Viral Haemorrhagic Fever
Contact Assessment Form

V1.1, 21/12/2022

Section A - Contact Information

Contact of Event ID ☐☐☐☐☐☐☐☐☐☐ *If index case diagnosed in Ireland*

Surname: ________ Forename: ________

Address:

Home: ________

________ Eircode:

Work: ________

________ Eircode:

Sex: F ☐ M ☐ NK ☐ Date of Birth: __/__/____ Age: ☐☐☐

Occupation (Abroad) ________

Occupation (Ireland) ________

	Home	Work
Mobile telephone number:		
Landline telephone number:		
Email address:		

Type of Viral haemorrhagic fever:

- ☐ Ebola
- ☐ Marburg
- ☐ Crimean-Congo Haemorrhagic Fever
- ☐ Lassa fever
- ☐ Other arenavirus, please specify ________
- ☐ Other viral haemorrhagic Fever If other, please specify ________

Section B - GP Contact Details

Surname: ________ Forename: ________

Address: ________

____

________ Eircode:

Telephone number: ________

Section C – Returning Humanitarian Aid Worker (HAW)

Organisation / NGO that HAW went with

____

____

____

Section D - Type of Contact

Type of contact (please tick all that apply and complete the relevant sections):

	Type	
☐	Living/Working in an affected area	*Please go to Section E for additional questions*
☐	Healthcare	*Please go to Section F for additional questions*
☐	Household	*Please go to Section G for additional questions*
☐	Travel (airline, other public transport etc)	*Please go to Section H for additional questions*
☐	Other	*Please go to Section I for additional questions*

If other, please specify: ________

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Section E – Person living/working in affected area

Travel History

1. What country or countries did you visit? Please state countries and dates

Country 1		Date arrived		Date departed	
Country 2		Date arrived		Date departed	
Country 3		Date arrived		Date departed	

2. Did you travel within the Country? If yes, please state Cities, Towns, Regions?

3. When were you last in any affected country?

Possible exposure to VHF

4. If you were working, what did you work at? Describe your role in detail

Question	Yes	No	Unknown
5. Did you meet or see anyone who was sick?	☐	☐	☐

5a. If yes, please describe the level of contact

Question	Yes	No	Unknown
6. Did you meet/see anyone who had VHF or who may have had VHF?	☐	☐	☐

6a. If yes, please describe the level of contact

Question	Yes	No	Unknown
7. Were you at a medical facility (possible contact with sick person)?	☐	☐	
7a. If yes, did you seek medical care?	☐	☐	
7b. If you sought medical care, why?			
7c. If you sought medical care, did you get an injection or any IV therapy?	☐	☐	
8. Did you go to any funeral?	☐	☐	☐
8a. If yes, was the cause of death VHF, or possibly VHF?	☐	☐	☐
9. Did you have sexual contact with someone who was sick or who had recovered from Ebola?	☐	☐	☐
10. Did you have direct contact with fruit bats or primates (chimpanzees or gorillas) either living or dead in affected areas, or bushmeat?	☐	☐	☐
11. Do you plan to work while in Ireland?	☐	☐	

11a. If yes, what do you plan to work at?

Risk category assigned:

☐ Non-healthcare worker with high risk exposure

☐ Non-healthcare worker with low risk exposure

☐ No risk exposure

Please go to Section J

Section F - Healthcare Contacts

Category of worker:

- ☐ Cleaner
- ☐ Doctor
- ☐ Nurse Assistant
- ☐ Other
- ☐ Nurse
- ☐ Laboratory scientist
- ☐ Paramedical

Please specify: ____________

Country of exposure:

- ☐ Ireland
- ☐ Other

Please specify: ____________

	Yes	No	Unknown
1. Did you have any direct contact (of exposed mucous membranes or non-intact skin) with body fluids, including handling clinical/laboratory specimens, or materials soiled by body fluids from a probable or confirmed case?	☐	☐	☐
2. Did you have exposure to body fluids, tissues or laboratory specimens of a probable or confirmed case due to a percutaneous injury (e.g. with needle) ?	☐	☐	☐

Please answer questions 3-7 below and indicate which pieces of PPE, if any, were worn.

Did you or were you involved in...	**Yes**	**No**	**Unknown**	None	Plastic apron	Hood	Goggles / Faceshield	Gloves / Double gloves	Mask: Fluid repellent surgical / FFP3 / PAPR	Knee-high rubber boots	Long sleeved fluid resistant gown / coverall / PAPR suit
3. Providing routine patient care to a probable or confirmed case?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. Handling body fluids, e.g. urine, faeces, blood, or clinical/laboratory specimens, from a probable or confirmed case?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. Resuscitation of a probable or confirmed case?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6. Autopsy of a probable or confirmed case?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7. Moving patients (probable or confirmed) who had died?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Describe in detail your exposures:

____

Length of exposure:

Date of first exposure: __ __ / __ __ / __ __ __ __

Date of last exposure: __ __ / __ __ / __ __ __ __

Length of exposure: __ __ Hours / Days / Weeks - *Please circle as appropriate.*

Is the exposure ongoing e.g. NIU staff? ☐ Yes ☐ No

Risk category assigned:

- ☐ Healthcare worker with high risk exposure while they wore appropriate PPE but may have had a breach in PPE OR wore no PPE
- ☐ Healthcare worker with low risk exposure who wore appropriate PPE
- ☐ No risk exposure

Please go to Section J

Section G - Household Contacts

Relationship to case:

☐ Husband/Wife/Partner ☐ Boy-/Girl-friend ☐ Child ☐ Sibling ☐ Housemate ☐ Other

If other, please specify: ____________________

1. Do you live with the case? ☐ Yes ☐ No ☐ Unknown

When the case was ill did you...

