

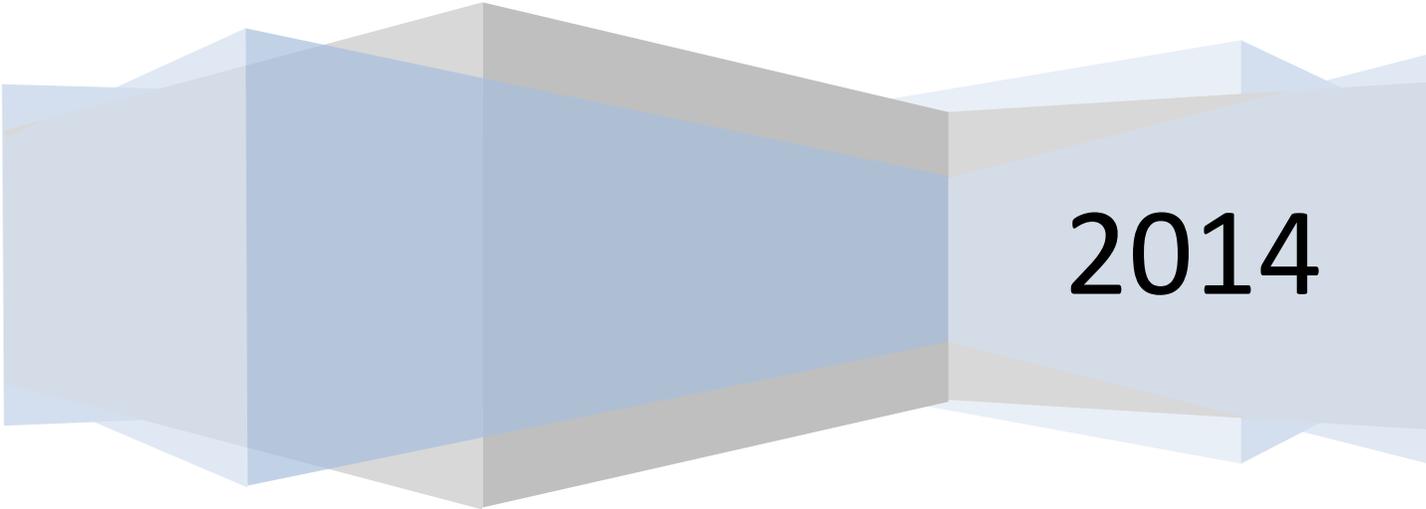


Health and Wellness

Ebola Public Health Response Guidelines

Chief Public Health Office

Department of Health & Wellness

A decorative graphic consisting of several overlapping, semi-transparent geometric shapes in shades of blue and grey, forming a horizontal, slightly irregular shape. The year "2014" is printed in a large, black, sans-serif font on the right side of this graphic.

2014

Ebola Public Health Response Guidelines

Table of Contents

- Background 3
- Returning Travelers..... 4
- Duty to Report 8
 - PUBLIC HEALTH INVESTIGATION AND FOLLOW-UP..... 9
- Infection Control Measures 10
- Case Definition 11
 - Confirmed Case 11
 - Probable Case 11
 - Person Under investigation (PUI)..... 11
- Appendices..... 13
 - Appendix A – Daily monitoring tool
 - Appendix B – Temperature Log
 - Appendix C – Case Report Form (PHAC)
 - Appendix D – Contact list generation tool
 - Appendix E – Close contact table



Ebola Public Health Response Guidelines

This is an evergreen document that may change over time to reflect emerging evidence and advice.

Background

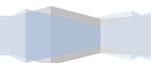
Prompt recognition of suspected Ebola Virus Disease (EVD) and reporting to public health facilitates investigation and follow-up to curb the spread of disease. Prompt recognition also assists health care workers (HCW) in implementing appropriate infection prevention and control measures to protect not only themselves, but other patients and those in contact with the case.

This document serves as a guide for health professionals when they encounter a suspect case of EVD on Prince Edward Island (PEI) and was created by adapting both national and other provincial/territorial documents. It is important to note that the two designated EVD hospitals for PEI are in Halifax, Nova Scotia.

Since March 2014, a substantial on-going outbreak of EVD has been occurring in West Africa affecting mainly Guinea, Liberia, and Sierra Leone. The current outbreak differs from previous EVD outbreaks given its wide geographic extent, duration and large number of cases¹. Both Senegal and Nigeria had cases associated with this outbreak but were declared free from EVD on October 17th and 19th, respectively. Additional cases of EVD related to the West African outbreak have been identified in the United States, Spain, and Mali. There was an unrelated outbreak of EVD occurring in the Democratic Republic of Congo, but that was declared over on November 20, 2014.

