



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: YYYY / MM / DD Sex: Male Female Undifferentiated Unknown

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)

C. CASE CONTACT

Internationally or in BC have you had contact with a symptomatic person under investigation (PUI) or confirmed EVD case¹: Yes No

Unknown

If yes, PUI 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 <i>(If yes, assess PPE)</i>	
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 <i>(If yes, assess PPE)</i>	
Came in direct contact with EVD patients or fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, assess PPE)</i>	
Involved in laboratory processing of body fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, assess PPE)</i>	

¹ <https://www.canada.ca/en/public-health/services/infectious-diseases/viral-haemorrhagic-fevers/national-case-definition-ebola-virus-disease.html>



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

D. PUBLIC HEALTH ASSESSMENT

Contact classification²: 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 monitoring²

Frequency of active monitoring: Daily Weekly Other: _____

Classification:

Contact-person under investigation

² <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

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



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 Occupation: Employer:	
Arrangements for transportation	

Are you concerned about non-compliance?



G. NOTES

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