

AOD SUSPECT EBOLA VIRUS DISEASE (EVD) AND MARBURG VIRUS DISEASE (MVD) INTAKE AND CHECKLIST



| | | | |
|--------------------------------|--|-------------------|--------|
| AOD Name: | | Today's Date: | Time: |
| Reporting Facility: | | Type of Facility: | Phone: |
| Physician/Reporter Name: | | Phone: | Pager: |
| Infection Preventionist: | | Phone: | Pager: |
| Physician Contact for updates: | | Phone: | Pager: |

PATIENT INFORMATION:

| | | | | | |
|------------------------|--------------------------|------------------------|---------------|----------------|---------------------|
| Last Name: | | First Name: | | Date of Birth: | Age: |
| Gender: | Pregnant? Yes No Unknown | Breast Feeding? Yes No | Weight (lbs): | Height: | Preferred Language: |
| Home Phone: | | Cell Phone: | | Email: | |
| Address: | | | City: | Zip Code | |
| Country of Origin: | | | Occupation: | | |
| Friend/Family Contact: | | | Phone: | | |
| Emergency Contact: | | | Phone: | | |

OUT OF JURISDICTION REPORTS

Pasadena Resident - Refer to Pasadena HD at (626) 744-6005 General, (626) 744-6089 PH Nursing, (626) 744-6043 After-hours
Long Beach Resident - Refer to Long Beach HD at (562) 570-4000 General, (562) 570-4302 Epidemiology
Other Out of Jurisdiction:

RISK ASSESSMENT

TRAVEL HISTORY: In the past 21 days, did the patient participate in the following:

Live in or traveled to a country with EVD or MVD transmission – check CDC website for the most recent list of OB areas: www.cdc.gov/vhf/ebola/outbreaks

Name of the Country/Region Traveled to:

Date of Arrival to OB Area:

Date of Departure from OB Area:

Date of Departure from Country:

HIGH RISK EXPOSURE HISTORY: In the past 21 days, did the patient participate in the following: [CDC Guidance Risk Assessment and Management](#)

- ☐ Have percutaneous, mucous membrane or skin contact with blood or other body fluids of a person/ with suspected or confirmed EVD or MVD.
- ☐ Have direct contact with person who has known or suspected EVD or MVD (including sexual exposure)
- ☐ Provide health care to a patient with known or suspected EVD or MVD.
 - ☐ Breach in infection control precautions or personal protective equipment? Describe:
- ☐ Work in a laboratory where human specimens are handled.
 - ☐ Breach in infection control precautions or personal protective equipment? Describe:
- ☐ Participate in funeral and/or burial rituals of persons with direct contact of the body of suspected or confirmed EVD or MVD.
 - ☐ Breach in infection control precautions or personal protective equipment? Describe:
- ☐ Live in the same household as a person with symptomatic known or suspected EVD or MVD.

Date of High Risk Exposure:

Medium RISK EXPOSURE HISTORY: In the past 21 days, did the patient participate in the following:

Non-Occupational:

- Visiting a health care facility or traditional healer in an outbreak area.
- Burial work or attending a funeral or burial in an outbreak area.
- Having contact with bats or non-human primates in outbreak area.
- Consuming bushmeat in outbreak area.

Occupational:

- Providing health care or environmental cleaning in a EVD treatment center (ETC) or MVD treatment unit (MTU).
- Providing environmental cleaning in a non-ETC or non-MTU health facility in an outbreak area.
- Entry into a patient care area of a MTU for any other reason.
- Providing health care in an outbreak area to acutely ill patients not known to have Ebola or Marburg.
- Clinical laboratory work associated with a ETC / MTU or other health care setting in an outbreak area.
- Burial work in an outbreak area.
- Working or spending time in cave/mine in outbreak area.

Date of Medium Risk Exposure:

SOME RISK EXPOSURE HISTORY: In the past 21 days, did the patient participate in the following:

Present in designated outbreak area and reports NO high risk exposures and situations.

Date of Some Risk Exposure:

LOW RISK EXPOSURE HISTORY: In the past 21 days, did the patient participate in the following:

Present in outbreak country but not designated outbreak area. Reports no epidemiological risk factors.