Symptoms of EVD may include: fever, muscle aches, fatigue/weakness, severe headache, vomiting and diarrhea and unusual bleeding. There is no curative treatment and supportive care (such as fluid therapy and pain management) addressing symptoms is provided. The incubation for the disease is 2-21 days (most commonly 8-10 days). The ebola virus is found in body fluids and is transmitted via direct contact with fluids or surfaces/equipment that have been contaminated with fluids. Those individuals who have symptoms are contagious. Containment of the virus is challenging if appropriate infection control measures are not in place or if the health care infrastructure is not able to provide appropriate isolation and personal protective equipment (PPE). This is discussed further in the document in greater detail. The reservoir for EVD is hypothesized to be fruit bats. The case fatality rate is high. There has been progress in the development of EVD vaccines by Canada with clinical trials currently underway.

¹ As of November 21, 2014 there have been 15,351 reported confirmed, probable and suspect cases to the WHO associated with the West African outbreak (http://apps.who.int/iris/bitstream/10665/144117/1/roadmapsitrep_21Nov2014_eng.pdf?ua=1)

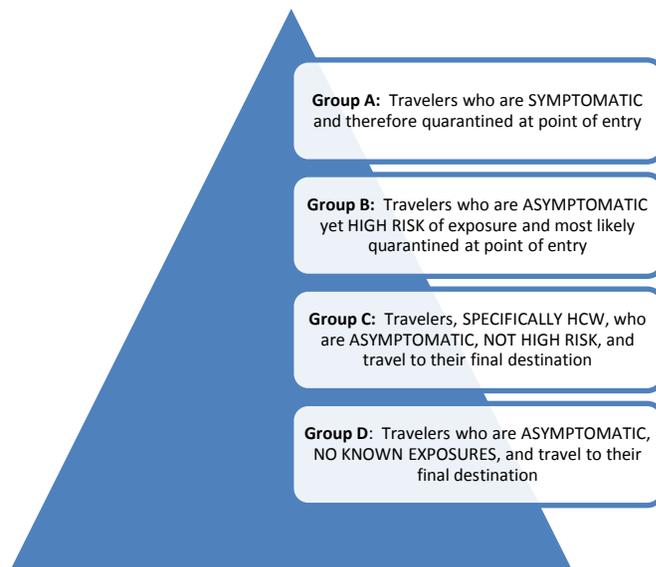


Ebola Public Health Response Guidelines

The likelihood of a case of EVD occurring in PEI is remote, however the most plausible way that this would occur would be from a traveler returning from one of the EVD-affected countries.

Returning Travelers

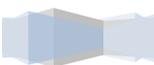
Exit screening is occurring at borders in Ebola-affected countries in West Africa. On October 31, 2014, Canada temporarily paused the processing of visa applications from individuals in EVD-affected countries.² These restrictions do not apply to Canadians, permanent residents or others who currently have eligible visas. Entry screening into Canada is being conducted at all Canadian borders (land, sea and air) by Canadian Border Services and Quarantine Officers. Returning travelers from EVD-affected countries will undergo temperature screening on-site and a determination as to their risk of EVD. Based on the results of the temperature screening and risk assessment, they may be quarantined or allowed to continue on their travels, with a legal obligation to report to the Chief Public Health Office (CPHO). Given these entry screening processes, there are four possible categories of returning travelers:



The following processes will be followed for each of the aforementioned groups and may be adjusted based on a case-by-case assessment:

- **Group A (travelers who are SYMPTOMATIC and therefore quarantined at point of entry)**
Travelers will be quarantined by CBSA quarantine officers at a designated facility near the airport of arrival. PEI does not receive any direct flights from West Africa, therefore will not receive any Group A travelers.

² <http://news.gc.ca/web/article-en.do?ctr.sj1D=&mthd=advSrch&ctr.page=1&ctr.dpt1D=&nid=898999&ctr.tp1D=&ctr.lc1D=&ctr.kw=ebola&ctr.aud1D=>



Ebola Public Health Response Guidelines

- **Group B (travelers who are ASYMPTOMATIC yet HIGH RISK of exposure and most likely quarantined at point of entry)**

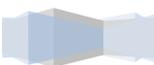
Travelers will most likely be quarantined by CBSA quarantine officers at a designated federal facility near the airport of arrival as they will not be permitted ongoing travel via any public conveyances. These travelers will be followed up by either local public health in the province of arrival or by federal public health. PEI does not receive any direct flights from West Africa, therefore would be extremely unlikely to receive any Group B travelers. There is a recommendation that Group B travelers stay within a 1 hour travel distance of a designated facility³.

In the rare event that a traveler chose to use a private vehicle to return to PEI, they would be required to do the following, based on federal legislation and provincial CPHO requirements:

- Self-quarantine through-out travel to and immediately upon arrival to PEI. They would **not be permitted** to isolate with family members, friends, or animals (including pets).
- Report to the CPHO upon their arrival to PEI
- Self-monitor for 21 days including twice daily temperature checks
 - Notify the CPHO immediately if oral temperature is >37.5°C
- Report EVD-compatible symptoms immediately
- CPHO specific visitations through-out the monitoring period will be determined on a case-by-case basis and will potentially include the following:
 - **Daily calls and visitation (frequency to be determined)** by CPHO to review the following (Appendix A & B):
 - twice daily temperature checks
 - EVD-compatible symptoms
 - review of daily activities including potential contacts
- Refrain from taking antipyretic⁴ medication during the period of monitoring (up to 21 days)
- Restrict themselves from public places, public transportation and work
- Restrict themselves from animal contact including farms
- Restrict themselves from travel during the monitoring period

³ The two designated facilities for PEI are in Halifax, NS.