	Yes	No	Unknown
2. Share a room with the case?	☐	☐	☐
3. Have sex with the case?	☐	☐	☐

When the case was ill did you...

	Yes	No	Unknown
4. Shake hands	☐	☐	☐
5. Hug	☐	☐	☐
6. Kiss	☐	☐	☐
7. Look after the case	☐	☐	☐

	Yes	No	Unknown
8. Did you handle body fluids, e.g. urine, faeces or blood, from the case?	☐	☐	☐
9. Did you handle clothes, bedding or other items soiled by blood, urine or other secretions?	☐	☐	☐
10. If yes to question 8 or 9, did you wear any protective equipment, e.g. gloves?	☐	☐	☐

If yes, what did you wear/use?

____

Describe in detail your contact with the case:

____

Length of exposure:

____

Date of first exposure: __ __ / __ __ / __ __ __ __ Date of last exposure: __ __ / __ __ / __ __ __ __

Risk category assigned:

☐ Non-healthcare worker with high risk exposure ☐ Non-healthcare worker with low risk exposure ☐ No risk exposure

Please go to Section J

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Section H - Travel contacts e.g. airline, other public transport etc

Relationship to case:

☐ Passenger ☐ Pilot/Driver ☐ Flight attendant/Guide ☐ Other

If other, please specify: ____________________

If passenger on an aircraft...

Airline: ____________________ Flight Number: ____________________

Where did you sit? Row ______ Seat ______

If you cannot remember your row/seat number, where were you sitting? Please tick all that apply.

☐ Front of the plane ☐ Back of the plane ☐ Beside an emergency exit
☐ Central aisle ☐ Window seat ☐ Near a toilet
☐ Economy ☐ Business/Premium/First class ☐ Over the wing

See http://www.seatguru.com/ for seating plans. Search by flight number or route (airport of arrival/departure & date).

	Yes	No	Unknown
1. Did you have any unprotected exposure of your skin or mucous membranes to infectious body fluids e.g. Coughed, vomited near you?	☐	☐	☐
2. Did you handle body fluids, e.g. urine, faeces or blood, from the case?	☐	☐	☐
3. Did you use the toilets?	☐	☐	☐

If yes, which one (front, middle, back, left, right etc) ? ____________________

Describe in detail any contact:

Date of this exposure: ____________________ Length of exposure: ______ Hours

Risk category assigned:

☐ Non-healthcare worker with high risk exposure ☐ Non-healthcare worker with low risk exposure ☐ No risk exposure

Please go to Section J

Section I - Other Contacts e.g. workplace, social, classroom

	Yes	No	Unknown
1. Do you think you had contact with a case of VHF?	☐	☐	☐
If yes			
2. Did the case vomit or cough near you?	☐	☐	☐
3. Did you handle body fluids, e.g. urine, blood, faeces, from the case?	☐	☐	☐
4. In the contact period, did you use the toilet at work/social event/classroom etc?	☐	☐	☐

5. Please describe in detail your contact with the case:

Length of exposure to the case:

Date of first exposure: __ __ / __ __ / __ __ __ __   Date of last exposure: __ __ / __ __ / __ __ __ __

Risk category assigned:

☐ Non-healthcare worker with high risk exposure   ☐ Non-healthcare worker with low risk exposure   ☐ No risk exposure

Results of Risk Assessment (rationale for category assigned)

Please go to Section J

Section J - Health Status of Contact

Any symptoms? ☐ Yes ☐ No ☐ Unknown

If yes, please tick all that apply.

	Yes	No	Unknown		Yes	No	Unknown		Yes	No	Unknown
Headache	☐	☐	☐	Chest pain	☐	☐	☐	Diarrhoea	☐	☐	☐
Fatigue	☐	☐	☐	Abdominal pain	☐	☐	☐	Rash	☐	☐	☐
Loss of appetite	☐	☐	☐	Red eyes	☐	☐	☐	Bruising	☐	☐	☐
Muscle pain	☐	☐	☐	Sore throat	☐	☐	☐	Bleeding	☐	☐	☐
Joint pain	☐	☐	☐	Nausea	☐	☐	☐				
Hiccups	☐	☐	☐	Vomiting	☐	☐	☐				

Have you fever, or history of fever? ☐ Yes ☐ No ☐ Unknown

If yes, did you take your temperature? Temperature: ___ °C Site: ☐ Oral ☐ Axil ☐ Aural

Have you taken anti-pyretic medication in the last 8 hours? ☐ Yes ☐ No ☐ Unknown

If yes, why did you take the medication? ____________________

Section K – Calculate Period of Surveillance

Date of last exposure: __/__/____ Today's Date: __/__/____

Difference between date of last exposure and today: ___ days

Period of surveillance remaining (21 - difference between dates): ___ days

Date surveillance due to end: __/__/____

Section L – Checklist

	Healthcare workers		Non-healthcare worker	
	High risk exposure	Low risk exposure	High risk exposure	Low risk exposure
Type of monitoring:	☐ Active monitoring	☐ Active monitoring	☐ Active monitoring	☐ Self-monitoring
Information pack provided:	☐ Yes	☐ Yes	☐ Yes	☐ Yes

Section M – Overall Risk Assessment

Risk category assigned:

☐ High-Risk healthcare worker

☐ High-Risk non healthcare worker

☐ Low-Risk healthcare worker

☐ Low-Risk non healthcare worker

☐ No risk exposure

Section N – Comments

Section O – Ribavirin Prophylaxis

Is this contact taking prophylactic rivavirin? ☐ Yes ☐ No ☐ Unknown

Name of interviewer ____________________ **Date** __/__/____