Date of Low Risk Exposure:

MEDICAL INFORMATION

| | | | | | |
|---|--|--|--------------------------------|-------------------------------|----------|
| Symptom Onset Date | Hospitalized <input type="checkbox"/> YES <input type="checkbox"/> NO | | Hospital Name | | MRN |
| Current Disposition: | <input type="checkbox"/> ED | <input type="checkbox"/> Admitted | <input type="checkbox"/> Alive | <input type="checkbox"/> Died | Details: |
| If Died, Date Died: | | | If Died, Place of Death: | | |
| Allergies to Medication: | | | | | |
| Symptoms (Choose All that Applies) | | Fever(subjective or $\geq 100.4^{\circ}\text{F}$ or 38.0°C) | | YES | NO |
| Severe headache | YES | NO | Sore Throat | YES | NO |
| Weakness | YES | NO | Joint Pain | YES | NO |
| Fatigue | YES | NO | Body aches or Muscle Aches | YES | NO |
| Chills | YES | NO | Chest Pain | YES | NO |
| | | Abdominal pain | | YES | NO |
| | | Diarrhea | | YES | NO |
| | | Loss of Appetite | | YES | NO |
| | | Jaundice | | YES | NO |
| | | Vomiting | | YES | NO |
| | | Red Eyes | | YES | NO |
| | | Skin Rash | | YES, describe | NO |
| | | Hiccups | | YES | NO |
| | | Unexplained hemorrhage | | YES, describe below | NO |

Other Symptoms:

| | | | | | |
|------------------------------------|-----|----|--|--|--|
| Is the Patient Alert? | YES | NO | Previously diagnosed or recovered from EVD or MVD? | | |
| Received Ebola Vaccination? | YES | NO | YES, Date of Recovery: | | |
| Received Malaria Chemoprophylaxis? | YES | NO | NO | | |
| Received Yellow Fever Prophylaxis? | YES | NO | Unknown | | |
| Received COVID-19 Vaccination? | YES | NO | If YES, provide the date: | | |
| Received Influenza Vaccination? | YES | NO | If YES, provide the date: | | |

Notes/Describe Any Underlining Conditions:**LAC DPH RISK CATEGORIES FOR VIRAL HEMORRHAGIC FEVER**

| Risk Level | High Risk | Medium Risk | Some Risk | Low Risk |
|------------|--|--|---|--|
| | Reports any of the high risk exposures | Present in designated outbreak area and reports situations with additional exposure potential. And reports NO high risk exposures. | Present in designated outbreak area and reports NO situations with additional exposure potential. And reports NO high risk exposures. | Present in outbreak country but not designated outbreak area. And reports NO high risk exposures |

PROVIDER EDUCATION/RECOMMENDATIONS

NO Identified Risk Factors (no exposure history and not travel to OB country) – Health Care Providers to continue usual triage and assessment. No ACDC follow-up necessary.

Identified Risk Factors (1 or more exposure history)

HIGH RISK**MEDIUM RISK****SOME RISK****LOW RISK****Symptomatic Case**

Health Care Provider - Isolate the patient, determine PPE equipment needed, and notify infection control immediately.
- Instruct Health Care Provider that ACDC will evaluate and call back.

Contact/Traveler - Isolate in a room and avoid close contact with other people
- Instruct them that they will be contacted by LAC DPH for further evaluation.

Asymptomatic Case – continue usual triage and assessment. Monitoring for fever and symptoms for 21 days after last exposure will be determined by ACDC.