⁴ Antipyretics are medications designed to reduce a fever such as acetaminophen (Tylenol®), acetylsalicylic acid (Aspirin®) and other NSAIDs such as Ibuprofen (Advil®) etc.



Ebola Public Health Response Guidelines

- **Group C (travelers, SPECIFICALLY HCW, who are ASYMPTOMATIC, NOT HIGH RISK, and travel to their final destination)**

Contact and medical information of Group C travelers will be provided to the CPHO from the CBSA. Travelers will be ordered/required to do the following based on federal legislation and provincial CPHO requirements:

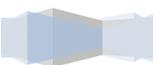
- Report to the CPHO upon their arrival to PEI
- Self-monitor for 21 days including twice daily temperature checks
 - Notify the CPHO immediately if oral temperature is $>37.5^{\circ}\text{C}$ and self-isolate as quickly as possible
- Report EVD-compatible symptoms immediately
- CPHO specific follow-up will be determined on a case-by-case basis and will potentially include the following:
 - **Daily calls** and **occasional visitation** by CPHO to review the following (Appendix A & B):
 - twice daily temperature checks
 - EVD-compatible symptoms
 - review of daily activities including potential contacts
- Refrain from taking antipyretic⁵ medication during the period of monitoring (up to 21 days)
- Report upcoming out of province travel to CPHO which will be decided on a case-by-case basis
- Report intended farm visitation with CPHO prior to animal contact which will be restricted or approved on a case-by-case basis

It will also be recommended that Group C travelers stay within a 1 hour travel distance to a designated facility⁶. If a Group C traveler does choose to travel to PEI, which would be outside of the recommended 1 hour travel distance to a designated facility, they will be subject to the additional following CPHO recommendations:

- Restriction from public places, public transportation and work
- Restriction from living with family members or friends
- Restriction from living with animals (including family pets)

⁵ Antipyretics are medications designed to reduce a fever such as acetaminophen (Tylenol®), acetylsalicylic acid (Aspirin®) and other NSAIDs such as Ibuprofen (Advil®) etc.

⁶ The two designated facilities for PEI are in Halifax, NS.



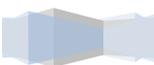
Ebola Public Health Response Guidelines

- **Group D (travelers who are ASYMPTOMATIC, NO KNOWN EXPOSURES, and travel to their final destination)**

Contact and medical information of Group D travelers will be provided to the CPHO from the CBSA. Travelers will be ordered/required to do the following based on federal legislation and provincial CPHO requirements:

- Report to the CPHO upon their arrival to PEI
- Self-monitor for 21 days including twice daily temperature checks
 - Notify the CPHO immediately if oral temperature is $>37.5^{\circ}\text{C}$ and self-isolate as quickly as possible
- Report EVD-compatible symptoms immediately
- CPHO specific follow-up will be determined on a case-by-case basis and will potentially include the following:
 - **Daily calls +/- occasional visitation** by CPHO to review the following (Appendix A & B):
 - twice daily temperature checks
 - EVD-compatible symptoms
 - review of daily activities including potential contacts
- Refrain from taking antipyretic⁸ medication during the period of monitoring (up to 21 days)
- Report upcoming out of province travel to CPHO during the monitoring period
- Report intended farm visitation with CPHO prior to animal contact and which will be restricted or approved on a case-by-case basis

⁸ Antipyretics are medications designed to reduce a fever such as acetaminophen (Tylenol®), acetylsalicylic acid (Aspirin®) and other NSAIDs such as Ibuprofen (Advil®) etc.



Ebola Public Health Response Guidelines

Duty to Report

The likelihood of anyone from an EVD-affected country presenting to the health system without prior knowledge by CPHO is extremely unlikely given the border measures previously described. However, all health care providers should be alert for patients presenting with Ebola-like illness in particular with appropriate travel history⁹ or contact with someone with a travel history or care of a confirmed or probable case (screening tool below).



Ebola Virus Disease (EVD) Standardized Triage Screening Tool

The following information should be obtained from patients who present for care in an emergency department or primary health care setting (e.g. family practice office, health centre or walk-in clinic) and to assist in responses for 811. This tool is also for information for other health care providers.

Question 1: Have you travelled outside of Canada in the past 21 days?

- Yes
- No

If the answer is YES, ask Question 2. If answer is NO, triage as per norm.

Question 2: Has your travel been to or through the following countries in West/Central Africa?

