

## West Virginia Department of Health and Human Resources Returned Traveler Risk Assessment and Monitoring Tool

Traveler's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Date of return travel to U.S. (last day in Uganda): \_\_\_\_\_

Did travel include visiting a designated outbreak\* area?  No  Yes

\*As of 11/02/22, the Ugandan districts of Mubende, Kyegegwa, Kassanda, Kagadi, Bunyangabu, Mityana, Kampala, and Wakiso are designated outbreak areas. See <https://www.cdc.gov/vhf/ebola/outbreaks/uganda/2022-sep.html> for updated areas.

Date monitoring started: \_\_\_\_\_ Date monitoring ends: \_\_\_\_\_

### Risk Assessment

Did the traveler have any of the following exposures:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Contact with blood or body fluids of a person with known or suspected Ebola virus disease (EVD)
<input type="checkbox"/>	<input type="checkbox"/>	Direct contact with person who has known or suspected EVD
<input type="checkbox"/>	<input type="checkbox"/>	Providing health care to a patient with known or suspected EVD without use of recommended personal protective equipment (PPE), or experiencing a breach in infection control precautions
<input type="checkbox"/>	<input type="checkbox"/>	Direct contact with a dead body in an Ebola outbreak area, the body of a person who died of EVD or had an illness compatible with EVD, or who died of unknown cause after any potential exposure to Ebola virus
<input type="checkbox"/>	<input type="checkbox"/>	Living in the same household as a person with symptomatic known or suspected EVD

**HIGH RISK:** If any of the above risk factors was marked yes, the traveler should be categorized as **HIGH RISK**. People with high-risk exposure should be:

- Quarantined for 21 days after their last high-risk exposure
- Monitored daily
- Restricted from traveling on commercial transportation
- Notify the West Virginia Department of Health and Human Resources' Division of Infectious Disease Epidemiology of any identified high-risk persons by calling (304) 558-5358 option 2.

**LOWER RISK:** If all exposure questions are marked as no, the traveler should be contacted twice weekly for 21 days after exposure or travel from Uganda to monitor for symptoms.

### Enrollment in Text Monitoring Program

Some travelers enrolled in a test monitoring program and receive text message to report on the status of their health.

Has the traveler been enrolled in a test monitoring program?  No  Yes

**Return completed form by email [dhhreid@wv.gov](mailto:dhhreid@wv.gov) or by fax (304) 558-8736.**