Queensland Government

Queensland Health

Ebola disease screening form

For use by Public Health Units when assessing people for potential exposure to Ebola disease. This form supports initial screening, exposure classification and management. Complete the sections below, ticking all applicable boxes. Exposure classification is guided by CDNA recommendations to support consistent public health risk assessment.

Date of assessment: **Assessor:**

First name: **Surname:**

Date of birth: **Age:** **Sex at birth:** Male ☐ Female ☐ Other ☐

Carer / guardian (if applicable)**:**

First Nations Persons status

Aboriginal ☐ Torres Strait Islander ☐ Aboriginal &Torres Strait Islander ☐ Non-indigenous ☐ Unknown ☐

Primary language: **Country of birth:** **Occupation:**

Address: **Postcode**

Phone: **Email:** **Medicare number:**

STEP 1 - Screening

Within the previous 21 days, has the person:

☐ Travelled to, lived in, or worked in an Ebola affected area
☐ Had contact with a suspected or confirmed Ebola case
☐ Visited or worked in a healthcare facility or hospital in an area with an active Ebola disease outbreak
☐ Attended a funeral or burial of a person with suspected, probable or confirmed Ebola disease
☐ Had contact with bats, primates or other animals in an area with known zoonotic Ebola disease transmission (including handling sick or dead animals, consumption of animal products, or visiting caves or mines associated with bat exposure)
☐ Other exposure identified (please specify):
☐ No known Ebola disease exposure risk factors identified

Screening Outcome

☐ No known exposure risks identified -***DOES NOT MEET CRITERIA FOR FURTHER ASSESSMENT FOR EBOLA DISEASE***
☐ Potential exposure risk identified - PROCEED TO STEP 2

STEP 2 – Exposure Assessment

Tick all that apply

HIGHER-RISK EXPOSURES

Direct contact with a person with Ebola disease (or their bodily fluids) a) WITHOUT wearing appropriate PPE or b) where there is a breach of PPE, including:

☐ Percutaneous (e.g. needlestick injury) exposure to blood or bodily fluids
☐ Direct skin contact or mucous membrane exposure to blood or bodily fluids
☐ Laboratory processing of bodily fluid specimens
☐ Direct contact with a deceased person (with suspected or confirmed Ebola disease)
☐ Household or household-like contact
☐ Unprotected sex with a person who has Ebola disease or has recovered from Ebola disease in the last 12 months
☐ Other:

LOWER-RISK EXPOSURES

Close contact with a person with Ebola disease in healthcare or community settings (other than household or household-like contact):

☐ Being within 1 metre of the person or their room while not wearing appropriate PPE (or if breach of PPE)
☐ Brief direct contact (e.g. shaking hands) while not wearing appropriate PPE
☐ Other:

UNLIKELY EXPOSURE

☐ No direct or close contact as listed above, but within the vicinity of a person with Ebola disease
☐ Travel in a country with widespread Ebola disease transmission in the past 21 days with no known exposure
☐ Other:

STEP 3 – Current Symptom Screen

Does the person currently have any of the following symptoms? (tick all that apply)

☐ Fever, or fever in last 24 hours	☐ Vomiting
☐ Severe headache	☐ Diarrhoea
☐ Muscle aches	☐ Abdominal pain
☐ Fatigue	☐ Unexplained bleeding or bruising
☐ Sore throat	☐ Other *(specify)*:
☐ Rash	☐ No symptoms reported

If the person:

- has compatible symptoms **AND** potential Ebola disease exposure – refer for urgent clinical assessment and alert the Communicable Diseases Branch.
- does not have compatible symptoms, PROCEED TO STEP 4.

STEP 4 - Exposure Classification and Initial Management

Exposure period (if known)	Date of last potential exposure	Monitoring end date (if applicable)
From: _____ To: _____		

Tick the highest applicable exposure identified

☐ **HIGHER-RISK EXPOSURE**	☐ **LOWER-RISK EXPOSURE**	☐ **UNLIKELY EXPOSURE**

Possible control measures as guided by CDNA SoNG and PHU assessment – tick those that apply.

☐ Advise requirement for active monitoring (twice daily temperature checks and monitoring for symptoms for 21 days after last exposure) ☐ Advise to contact PHU if unwell with compatible symptoms ☐ Advised not to travel internationally within 21 days after last exposure ☐ Advised to avoid domestic travel ☐ Information provided ☐ Reassurance provided ☐ Escalation plan in place	☐ Assess for requirement for active monitoring (twice daily temperature checks and monitoring for symptoms for 21 days after last exposure) ☐ Advise to contact PHU if unwell with compatible symptoms ☐ Advised not to travel internationally within 21 days after last exposure ☐ Advised to avoid domestic travel ☐ Information provided ☐ Reassurance provided ☐ Escalation plan in place ☐ If not actively monitoring, contact on day 21 to confirm still well	☐ Assess if any need for active monitoring (twice daily temperature checks and monitoring for symptoms for 21 days after last exposure) ☐ Information provided ☐ Reassurance provided ☐ Advise to contact PHU if unwell with compatible symptoms ☐ Close the loop - contact on day 21 to confirm still well

Additional information to consider on a case-by-case basis

Complete for high and lower risk exposures (tick all that apply)

Household setting:	**Movements:**
☐ Lives alone	☐ Planned WORK during monitoring period
☐ Lives with others	Details:
☐ Separate BEDROOM available	
☐ Separate BATHROOM available	☐ Planned TRAVEL during monitoring period
Details:	Details:

Additional Comments / Assessment Summary

Record relevant exposure details, including travel history, travel companions, exposure circumstances, identified contacts and any other information relevant to the risk assessment.

- CDNA National Guidelines for Public Health Units
- WHO Disease Outbreak News
- CDNA Surveillance case definition VHF
- Smartraveller