- Sierra Leone
- Guinea
- Liberia
- Mali

Question 3: Do the presenting symptom(s) include:

- Fever¹ **AND/OR** at least one of the following:
 - malaise (weakness)
 - myalgia (muscle pain)
 - headache
 - conjunctival injection (red eyes)
 - pharyngitis (sore throat)
 - abdominal pain (stomach pain)
 - vomiting
 - diarrhea, with or without blood
 - unexplained bleeding/hemorrhage
 - erythematous maculopapular rash on trunk (rash)

If the patient answers YES to Questions 1, 2 & 3, place the patient in a single room immediately, with a closed door, and implement contact/droplet precautions (gloves, gown, mask & eye protection/face shield).

Immediate notification by phone to the Chief Public Health Officer is required. During business hours the CPHO is contacted at (902) 368-4996 and after hours phone (902) 629-9624. The CPHO will coordinate further assessment and decisions regarding patient assessment and disposition.

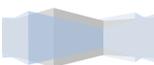
¹ Assessment of fever needs to be based on sound clinical judgment derived from history of antipyretic use and symptoms compatible with fever over the past few days, even if patient did not take their temperature.

Chief Public Health Office, DHW – November 27th, 2014

Health care providers (including 811/Island EMS and Canadian Border Services staff) should report any individuals with suspected EBV to the CPHO¹⁰ (as per Public Health Act requirements).

⁹ Travel history for EBV and any other pathogen is a vital component of proper health care triage

¹⁰ Chief Public Health Office: 902-368-4996 or after hours on-call number: 902-629-9624



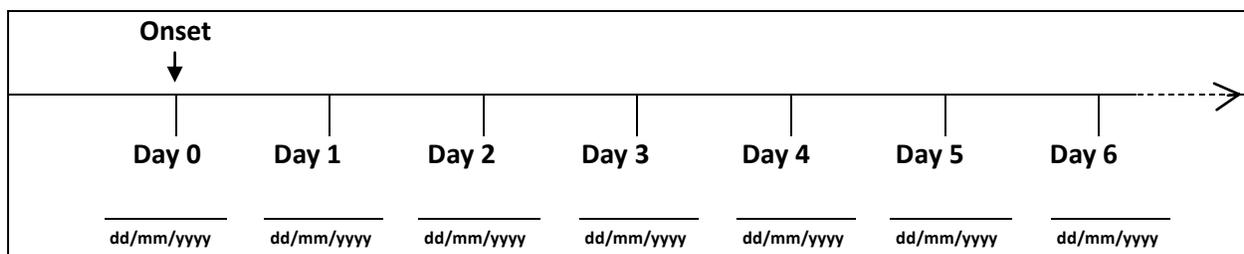
Ebola Public Health Response Guidelines

PUBLIC HEALTH INVESTIGATION AND FOLLOW-UP

The CPHO will follow-up immediately to collect information regarding the patient, to coordinate the transfer of the patient to one of the designated facilities¹¹ in Nova Scotia (if applicable), and to facilitate any contact tracing. The intention is that no testing for EBV will be conducted in PEI. The Case Report Form (Appendix C) will need to be completed as soon as possible.

The CPHO will work with the health care staff on duty to generate a complete and accurate contact list. A contact list generation tool may be used (Appendix D). Contacts (including animals) will be identified based on the onset of symptom date as below:

Date of fever or EBV-compatible symptom onset: dd/mm/yyyy (Onset date = Day 0)



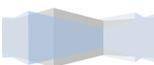
Start Contact list collection at Day 0 and list contacts by date (example below, full table is available in Appendix E).

Day	Date	Name	Type of Contact	Contact Information
0 (Example)	Oct. xx, 2014	John Doe	Household	Xxx University Ave., Ch'town 902-566-xxxx xxx@gmail.com
1 (Example)	Oct. xx, 2014	Jane Doe	Classmate	Xxx Granville St., Summerside 902-888-xxxx xxxxx@sympatico.ca
2				
3				

A risk assessment based on exposure criteria will be conducted on all contacts to determine whether or not they will be followed by public health. Those contacts identified as requiring CPHO follow-up will be monitored based on deemed exposure risk and will be managed as per Group B and C in the previous section.

The contact list may include any animals (livestock, household pets etc). Pets of confirmed cases may be quarantined at a designated facility using the [Draft Protocol for Quarantine of Companion Animals that have been Exposed to a Human with Confirmed Ebola Virus Disease](#). Assessment of livestock contact will be evaluated in collaboration with appropriate animal health authorities.

¹¹ The two designated facilities for PEI are in Halifax, NS.



Ebola Public Health Response Guidelines

Infection Control Measures

Prior to any patient interaction, all healthcare workers (HCWs) have a responsibility to assess the infectious risk posed to themselves and to other patients, visitors, and HCWs. Infection control precautions are important to protect HCW and other patients and visitors.

.....Person-to-person transmission of EVD is primarily associated with direct contact with blood and body fluids. HCW caring for patients with suspected or confirmed EVD should apply strict infection control precautions.....

