INTERIM RISK ASSESSMENT FOR SUSPECT EBOLA CASE INVESTIGATIONS

Travel history (e.g. layovers/change of planes en route from Africa to Maryland)

Visit history in Africa (travel to which counties? Rural areas?)

Exposure to:

- Dead animals/bushmeat consumption?
- Visitation to caves with bats in Africa?
- Care provided to people in affected areas?
- Involvement with funeral prep of a body (describe)?

Details on activities in country (e.g., caring for sick persons, medical or laboratory work)?

Past medical history:
Prior medical facility or urgent care contact in the United States?

Malaria chemoprophylaxis taken? Compliance?

Did patient get yellow fever vaccination or typhoid vaccination prior to travel?

Illness while traveling in Africa/treatments?

Additional medical details:

- Weakness?
- Sore throat?
- Vomiting/diarrhea?
- Kidney function tests?
- Hemorrhagic manifestations?
- Red eyes?
- Hiccups?
- Cough?
- Chest pain?
- Shortness of Breath?
- Swallowing difficulty?

Patient isolation and conveyance:

Where is patient currently? _____________________________________________

Isolation (what precautions)? ___________________________________________

Admitted to hospital (when and where)? _________________________________

How did patient get to hospital (e.g., private car, ambulance, etc.)?

Ebola Risk Assessment
Office of Infectious Disease Epidemiology and Outbreak Response
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