead bodies in [Ebola-affected country]? This might include participating in funeral or burial rites or any other activities that involved handling dead bodies. Yes No Unknown
If yes, please fill out the following table:
- | Name of Deceased | Relation to Case | Dates of Funeral Attendance | Location (City, State) |
|------------------|------------------|-----------------------------|------------------------|
| | | | |
9. Did you share transport with a suspect/known case of Ebola (car, bus, plane, taxi, etc.)?
 Yes No Unknown
If yes, please provide for **all** shared transport: Date of Travel: MM / DD / YYYY
Name of airline and flight number: _____
Origin: _____ Destination: _____

Transit Points: _____

10. Did you ride in a vehicle that may have been used to transport a suspect/known case of Ebola?

- Yes No Unknown

Notes:

C. International Health Care Worker Exposure

1. Specific healthcare-associated job: Doctor Nurse Clinical Assistant/Technician Cleaning Staff

Administrative Position Volunteer Other: _____

2. Were you associated with any humanitarian organizations/agencies in the country? Yes No

Name of organization: _____

Healthcare Facility Name: _____

Street Address: _____

Village/City: _____ Prefecture/District/County: _____

3. Please describe your clinical duties: _____

4. What kind of PPE did you use? *Check all that apply.* None Gown (impermeable) Facemask

N95 or Other Respirator Eye Protection (goggles or face shield) Body Suit Gloves

Other: _____

5. Did any breaches in PPE take place? Yes No Unknown

If yes, describe: _____

6. Last date(s) of contact with a symptomatic known/suspect case of Ebola: MM / DD / YYYY

Please provide additional information, particularly on any possible blood/body fluid exposure:

D. International Laboratory Worker Exposure

1. Last date of blood/body fluid exposure: MM / DD / YYYY
2. What body fluids were you in contact with? *Check all that apply.* Blood Urine
 Other: _____
3. What kind of PPE did you use? *Check all that apply.* None Gown (impermeable) Facemask
 N95 or Other Respirator Eye Protection (goggles or face shield) Body Suit Gloves
 Other: _____

Please provide additional information, particularly on any possible blood/body fluid exposure:

E. International Zoonotic Exposure

Animal or source of meat: _____
 Type of contact *Check all that apply.* Hunt Touch Eat Other: _____

X. Patient Outcome Information

Please fill out this section at the time of patient recovery and discharge from the hospital OR at the time of patient death.

Date outcome information completed: MM / DD / YYYY **Final status of patient:** Alive Deceased

If the patient has recovered and been discharged from the hospital:

Facility name at discharge: _____ City: _____ State: _____

Date of isolation discharge (if applicable): MM / DD / YYYY

If the patient is deceased:

Date of Death: MM / DD / YYYY City: _____ State: _____

Was an autopsy or other medical examination performed on the body? Yes No Unknown

Date of autopsy/medical examination: MM / DD / YYYY

What was the final disposition of the body? Cremation Burial

If cremated: Date of cremation: MM / DD / YYYY

Cremation facility: _____ City: _____ State: _____

Crematorium Point of Contact: _____ Contact Information : _____

If buried: Date of funeral/ burial: MM / DD / YYYY

Was the body prepared for burial (*washed, embalmed, dressed, etc.*)? Yes No Unknown

Who prepared the body for burial? Funeral home/Mortuary Family/Friends Religious community

Funeral home name: _____ City: _____ State: _____

Funeral Home Point of Contact: _____ Contact Information : _____

Place of burial: _____ City: _____ State: _____

Please ensure that all individuals who touched or handled the body of an Ebola case are added to the List of Occupational Contacts of a Confirmed Ebola Virus Disease Case (page 21).



Ebola Viral Disease Case Investigation Form – United States

State/Local ID:

CDC ID:

List of Occupational Contacts* of a Confirmed Ebola Virus Disease Case (e.g. Health care Workers, Laboratory Workers, Funeral Home Staff)

No	First name	Last name	Sex	Occupation	Affiliation	Street address	City	State	Phone	Description of interaction
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

** See page 8 for Guidance for Interviewer on Defining Contacts.*