Recommendations for infection prevention and control measures for patients presenting with suspected ebola infection in all health care settings include:

1. Routine Practices: For all patients, at all times, in all healthcare settings including when performing a point-of-care risk assessment, and adherence to respiratory hygiene and hand hygiene.

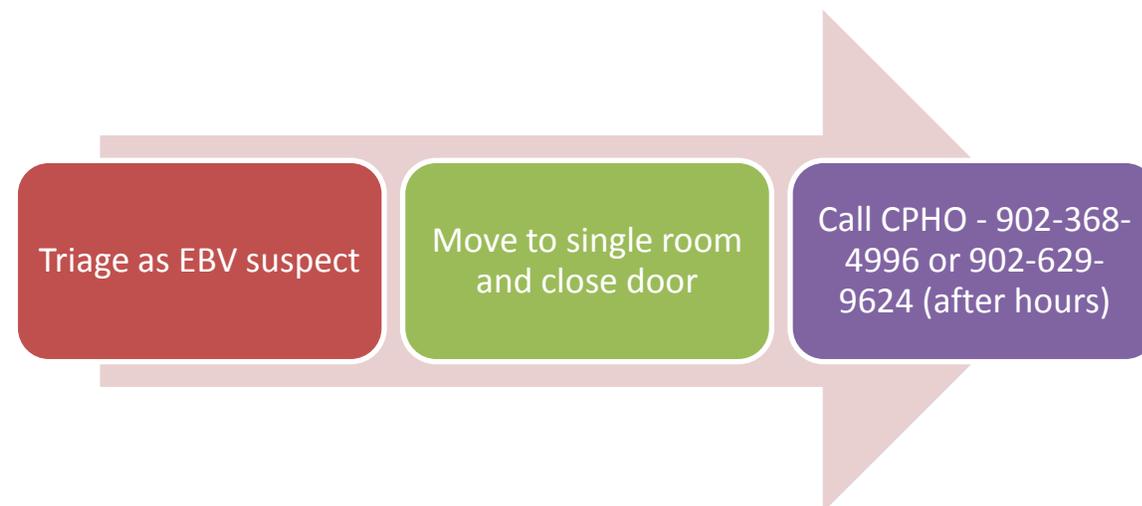
2. Contact and Droplet Precautions (*should be implemented immediately*): PEI is following PHAC guidelines for infection prevention and control in healthcare settings. For the most up-to-date information on infection prevention and control practices, go to:

<http://www.phac-aspc.gc.ca/id-mi/vhf-fvh/ebola-ipc-pci-eng.php>

<http://www.phac-aspc.gc.ca/id-mi/inf-cont-inf/sanitation-hygiene-eng.php?from=professionals-page>

<http://www.phac-aspc.gc.ca/id-mi/vhf-fvh/ebola-cabin-cabine-eng.php>

Proper use of appropriate PPE is a necessary and vital part of health care and should be adhered to no matter what the suspected agent. Proper use of appropriate PPE DOES and WILL prevent the spread of infections.



Ebola Public Health Response Guidelines

Case Definition

Case Definitions for Ebola Virus Disease (EVD) – DRAFT PHAC

Confirmed Case

A person with laboratory confirmation of EVD infection using at least one of the methods below:

- Isolation and identification of virus from an appropriate clinical specimen (e.g., blood, serum, tissue, urine specimens or throat secretions) **OR**
- Detection of virus-specific RNA by reverse-transcriptase PCR from an appropriate clinical specimen (e.g., blood, serum, tissue) using two independent targets or two independent samples **OR**
- Demonstration of virus antigen in tissue (e.g., skin, liver or spleen) by immunohistochemical or immunofluorescent techniques **AND** another test (e.g., PCR) **OR**
- Demonstration of specific IgM **AND** IgG antibody by EIA, immunofluorescent assay or Western Blot **OR**
- Demonstration of a fourfold rise in IgG serum antibody by EIA, immunofluorescent assay or Western Blot from serial samples

Probable Case

A person with EVD-compatible symptoms (as defined below)

- a travel history to a country with widespread and intense Ebola virus transmission [[HYPERLINK TO WHO](#)] within 21 days of symptom onset **OR** exposure to one of the epidemiological risk factors within 21 days of symptom onset **AND**
- with pending laboratory results for Ebola.

