

Form for Aid Workers going to VHF-affected areas

The HSE operates a voluntary reporting system for all humanitarian aid workers (HAWs) from Irish based organisations who plan to travel to countries affected by viral haemorrhagic fevers (VHF) such as Ebola.

The primary purpose of this register is facilitate the HSE Departments of Public Health to monitor your health and safety following your return from a VHF affected area.

In addition, your travel details are used to maintain the required level of preparedness by a number of different services, such as the National Ambulance Service, National Isolation Unit, HSE Departments of Public Health, HSE Emergency Planning, Department of Health and Department of Foreign Affairs. Your details will be used to keep these services prepared via an anonymised weekly summary report.

Once you return to Ireland, HSE Departments of Public Health will carry out a risk assessment of any exposures to VHF that you might have had while in an affected area.

If you had contact with a VHF case or contact with VHF contaminated materials, there will be a requirement for you to be contacted on a daily basis for 21 days following your return home from an affected area.

If you had no exposure to VHF, you will only be contacted once for the risk assessment when you return home.

In order to facilitate this process, please complete this form and return to the Health Protection Surveillance Centre (HPSC) **prior to departure**.

Instructions for NGOs returning forms to HPSC:

- If completing the form by hand, please complete in BLOCK CAPITALS
- Email completed forms to: hpsc-data@hse.ie OR fax to **01-8561299**
- If returning by email, please save the file using the format **NGOName_HAWSurname_YYYYMMDD.docx**
- All forms sent by email must be **encrypted**
- Please enter N/A (not applicable) for fields where necessary and do not leave blank fields
- If return travel details are not available at the time of departure, please submit as soon as they become available and **before the last working day prior to returning to Ireland**

Data Protection - please ensure that the aid worker is aware of and consents to the statement below:

- Your personal data collected will not be disclosed to any other person or agency and will be anonymised 3 months after your return from a VHF-affected area.
- I confirm that I have read the information provided on this form and in the [information leaflet](#) and I consent to my personal data being processed for the purposes described. **Yes** **No** (please tick box or delete)

A. Personal Details of person travelling to VHF-affected areas			
First name			
Surname			
Gender			
Date of birth		___/___/____ (dd / mm/ yyyy)	
Nationality			
Home/current address (including county)		Eircode:	
Proposed address during 21 days post-return (including county), if different from above		Eircode:	
Telephone number		Mobile number	
Email address			
Occupation			
Employer to which returning after deployment			
B. Deployment Details			
Date of deployment	___/___/____ dd / mm/ yyyy	Expected date of return	___/___/____ dd / mm/ yyyy
Country of deployment			
Proposed role/ occupation during deployment (please give details)			
Does the proposed role involve direct care with, or handling laboratory specimens from, patients/ deceased persons with VHF or suspected VHF or with any possible environmental contamination?		Yes <input type="checkbox"/> / No <input type="checkbox"/> / Not sure <input type="checkbox"/> <i>(please tick box or delete)</i>	
Did the person receive vaccination against Ebola Virus Disease prior to possible exposure?		Yes <input type="checkbox"/> / No <input type="checkbox"/> / Not sure <input type="checkbox"/> <i>(please tick box or delete)</i> Date: ___/___/____ dd / mm/ yyyy Name of vaccine:	
C. Sending organisation (NGO) Details			
Organisation name			
Key contact name			
Contact telephone number			
Organisational contact email address			
D. GP details for person travelling to VHF-affected areas			
GP name			
GP address		Eircode:	
GP telephone number			
E. Return Travel Details from VHF-affected areas			
Actual date of return		___/___/____ dd / mm/ yyyy	
Point of entry to Ireland			
Please indicate flight details for each leg of the journey home		Departure date	Flight number
1 st Flight (e.g. from affected area - Addis Abbaba)		___/___/____ dd / mm/ yyyy	
2 nd Flight (if required e.g. from Addis Abbaba - Amsterdam)		___/___/____ dd / mm/ yyyy	
3 rd Flight (if required e.g. Amsterdam to Dublin)		___/___/____ dd / mm/ yyyy	
Is the aid worker planning to return to VHF-affected area within the next month?		Yes <input type="checkbox"/> / No <input type="checkbox"/> <i>(please tick box or delete)</i>	
If yes, approximate date of return to VHF-affected area		___/___/____ dd / mm/ yyyy	