COUNTY OF LOS ANGELES
Public Health

VIRAL HEMORRHAGIC FEVER CONTACT INVESTIGATION WORKSHEET FOR SYMPTOMATIC SUSPECT OR CONFIRMED CASE

FORM B

Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212
Los Angeles, CA 90012
213-240-7941 (phone), 213-482-4856 (facsimile)
publichealth.lacounty.gov/acd/

Investigator Name: ______________________________ Investigator Phone: ________________ Date of Interview: ___________________

CASE INFORMATION

Case IRIS ID	Case Name (Last, First)	Case Date of Birth	Case Phone	Symptom Onset Date	Isolation Date	If Case Unavailable, Name of Person Interviewed.	Relationship to Case	Alternate Person's Phone

Instructions: After conducting the VHF Suspect Intake and Checklist interview, use this contact investigation form to elicit all contacts exposed to the suspect/confirmed Viral Hemorrhagic Fever case after the symptom onset date. Record all information regarding exposed contacts on this form

Script: Now I'm going to ask you about any people you may have had direct or close contact (3 feet to 1 meter) after your symptoms began on [Insert Symptom o]. Please provide detailed information about each contact as much as possible. LAC DPH will need to reach out to these close contacts to notify them of their exposure so that they can self-monitor, quarantine and be informed of what they should do to keep themselves and their family safe. Your name will not be disclosed to the contact who we call. Will you be providing us with a list of recent contacts?

EVD Patient: ☐ Consented to Provide Contacts Refused to Provide Contacts

POSSIBLE CONTACTS

Since your symptoms first began on ,		Yes	No	Instructions
HOUSEHOLD CONTACTS	Who have you been living with?	☐	☐	*[Record names and dates/Note on Pg.5]*
	Who else spent time at your home (eating meals, hanging out, sleeping over, used a share bathroom) but doesn't live with you?	☐	☐	*[Record names and dates/Note on Pg.5]*
	Who has slept in the same room with you?	☐	☐	*[Record names and dates/Note on Pg.5]*
	Who has taken care of you or cleaned up after you at home? (e.g.: laundry, washing utensils)	☐	☐	*[Record names and dates/Note on Pg.5]*
	Do you have a household member who is under your care? (e.g.: children, chronically ill family member)	☐	☐	*[Record names and dates/Note on Pg.5]*
	Do you have a pet that is under your care?	☐	☐	*[Record/Note on Pg.5]*
SEXUAL CONTACTS	Did you have any sexual contacts?	☐	☐	*[Record names and dates/Note on Pg.5]*
HEALTHCARE CONTACTS	Did you visit a health care facility (HCF)?	☐	☐	If Yes, Facility name ______________________ Address ______________________ Phone ____________ Dates visited ______________ Type of Facility: ☐ Hospital ☐ Clinic ☐ Urgent Care ☐ Other: ____________ Method of Visit: ☐ Private/Personal vehicle ☐ Ambulance ☐ Uber/Lyft/Ride Share ☐ Other: ______________ Who had direct physical contact with you*? *[Record names on Pg.5]* ***NEED TO CONDUCT A THOROUGH INVESTIGATION OF ALL HCW CONTACTS EXPOSED TO CASE – ASK FOR LOG OF ALL CONTACTS EXPOSED TO CASE AND LIST OF ALL PRE-HOSPITAL PERSONNEL (EMS, FIRE DEPARTMENT, LAW ENFORCEMENT).*
	Did you visit more than one HCF?	☐	☐	Please record the above information in Notes.

Case name (last, first)

IRIS ID# _______________

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POSSIBLE CONTACTS (CONTINUED)				
Since your symptoms first began on [Insert symptom onse ,		**YES**	**NO**	**Instructions**
TRAVEL CONTACTS	Did you travel outside of LAC?	☐	☐	If Yes, Mode of travel: ☐ Plane ☐ Taxi ☐ Bus ☐ Cruise ☐ Uber/Lyft/Ride Share ☐ Other ________________________________ Bus line/train line/cruise flight number: ________________________ Where did your travel originate? _____________________________ What was your destination? _______________________________ Address of Hotel/Airbnb/House: ______________________________ Dates of travel: ____ Who traveled with you or had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? *[Record names on Pg.5]*
WORKPLACE CONTACTS	Employed?	☐	☐	If Yes, Business name ____ Address ____ Phone (____) ____________ Supervisor ____________________ Dates went to work: _____________________________________ Dates teleworked: _______________________________________ Who are the people that you had direct physical contact with or who shared a food dish, drinking cup, utensils, linens, or clothing with you? *[Record names on Pg.5]*
SCHOOL CONTACTS	Did you go to school?	☐	☐	If Yes, School name ____ Address ____ Phone (____) ____________ Principal/Administrator ____________________ Dates attended ____ Classes ____ Who are the people that you had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? *[Record names on Pg.5]*
SOCIAL EVENT CONTACTS	Did you attend any organized social event such as a party?	☐	☐	If Yes, Event name ____ Address ____ Host name ______________________ Phone (____) ____________ Dates of event ____ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? *[Record names on Pg.5]*

