

TEMPLATE PUBLIC HEALTH RISK ASSESSMENT – For travelers arriving the U.S. from Rwanda during the 2024 Marburg outbreak

This document contains sample questions that can be used to assess the risk for Marburg virus exposure in travelers who have been in Rwanda during the past 21 days. Health department may customize their questions for their own use. How to use these questions: Screen traveler for potential exposure using the initial screening questions. Ask the **additional public health assessment questions** if a traveler answers **YES** to any questions in this initial screening. Questions in the public health assessment may be tailored to the results of the initial screening.

SCREENING QUESTIONS

Today or in the past 2 days: have you had any of the following symptoms?

- Fever (100.4° F / 38° C or higher) or feeling feverish? Yes No
Chills? Yes No
New or unusual headache or body aches? Yes No
Vomiting or diarrhea? Yes No

In the last 21 days:

- Were you present in any healthcare facility in the outbreak area (such as hospital, clinic, or saw a traditional healer)? Yes No
Did you provide health care to or have other interactions with patients? Yes No
Did you have any contact with or were you near a sick person? Yes No
Did you come into contact with anyone's blood or other body fluids (such as vomit, saliva, feces, or urine)? Yes No
Did you touch a dead body or attend a funeral? Yes No

ADDITIONAL PUBLIC HEALTH RISK ASSESSMENT QUESTIONS

Health Assessment (Complete if febrile/feverish, ill appearance, symptomatic reported)

Appears well? YES NO– if NO, specify: _____)

Temperature measurement : _____ (°C/°F) Method: _____

Signs/symptoms in the **past 2 days?** No symptoms reported

Fever ($\geq 100.4^{\circ}\text{F}/38.0^{\circ}\text{C}$)– if YES, T-max: _____ (C/F) Method: _____

Date (mm/dd/yy): ____ / ____ / ____ Time: _____ AM/PM (calculate using your POE's time zone)

Subjective Fever Chills New/Unusual Fatigue New/Unusual Weakness

New/Unusual Headache New/Unusual Muscle Pains Loss of appetite

Cough/difficulty breathing/sore throat, other resp symptoms Chest pain

Nausea Vomiting Diarrhea Abdominal pain Unexplained bruising/bleeding

Skin rash [If yes, describe appearance and location(s)]: _____

Date of 1st symptom onset (mm/dd/yy): ____ / ____ / ____

Comments (include location of any pains): _____

Use of antipyretic medication(s) in past 2 days: YES NO

(includes acetaminophen, paracetamol, aspirin, ibuprofen, systemic steroids, some cold remedies)

Name of antipyretic: _____ Dose: _____ Hrs ago: _____ Purpose: _____

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Was malaria prophylaxis taken as prescribed? YES NO Name of antimalarial: _____

Complete this section if any presence in healthcare facility (HCF)/healthcare setting

Healthcare facility(ies) name(s) and location(s) in Rwanda visited or worked in (check here if none visited/worked in): _____

Reason for presence in HCF (check all that apply): Patient care Laboratorian

Cleaning/laundry service Other nonclinical role (clerical, clergy, social work, meal service, administrative)

Patient Patient's companion/visitor

Presence in patient care areas Presence in non-patient care areas only

Other: _____

Last day present in HCF (mm/dd/yy): ____ / ____ / ____

Traditional healer visit: Yes No - If yes, describe visit: _____

Does the traveler work in a U.S. healthcare facility? Yes No

Complete this section if provided healthcare, contact/near a sick person, contact with blood/body fluids

The following questions apply to any setting (healthcare or non-healthcare):

Did you have any contact with blood or body fluids? YES NO

Did this involve any of the following? Check as applicable.

Needlestick Other injury with a sharp object (that is, piercing of your skin) Skin contact

Splash to the eye, nose, or mouth

Was the person suspected or known to have Marburg?