Person Under investigation (PUI)

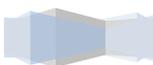
A person with EVD-compatible symptoms (as defined below)

- a travel history to a country with widespread and intense Ebola virus transmission within 21 days of symptom onset **OR** exposure to one of the epidemiological risk factors within 21 days of symptom onset

Symptoms:

A person with EVD-compatible symptoms is defined as an individual presenting with fever (temperature ≥ 38.0 degrees Celsius) **OR** at least one of the following symptoms/signs:

- malaise
- myalgia
- headache
- arthralgia
- fatigue
- loss of appetite
- conjunctival redness



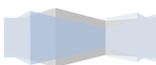
Ebola Public Health Response Guidelines

- sore throat
- chest pain
- abdominal pain
- nausea
- vomiting
- diarrhea that can be bloody
- hemorrhage
- erythematous maculopapular rash on the trunk

Epidemiological Risk Factors:

- **Healthcare worker (HCW)**¹³ who cared for a case of Ebola Virus Disease (EVD)
- Laboratory worker handling Ebola virus or processing body fluids from a case of EVD
- Patient or visitor who spent time in a healthcare facility where cases of EVD are being treated in a country with widespread and intense Ebola virus transmission
- Sexual contact with an EVD case
- Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic - Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE within approximately 2 meters (6 feet) of a person with Ebola. Brief proximity, such as being in the same room for a brief period of time, with a person with Ebola while the person was symptomatic is not a risk factor
- Contact with any human remains of a case of EVD or in a country with widespread and intense Ebola virus transmission
- Contact with bats, primates or wild animal bush meat from affected countries
- Traveled on an aircraft and sat within two rows of a person with Ebola while the person was symptomatic

¹³ Health care workers include: Healthcare workers: defined as individuals who provide health care or support services with potential direct contact with patients or infected material, such as nurses, physicians, dentists, nurse practitioners, paramedics, emergency first responders, allied health professionals, unregulated healthcare providers, clinical instructors and students, volunteers and housekeeping staff; have varying degrees of responsibility related to the health care they provide, depending on education/preparation and their specific job/responsibilities.



Ebola Public Health Response Guidelines

Appendices

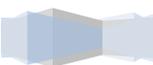
Appendix A – Daily monitoring tool

Appendix B – Temperature Log

Appendix C – Case Report Form (PHAC)

Appendix D – Contact list generation tool

Appendix E – Close contact table



Check List Sheet for Active Daily Monitoring of EVD Contacts and Returning Travelers

Check list sheet for daily active monitoring of close contacts or returning travelers:

Today is DAY "X" of your monitoring. Thanks for your patience and cooperation. It is really important that we are vigilant to ensure that you and people close to you are as safe and healthy as possible.

- ✓ What were your AM and PM temperatures?
- ✓ Did you take your temperature orally?
- ✓ Have you taken any medications today that may bring down a fever such as acetaminophen (Tylenol®), ibuprofen (Advil®) or ASA (Aspirin®)?
- ✓ Otherwise how are you feeling today?
- ✓ Any aches, headaches, stomach pain, bleeding etc?
- ✓ Do you have any other symptoms that you would like to tell me?
- ✓ Did you go anywhere today?
 - If yes, where did you go and who did you see?

Thank you very much. I just want to reiterate that it is extremely important that you continue to take your oral temperature twice daily and if your temperature reading shows $>37.5^{\circ}\text{C}$ please call our office immediately and self-quarantine yourself as quickly as possible. Also if you experience any other EVD-compatible symptoms please call right away. Do not take any medications that may reduce a fever. Please do not leave the province until your monitoring period is complete.

Temperature Log for Contacts or Returning Travelers (Ebola)

Name: _____

Day	Date	Temperature Reading				Other Symptoms ¹	Initial of HCW who conducted follow-up
		AM Temp (°C)	AM Time	PM Temp (°C)	PM Time		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							

¹ severe headache, muscle pain, sore throat, diarrhea, vomiting, stomach pain, unexplained bleeding, or other symptoms compatible with EVD



Ebola Virus Disease (EVD) Case Report Form

ADMINISTRATIVE INFORMATION

Reporting Province / Territory:

- BC
 AB
 SK
 MB
 ON
 QC
 NB
 NS
 PE
 NL
 YK
 NT
 NU
 Other

Specify 'Other' Department _____

Contact information for P/T person reporting

Name: _____

Phone number: (____) _____ - _____

Email: _____

P/T Case ID: _____

Laboratory Case ID: _____

Report Date (dd/mm/yyyy): _____

- Initial Report
 Updated Report

SURVEILLANCE CASE CLASSIFICATION *(please refer to case definitions)*

- Person Under Investigation (PUI)
 Probable
 Confirmed
 Non-case

DEMOGRAPHIC INFORMATION

Gender: Male Female Unk

Age: _____ years *If under 2 years* _____ months Unk

SYMPTOMS *(check all that apply)*

Date of onset of first symptom(s) (dd/mm/yyyy) _____

Specify initial symptom(s) (see list below):

Fever (≥38.6°C) Date of fever onset (dd/mm/yyyy) _____

Check all other symptoms that apply:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Stomach pain | <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Bleeding at injection sites | <input type="checkbox"/> Severe Headache |
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Pharyngitis | <input type="checkbox"/> Nose bleed (epistaxis) | <input type="checkbox"/> Malaise |
| <input type="checkbox"/> Haematemesis | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Bleeding gums | <input type="checkbox"/> Myalgia |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Intense coughing | <input type="checkbox"/> Haematuria | <input type="checkbox"/> Petechiae |
| <input type="checkbox"/> Diarrhoea | <input type="checkbox"/> Conjunctival injection | <input type="checkbox"/> Vaginal bleeding outside menstruation | <input type="checkbox"/> Skin rash |
| <input type="checkbox"/> Bloody stools | | | Specify location: _____ |
| <input type="checkbox"/> Anorexia | | | |
| <input type="checkbox"/> Other | Specify: _____ | | |

Name of the municipality (and country if outside Canada) where the case became ill: _____

Has the case been in any health care facilities since he/she became ill? Yes No Unknown

If the answer is "yes", complete the list indicating location of the health care facilities

City: _____ Health care facility: _____

City: _____ Health care facility: _____

City: _____ Health care facility: _____

How was the case transported to the health care facility?

- Ambulance
 Medevac
 Private vehicle
 Commercial vehicle
 Public transportation

Other Specify: _____

CLINICAL COURSE, HOSPITALIZATIONS, COMPLICATIONS and OUTCOME

Date of first presentation to medical care: (dd/mm/yyyy) _____

Case Hospitalized? Yes No Unk Admission Date: (dd/mm/yyyy) _____

Case admitted to Intensive Care Unit (ICU) ICU Admission Date: (dd/mm/yyyy) _____

Yes No Unk Did the case require a ventilator? Yes No Unk



Case isolated (single room, private bathroom) and placed on droplet and contact precautions while in hospital?

Yes No Unk

If yes, indicate the date (dd/mm/yyyy) _____

Was there a break in IPC in the management of this case?

Yes No Unk

If yes, indicate the date (dd/mm/yyyy) _____

Please provide other pertinent details

Were aerosol generating medical procedures (AGMP) performed while in hospital?

Yes No Unk

If yes, please identify type(s) of AGMP, dates and other pertinent details: _____

Type: _____ Date:(dd/mm/yyyy) _____

Type: _____ Date:(dd/mm/yyyy) _____

Type: _____ Date:(dd/mm/yyyy) _____

Were strategies to limit aerosol generation implemented?

Yes No

Case discharged from the hospital? Yes No Unk

Discharge date:(dd/mm/yyyy) _____

LABORATORY INFORMATION

Microbiology / Virology / Serology (complete if applicable)

Lab ID and location of testing	Date Specimen Collected (dd/mm/yyyy)	Test Performed (Antigen detection, IgM, IgG, RT-PCR, viral culture, immunohistochemical staining, immunofluorescence)	Type of Specimen/Anatomic site (Blood sample using dry tube, saliva, biopsy please specify organ or tissue, blood using anticoagulants, stool/urine, swab, vaginal fluid, semen, breast milk, other [specify])	Test Result (positive, negative, titre and interpretation)	Test Report Date (dd/mm/yyyy)

OUTCOME (to be verified 4 weeks after symptom onset)

Alive Deceased If deceased, date of death (dd/mm/yyyy): _____

SOURCE IDENTIFICATION: EXPOSURES (add additional details in the comments section as necessary)

Travel

In the 21 days prior to symptom onset, did the case travel outside of their province/territory of residence or outside of Canada? Yes No Unk

If yes, please specify the following (submit additional information on a separate page if required)

	Country / City Visited and Dates of Travel for each country / city visited (including stopovers)	Hotel or Residence
Trip 1		
Trip 2		
Trip 3		

In the 21 days prior to symptom onset, did the case travel on a plane or other public carrier(s)? Yes No Unk

If yes, please specify the following

Travel Type	Carrier Name	Flight / Carrier #	Seat #	City of Origin	Destination City	Dates of Travel



Human Exposure(s)

In the 21 days prior to symptom onset, was the case exposed to:

A confirmed case of EVD? Yes No Unk

If yes, specify the Epi Case ID: _____

When (dd/mm/yyyy) _____

A probable case or PUI of EVD? Yes No Unk

If yes, specify the Epi Case ID: _____

When (dd/mm/yyyy) _____

Did the exposure occur in Canada? Yes No Unk

If no, specify the country where the exposure occurred: _____

At the time of exposure, was the source case (confirmed, probable or PUI) : alive or deceased

If deceased, date of death (dd/mm/yyyy) _____

Date of last contact with source case (dd/mm/yyyy) _____

Was the case in contact with the source case as a:

household contact caregiver to a family member sexual contact Health Care Worker (HCW)¹

Other Provide the 'other' details: _____

In the 21 days preceding symptom onset, was the case **hospitalized** or has he/she visited a hospital? Yes No Unk

If yes, where: _____

If yes, when (dd/mm/yyyy): _____

In the 21 days preceding symptom onset, was the case in contact with human remains in the geographic area where an EVD outbreak was occurring (e.g. funerals or burial rites)?

Yes No Unk If yes, specify when (dd/mm/yyyy): _____

Did the contact with the human remains take place in Canada? Yes No

If no, then indicate the country in which the **contact with the human remains** took place: _____

Was personal protective equipment (PPE) used during contact with human remains? Yes No Unk

If yes, was there a safety breach? Yes No Unk

Occupational and Recreational Exposure(s)

The case is a:

- Medevac Staff
- Consular employee
- NGO/Aid Worker
- Expatriate worker
- Mortician
- Veterinary/ animal worker/ or game hunter
- Laboratory Worker
- Mine worker
- Prospector specify: _____
- Other specify: _____

HCW ¹ specify: _____

Was there a breach in IPC while in direct or indirect contact with a probable or confirmed EVD case?

Yes No Unk

If yes, provide details:

Date of IPC Incident (dd/mm/yyyy): _____

Name of facility: _____



Animal exposure(s)

In the 21 days prior to symptom onset, did the case have contact with wild animals in Africa? Yes No Unk

If yes, specify date of last direct contact (dd/mm/yyyy) : _____

Country/City/Village _____

In the 21 days prior to symptom onset, did the case consume bush meat? Yes No Unk

If yes, specify date of last direct contact (dd/mm/yyyy) : _____

Country/City/Village _____

What type of animals did the case have direct contact with? (check all that apply)

Primates Bats Other: Specify 'other' details _____

Did the animal display any symptoms of illness or was the animal dead? Yes No Unk

Where did the direct contact occur? (check all that apply)

Home Work (fill in occupational section) Outdoor work / recreation (camping, hiking, hunting etc)

Other: Specify 'other' details _____

Mines/Cave exposure(s)

In the 21 days prior to symptom onset, did the case work or spend time in a mine/cave inhabited by bat colonies in Africa?

Yes No Unk If yes, specify date of last direct contact (dd/mm/yyyy) : _____

¹ Healthcare workers: defined as individuals who provide health care or support services, such as nurses, physicians, dentists, nurse practitioners, paramedics, some emergency first responders, allied health professionals, unregulated healthcare providers, clinical instructors and students, volunteers and housekeeping staff; have varying degrees of responsibility related to the health care they provide, depending on their level of education and their specific job/responsibilities.

ADDITIONAL DETAILS/COMMENTS (add as necessary)

Empty box for additional details and comments.

TO BE COMPLETED BY: The Public Health Agency of Canada

Date received (dd/mm/yyyy) : _____

PHAC Case ID: _____

If case is related to a national outbreak, national outbreak ID: _____

Contact List Generation Tool - Sample

← Fill in appropriate date range

10/27/2014 - 11/3/2014						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
October 26	27	28	29	30	31	November 1
			Date of Onset (fever/aches) 			Presentation at Health Facility 
2	3	4	5	6	7	8



- **First collect some general information regarding the patient (Case Report Form (Appendix C should be used):**

- What date did they arrive in Canada? How did they arrive (plane, train, car, ship?) What city did they arrive in?
- When did their symptoms start * (**important to reiterate the importance of this information**). When did they feel unwell, feel feverish, have chills, stomach pains etc?
- Where do they live or reside in Prince Edward Island? Are they renting, do they own? Are they a student?
- Do they live by themselves or with other family members or roommates? Where do they work or go to school?
- Do they have any pets in their house? What kinds of animals?
- Do they live on a farm? What kind of farm?

- **Second, focus on identifying contacts (including animals) and use all sorts of questions to ascertain that information.** Fill in the contacts on the close contact table (Appendix E). Work backwards from today's date until the date of symptom onset. **Have a blank calendar like the one above filled in, so it is easier to ask questions (sometimes if you remind people the days of the week versus the date, they remember better, say Sunday instead of the 26th of October :**

- What did you do today before you came here? Did anyone drive you here? Did you go to work or school? Did you eat in a restaurant or go to a store? Did you go to the gym or participate in a club or meeting? Did you go to church?
- *If they answer **yes** to any of the above information then probe further into the details of that event, for example: If they said that they went out for supper yesterday evening then ask:
 - Who did you go to supper with?
 - What restaurant did you go to?
 - What time did you go to the restaurant and how long did you stay?
 - Who did you sit with at the restaurant?
 - Did you see anyone else you knew at the restaurant?
 - How did you get there? Taxi? Etc.....

*All this information will help you gather a list of contacts. Please ask more questions as appropriate.

*Ask how to contact the named contacts phone numbers, addresses and email and fill them in on the Close Contact Table (Appendix E).

Ebola Virus - Contact List

Case Name: _____

Date of fever or EBV-compatible symptom onset: dd/mm/yyyy **(Onset Date = Day 0)**

Start Contact list collection at Day 0 and list contacts by date (example below in grey).

Day	Date	Name	Type of Contact	Contact Information
0 (Example)	Oct. xx, 2014	John Doe	household	Xxx University Ave., Ch'town 902-566-xxxx xxx@gmail.com
1 (Example)	Oct. xx, 2014	Jane Doe	classmate	Xxx Granville St., Summerside 902-888-xxxx xxxxx@sympatico.ca