Case name (last, first) ______________________________ IRIS ID# ____________

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POSSIBLE CONTACTS (CONTINUED)				
Since your symptoms first began on ,		**YES**	**NO**	**Instructions**
BARS/CLUBS CONTACTS	Did you attend any bars or clubs?	☐	☐	If Yes, Bar/Club name ____________ Address ____________ Dates visited ____________ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? *[Record names on Pg.5]*
FRIEND'S OR RELATIVE'S HOME	Did you go to friend's or relative's homes?	☐	☐	If Yes, Friend or relative name ____________ Address ____________ Dates visited ____________ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? *[Record names on Pg.5]*
COMMUNITY CENTERS	Did you go to any community centers?	☐	☐	If Yes, Community center name ____________ Address ____________ Dates visited ____________ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? *[Record names on Pg.5]*
RELIGIOUS SERVICE CONTACTS	Did you go to any religious services?	☐	☐	If Yes, Church/Temple/Mosque Name ____________ Address ____________ Dates visited ____________ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? *[Record names on Pg.5]*
OTHER ACTIVITIES OR PLACES	Did you participate in any other activities or visit any other places (e.g.: gyms, group activities, concerts)?	☐	☐	If Yes, Place name ____________ Address ____________ Dates visited ____________ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? *[Record names on Pg.5]*
OTHER	Is there anyone else who may have had direct contact with your skin, blood and/or other body fluids (blood, tears, saliva, vomit, diarrhea, urine, breast milk, sweat, semen)?	☐	☐	Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? *[Record names on Pg.5]*
	Is there anyone else who may have touched any objects that may have been contaminated with your bodily fluids?	☐	☐	Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? *[Record names on Pg.5]*
	Did you throw away any personal disposable items (e.g.: tissues, toothbrush, water bottle, diaper, sanitary pad, towels) that may have been contaminated with you bodily fluids?	☐	☐	Where are the disposed items currently:
MODE OF USUAL TRANSPORT	What is your usual mode of transport for your commute to work, school, and/or other errands?	☐	☐	☐ Personal Vehicle ☐ Bus ☐ Uber/Left/Rideshare ☐ Taxi ☐ Train ☐ Other:____________ Provide the dates of when you used mass transits/ride share: ____________ Provide details of the mass transits/ride share:

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IF CASE DIED BEFORE EVD DIAGNOSIS, ASK THE FOLLOWING TO ALTERNATE CONTACT:				
FUNERAL/ BURIAL	Was there a viewing, a wake or a service for the case?	☐	☐	If Yes, Address of viewing, wake, or service. ____________________ Funeral Home/Mortuary Name ____________________ Address ____________________ Phone ____________ Who had direct physical contact with the body? *[Record names on Pg.5]*

NOTES:

Case name (last, first) ____________________ IRIS ID# ____________

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CONTACT INFORMATION LIST

	FULL NAME	DOB	AGE	SEX	RELATIONSHIP TO CASE	DATE OF LAST CONTACT WITH CASE	TYPE OF CONTACT	EXPOSURE LOCATION (If HCF, provide facility name)	*RISK LEVEL	HEALTHCARE WORKER?	PHONE	RESIDENTIAL ADDRESS	CITY	ADDITIONAL NOTES
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Risk Classification: *Refer to the B-73 for the suspected disease*

Types of Contact:

- 1 = Had contact of percutaneous, mucous membrane or broken skin contact with blood or other body fluids (blood, saliva, tears, vomit, diarrhea, urine, breastmilk, sweat, semen) of the patient
- 2 = Had direct physical contact with the body of the patient (alive or dead).
- 3 = Touched or cleaned the personal belonging, bedding, linens, clothes, or dishes of the patient.
- 4 = Slept or ate in the same household as the patient.
- 5 = No physical contact but was within 3 feet or 1 meter with the patient.

Case name (last, first) ______________________________ IRIS ID# ______________

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