YES SUSPECTED YES CONFIRMED UNSURE NO

Diagnosis other than Marburg if known: _____

Description: _____

Did you have contact with any sick person? YES UNSURE NO **If NO, section is complete.**

Did the person have fever? YES UNSURE NO

Did the sick person have vomiting, diarrhea, or bleeding? YES NO UNSURE

Was the person suspected or known to have Marburg?

YES SUSPECTED YES CONFIRMED UNSURE NO

Diagnosis other than Marburg if known: _____

Did you have physical contact with this person? YES UNSURE NO

Did you stay in the same household as this person? YES NO

Did you provide care to this person? YES NO

If YES to provided care:

Did you provide this care in a healthcare facility or another location (such as a home)?

HCF Home Other: _____

Comments _____

Healthcare workers only:

What personal protective equipment did you use? N/A

Surgical or medical mask Respirator (e.g., N95, KN95) Surgical hood PAPR

Disposable fluid-resistant or impermeable gown/coverall Disposable apron

Disposable full-face shield Goggles Waterproof rubber boots Boot covers

Latex/nitrile gloves: One pair Two pairs (outward with extended cuffs)

Other: _____

Did you perform hand hygiene after removing PPE? YES (every time) NO (not every time)

Did you experience any breach in infection control precautions?

YES UNSURE NO N/A

Did you participate in an invasive procedure or an aerosol-generating procedure?

YES UNSURE NO N/A

Comments: _____

Complete this section if worked as laboratorian

Did you handle clinical specimens? YES NO

What PPE did you use? None

Surgical or medical mask Respirator (e.g., N95, KN95) Surgical hood PAPR

Disposable fluid-resistant or impermeable gown/coverall Disposable apron

Disposable full-face shield Goggles Waterproof rubber boots Boot covers

Latex/nitrile gloves: One pair Two pairs (outward with extended cuffs)

Other: _____

Did you perform hand hygiene after removing PPE? YES (every time) NO (not every time)

Did you have a needlestick, other sharps injury (that is, piercing of your skin), or splash to the eye, nose, or mouth, or skin contact with blood or other body fluids of a person who had Marburg or may have had Marburg? YES UNSURE NO

Did you have any other contact with blood or body fluids? YES NO

Please describe: _____

Complete if worked as a cleaner or doing laundry in HCF

What was your role in the healthcare facility? _____

Did you perform environmental cleaning in any patient care areas? YES NO

Did you handle wet or soiled laundry? YES NO

What protective equipment did you use? None

Surgical or medical mask Respirator (e.g., N95, KN95)

Disposable fluid-resistant or impermeable gown/coverall Disposable apron

Disposable full-face shield Goggles Waterproof rubber boots Boot covers

Latex/nitrile gloves: One pair Two pairs

Other: _____

Did you wash hands after removing protective equipment? YES (every time) NO (not every time)

Did you get any body fluids on your skin or clothes? YES NO UNSURE

Comments: _____

Complete this section if reported contact with dead body or attended a funeral or burial

Did you attend a funeral or burial? YES NO Did you touch a dead body? YES NO

Please describe activities at funeral/burial or touching a dead body (touched deceased person's garments, belongings or water used to wash body?): _____

Was the cause of death known? YES NO If YES, please list: _____

Did you serve as mortuary/burial worker? YES NO **If NO, go to Final Open Question.**

If a mortuary/burial worker, what protective equipment did you use? None

Surgical or medical mask Respirator (e.g., N95, KN95)

Disposable fluid-resistant or impermeable gown/coverall Disposable apron

Disposable full-face shield Goggles Waterproof rubber boots Boot covers

Latex/nitrile gloves: One pair Two pairs (outward with extended cuffs)

Other: _____

Did you wash hands after removing protective equipment? YES (every time) NO (not every time)

Did you have any problems with your protective equipment that resulted in your skin or clothes coming into contact with the dead body or body fluids? YES UNSURE NO

FINAL OPEN QUESTION: (all travelers)

Any other situations that are of concern to you about your health that we haven't raised?