INFECTION CONTROL RECOMMENDATIONS FOR SYMPTOMATIC PATIENT

| Component | Recommendation |
|-------------------------------|--|
| Patient Placement | <ul style="list-style-type: none"> Single patient room (private bathroom) with door closed Only essential personnel to interact with patient Remove unnecessary items from room Maintain log of all people entering patient's room (Healthcare workers, visitors) Maintain all waste in room or treat them as category A waste until confirmatory diagnosis. |
| Patient Care Equipment | <ul style="list-style-type: none"> Preferably disposable equipment, when possible |
| Patient Considerations | <ul style="list-style-type: none"> Non-dedicated, non-disposable equipment should be cleaned and disinfected according to manufacturer's instructions and hospital policies Limit use of needles and other sharps as much as possible Avoid Aerosol generating procedures |
| Personal Protective Equipment | <p>For suspect cases clinically stable; no bleeding, vomiting, or diarrhea, or a clinical condition that may warrant invasive or aerosol-generating procedures include:</p> <ul style="list-style-type: none"> PPE material that is single-use (disposable) and fluid resistant or impermeable; PPE that covers all surfaces of the body, including the head and neck, coverings for the eyes, mouth, nose, and skin. The hair must be completely enclosed; A face shield (not goggles) and surgical N95 (or higher) respirator (i.e., Powered Air-Purifying Respirator [PAPR] not required); An isolation gown extending to at least mid-calf (i.e., coverall not required); Two or more pairs of gloves with extended cuffs on outer gloves (to facilitate the doffing of PPE and decontamination); and Boots or coverings for the feet and lower legs. <p>For suspect cases who exhibit bleeding, vomiting, diarrhea, a clinical condition that may warrant invasive or aerosol-generating procedures (e.g., intubation, suctioning, resuscitation), or overall worsening of symptoms, the recommended level of PPE for employees caring for or moving the patient and for all employees working in the patient room should include:</p> <ul style="list-style-type: none"> PPE material that is single-use (disposable) and fluid impermeable; PPE that covers all surfaces of the body, including the head and neck, coverings for the eyes, mouth, nose, and skin. The hair must be completely enclosed; A coverall with integrated feet; An apron covering torso to mid-calf; Two or more pairs of gloves with extended cuffs on outer gloves (to facilitate the doffing of PPE and decontamination); Boots or coverings for the feet and lower legs. To provide continuous fluid protection, under socks or under boots that are integrated into the coverall, or protection that is equivalent, should be provided; and A Powered Air-Purifying Respirator (PAPR) with full cowl or hood <p>Employees who assist other employees with the doffing of contaminated or potentially contaminated PPE must use PPE with the same level of protection as the employee who is doffing PPE.</p> <p>CDPH guidance: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CDPH-PPE-Guidance-EVD.aspx</p> |
| Visitors | <ul style="list-style-type: none"> Avoid entry of visitors into the patient's room Exceptions may be considered on a case by case basis for those who are essential for the patient's wellbeing |

INSTRUCTIONS FOR SELF REPORTING SYMPTOMATIC CONTACT/TRAVELER ALREADY BEING MONITORED BY LAC DPH

- For Symptomatic Individuals:
 - Stay at home and avoid close contact with other people you live with until you are contacted by LAC DPH.
 - Stay and sleep in a separate room, if possible.
 - Use a separate bathroom, if possible.
 - Avoid close contact with any pets in the home.
 - Avoid allowing anyone who does not already live with you to come into your home.
 - Keep all trash that you physically touch (like tissues paper) in a well secured trash bag inside your room. Avoid disposing of trash, cleaning or doing laundry until LAC DPH gives approval.
 - Make plans in case you become hospitalized.
 - You can return to normal activities when LAC DPH gives approval.
 - If symptoms are life threatening, call 911 and inform of recent exposure to Ebola virus, your travel history and you are under monitoring by LAC DPH.
 - Regarding Individual's Pets at Home:
 - It is important to keep people and animals away from blood or body fluids of a person with symptoms of Ebola infection.
 - However, if a person become ill with Ebola, dogs, cats, and possibly other pets who came into contact with the patient must be assessed for exposure and may be placed in quarantine for at least 21 days following their last known exposure to the person with Ebola.

DPH INTERNAL INSTRUCTION

Internal/External Communication

Notify appropriate ACDC staff(incl. HOBR Unit: Moon Kim mokim@ph.lacounty.gov, Susan Hathaway shathaway@ph.lacounty.gov, Steve Moon SMoon@ph.lacounty.gov, Amy Marutani AMarutani3@ph.lacounty.gov)

Signature:

Date: