

Public Health Management of Ebola Virus Disease in Ontario

**Returning Traveller, Case and
Contact Management and Risk
Assessment Guidance for public
health units**

ontario.ca/ebola

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Guidance for public health units

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Nothing in this document is intended to restrict or affect the discretion of local medical officers of health to exercise their statutory powers under the [Health Protection and Promotion Act](#). This document is intended for information and guidance purposes only.

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Introduction

The Ministry of Health and Long-Term Care (ministry) developed this document to support public health units to manage individuals travelling from countries affected by Ebola virus disease (EVD) and conduct case and contact management activities in the event that a case of EVD is diagnosed in Ontario. This document outlines various public health unit actions and provides guidance to assist public health units in the risk assessment process, reporting, partner collaboration as well as outlining follow-up activities to manage exposed, symptomatic and asymptomatic individuals, depending on level of risk.

Case and contact (include returning travellers from EVD-affected areas) guidance includes the following activities:

- identifying contacts of a person under investigation or a confirmed case
- assessing contacts and assigning exposure risk level
- managing contacts according to exposure risk level
- managing a contact who develops symptoms compatible with EVD
- managing a confirmed case, convalescent case or deceased case.

The identification of a confirmed case of EVD in Ontario triggers a number of response actions, including activation of the Ministry's Emergency Operations Centre (MEOC), at which Public Health Ontario (PHO) and relevant ministry divisions are represented. Once the MEOC is activated, it will be the primary source of information, support and provincial coordination of health system response activities. A MEOC Health Coordination Teleconference with all relevant stakeholders will be held shortly after MEOC activation to discuss next steps, including implementation of the activities in this document. Regardless of activation status, the ministry can be reached through the Health Care Provider Hotline at 1-866-212-2272 on a 24/7 basis.

Although the document provides guidance to assist public health units, it also allows public health units to apply discretion. This document anticipates that the advice given by public health units to contacts will be implemented voluntarily as most individuals want to ensure that they take reasonable measure to protect others. The use of orders under the [Health Protection and Promotion Act](#), particularly for asymptomatic individuals, requires careful consideration by medical officers of health on a case-by-case basis.

This document is based on the best available evidence and incorporates recommendations to limit the number of contacts requiring public health follow-up. The ministry is not recommending that asymptomatic contacts be quarantined as people with EVD are not infectious before the onset of symptoms. However, the ministry is recommending some modifications to the contact's activities during the monitoring period depending on the contact's risk. This includes balancing the objectives of minimizing the number of contacts who would require public health follow-up should an individual develop EVD while respecting the rights and freedoms of an asymptomatic individual. The recommendations in this document take into account that the early symptoms of EVD may be overlooked by a patient, public concern will be high, and minimizing the number of potentially exposed contacts would be beneficial for both public health management of a case and the public perception of risk.

This document is based on the assumption that public health unit staff will not have direct contact with [persons under investigation](#) (PUIs), [confirmed cases](#) or [deceased cases](#) – and therefore, public health unit staff should not be at risk of exposure to EVD.

Although the risk of acquiring EVD in Canada is very low, public health units must be prepared to implement case and contact management in the event that a confirmed case connected to the outbreak in an [EVD-affected country](#) is identified in Ontario. The purpose of a timely public health response to EVD is to minimize the amount of time between the onset of illness and isolation in order to reduce the risk of transmission to others. Early response is critical to controlling the spread of EVD.

Finally, this document takes two scenarios into account, **Enhanced Monitoring** and **Extraordinary Measures**, determined by the ministry and in consultation with PHAC, based on the context of an outbreak in a country and/or countries affected by EVD and public health actions may vary based on the context of the outbreak. The ministry will communicate with all health system partners when the threshold has been met whereby Extraordinary Measures are required; otherwise it is assumed that if an EVD outbreak is in progress anywhere outside of Canada, Enhanced Monitoring will occur until the outbreak is declared over.

What You Need to Know

Public health units and local partners should be prepared to manage a PUI or confirmed case of EVD mostly likely in a returning traveller or humanitarian worker from an EVD-affected country.

Enhanced monitoring and situational awareness is important when an EVD outbreak is declared outside of Canada.

The risk of acquiring EVD in Canada is very low.

Overview of Public Health Actions

Key Actions	Conduct risk assessment and monitor	Develop a contingency plan	Manage PUI	Manage confirmed case	Manage convalescent case	Manage deceased case
Tasks	<ul style="list-style-type: none"> <input type="checkbox"/> Assess both returning travelers and contacts for their risk of exposure (no, low or high) <input type="checkbox"/> Manage and monitor each individual based on their risk level and report to ministry and PHO as required 	<ul style="list-style-type: none"> <input type="checkbox"/> Collaborate with local partners to develop a plan to transfer individuals who are monitoring for the development of symptoms to the closest appropriate hospital in the event that they become symptomatic 	<ul style="list-style-type: none"> <input type="checkbox"/> Review condition in collaboration with Infectious Disease clinician <input type="checkbox"/> Recommend assessment at the closest appropriate hospital <input type="checkbox"/> Notify hospital <input type="checkbox"/> Facilitate patient transport (local EMS, private vehicle, NOT public transit) <input type="checkbox"/> Provide IPAC advice to patient <input type="checkbox"/> Consult with the ministry and PHO <input type="checkbox"/> Begin Ebola Case Report Form <input type="checkbox"/> Identify contacts 	<ul style="list-style-type: none"> <input type="checkbox"/> Complete and file the Ebola Case Report Form <input type="checkbox"/> Identify contacts and conduct assessment and monitoring <input type="checkbox"/> If case had animal contact since symptom onset, contact OMAFRA and the ministry's Public Health Veterinarian. <input type="checkbox"/> Facilitate cleaning and disinfection of the case's home, work location, etc. <input type="checkbox"/> Monitor case until discharge <input type="checkbox"/> Conduct discharge planning in collaboration with the hospital 	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure referral to infectious disease specialist for ongoing monitoring <input type="checkbox"/> Provide guidance on reducing ongoing transmission risk from bodily fluids (e.g., semen, breastmilk) 	<ul style="list-style-type: none"> <input type="checkbox"/> Collaborate with the hospital to develop a step-by-step process to guide the management of human remains <input type="checkbox"/> Support the funeral home to make arrangements for a safe burial or cremation

List of Individual Types

- **Returning Humanitarian Worker** (return date and exposure type known)
- **Returning traveler** (return date and exposure type unknown)
- **Person Under Investigation** (exposure type may be unknown or known)
- **Confirmed case** (diagnosed in Ontario)
- **Contact** (exposure type known)
- **Exposed Patients** (exposure type known)
- **Exposed Health Care Workers** (exposure type known)

Enhanced Monitoring

This scenario would be the most common when an EVD outbreak has occurred in a country other than Canada but no enhanced quarantine and/or screening measures at points-of-entry have been put in place by the Public Health Agency of Canada.

The ministry will work with Non-Governmental Organizations (NGOs) and PHAC to identify health care, humanitarian aid workers, military or other personnel who travel to support the response to the outbreak and provide this information to public health units prior to their return home to the extent possible. A number of these organizations routinely provide their staff who return from EVD-affected areas with protocols based on existing PHAC guidance.

When the Canadian Border Services Agency identifies an individual from an EVD-affected country whose destination is Ontario or an individual self identifies, they are referred to a Quarantine Officer who may issue an Order with the name and contact information of the public health unit to which they should report, [the risk level based on their exposures](#), and the time period in which they need to report to the public health unit, or if symptoms are severe enough, refer the individual to the closest appropriate hospital for assessment and notify Public Health Ontario.

Once an Order has been issued, the Quarantine Officer notifies PHO by phone and forwards the completed assessment form.¹ PHO notifies the public health unit by phone and sends the Quarantine Officer's completed assessment form through an integrated Public Health Information System (iPHIS) referral. PHO also ensures that the ministry is aware that an individual has been identified through this process.

Extraordinary Measures

This scenario is less common and most recently occurred during the 2014-15 EVD outbreak in West Africa. In this scenario, there are likely public health measures for individuals (e.g., visitors, health care workers, residents, refugees, military and embassy staff) returning from

¹ Should a low risk individual be issued an Order from 10pm to 8am, PHO notifies the public health unit the following morning and sends the iPHIS referral the following business day. Should a high risk individual be issued an order from 10pm to 8am, PHO immediately notifies the public health unit and sends the iPHIS referral the following business day.

EVD-affected countries who would be referred to a Quarantine Officer for a mandatory health assessment, including a temperature check². Quarantine Officers would complete an assessment form and provide asymptomatic individuals with further direction regarding self-monitoring. The individual is also likely to be given an Order under the federal [Quarantine Act](#) to report to the public health authority in the area where the individual resides/ is staying. This document outlines the notification process from the Public Health Agency of Canada (PHAC) to public health units in Ontario via PHO should these measures be enacted.

A number of scenarios may trigger an elevated response in Ontario, including but not limited to:

- World Health Organization declares an outbreak a Public Health Emergency of International Concern (PHEIC)
- Canadian aid worker requires repatriation to Canada for treatment for EVD
- First confirmed case of EVD in Canada in a returning traveller
- Travel-related cases in countries outside of the outbreak area

Provincial measures may include, but are not limited to:

- Issuing directives from the Chief Medical Officer of Health regarding precautions and procedures
- Designation of health care facilities in Ontario to take on EVD roles (screening, testing, treatment, etc.) which replace the closest appropriate hospital as described in this document
- Designation of paramedic services for the transport of persons under investigation and confirmed cases
- Activating screening procedures in health care settings

When the Canadian Border Services Agency identifies an individual from an EVD-affected country whose destination is Ontario or an individual self identifies, the Agent refers them to a Quarantine Officer who may issue an Order with the name and contact information of the public health unit to which they should report, [the risk level based on their exposures](#), and the time period in which they need to report to the public health unit, or if symptoms are severe enough, refer the individual to the closest appropriate hospital for assessment.

In addition, the Quarantine Officer also provides an [information kit](#) to the individual with information and resources to support their monitoring for EVD, including a thermometer.

Once an Order has been issued, the Quarantine Officer notifies PHO by phone and forwards the completed assessment form.³ PHO notifies the public health unit by phone and sends the Quarantine Officer's completed assessment form through an integrated Public Health Information System (iPHIS) referral. PHO also ensures that the ministry is aware that an individual has been identified through this process.

² In 2014/15, PHAC issued an Order-in-Council to enhance border procedures for EVD

³ Should a low risk individual be issued an Order from 10pm to 8am, PHO notifies the public health unit the following morning and sends the iPHIS referral the following business day. Should a high risk individual be issued an order from 10pm to 8am, PHO immediately notifies the public health unit and sends the iPHIS referral the following business day.

Returning Individual Reporting

This section applies to both Enhanced Monitoring and Extraordinary Measures. Public health units should report the following information to PHO for each [low](#) and [high-risk](#) individual⁴ that they are referred to or who contacts them directly:

- when the individual makes first contact with the public health unit;
- if the individual does not report to the public health unit during the first business day following arrival in Canada;
- if the individual has an intent to travel (i.e., to another health unit, province or country⁵) during the 21-day monitoring period;
- when the 21-day monitoring period is completed.

During business hours (Monday to Friday; 8:30am – 4:30pm), public health units may contact PHO through the Communicable Disease Prevention and Control Hotline at 647-260-7619 to report this information. After hours, public health units may contact PHO through normal on-call processes.

If a Quarantine Order has been issued, PHAC will be notified by PHO that the monitoring period is over and the individual remained asymptomatic, and the Quarantine Order shall be lifted.

Public health units should report the following information to the ministry for each [low](#) and [high-risk](#) individual:

- if any issues/challenges are identified during the 21-day monitoring period, including the development of symptoms of concern for EVD;
- if the individual does not report to the public health unit during the first business day following arrival in Canada

Public health units may contact the ministry 24/7 through the Health Care Provider Hotline at 1-866-212-2272.

Follow-up of Returning Individuals and Contacts

Public health units should use the guidance in the [Contact Identification](#) section of this document to determine an individual's risk of exposure to EVD and appropriate follow-up actions.

The ministry is recommending that asymptomatic [high-risk](#) individuals reside/stay within approximately one hour's driving time to the closest appropriate hospital relative to where they reside during the 21-day monitoring period. Please see [Coordination with Hospital and Paramedic Services](#) for more information.

In situations where this is not possible, the public health unit should develop a contingency transportation plan in case the individual develops symptoms..

⁴ Public health units should reference each individual's unique CID number as referenced on PHAC documentation when contacting PHO.

⁵ If person is travelling to another province or country, PHO will notify PHAC and the ministry.

Coordination with Hospitals and Paramedic Services

Developing a contingency plan for exposed individuals who become symptomatic

Public health units should collaborate with their local partners including the closest appropriate hospital and paramedic services to develop a plan to transfer individuals (PUIs, contacts or returning individuals) to the closest appropriate hospital in the event that they become symptomatic and require transportation by paramedic services. This should be done in a timely fashion. The ministry recommends hospitals assign health care workers to care for [PUIs](#) and [confirmed](#) cases.

The closest appropriate hospital would be one that:

- has the ability to conduct clinical care by infectious disease specialists and intensivists for an acutely ill and potentially infectious patient
- possesses sufficient amount of appropriate personal protective equipment (PPE) for contact, droplet and airborne precautions to manage a patient while testing is undertaken
- has airborne infection isolation rooms (AIIRs)
- has ability to package and ship samples to the Public Health Ontario Laboratories (PHOL)
- can conduct laboratory testing to confirm or rule-out other agents & conditions (after a negative EVD result).

When any Public Health Unit connects with a paramedic service concerning the movement of an individual who may become symptomatic, it will be deemed essential that a plan be developed regardless of the duration of the required travel. Public Health Units should ensure that they have up-to-date contact lists for paramedic services operating in their jurisdictions.

Although a symptomatic individual may also take a private vehicle to travel to a hospital, public health units need to develop a plan for a paramedic transfer in the event that the individual is too sick to travel by private vehicle.

The public health unit should strongly advise the individual to avoid direct contact with others and not to take public transportation.

The public health unit should notify the hospital that an individual with EVD-compatible symptoms is arriving, how the individual is going to arrive (i.e., by paramedic services, by private vehicle), the individual's anticipated arrival time, and the level of risk associated with their exposure to EVD. These decisions and notifications may take place after consultation with local infectious disease clinicians.

Public health units may contact the ministry's Health Care Provider Hotline by phone at 1-866-212-2272 or by email at emergencymanagement.moh@ontario.ca if they have questions about the development of a plan to transfer an individual that is residing / staying more than one hour's driving time from the closest appropriate hospital.

What You Need to Know

Baseline requirements for health system readiness were established in [Ebola Step-Down Plan](#) released in 2016. There are currently no designated hospitals in Ontario to treat patients with EVD.

In the event that a significant infectious disease threat emerges in Ontario the ministry will activate the Ministry Emergency Operations Centre to provide provincial-level coordination and support. This may include application of a model such as the three-tiered hospital model that was used in 2014-15.

Management of Exposed Health Care Workers

Hospitals and paramedic services are responsible for identifying and managing health care workers who were exposed while at work in Ontario. This includes workers who had exposure to a confirmed case or deceased case, as well as workers who had exposure to a PUI who is subsequently identified as a confirmed case. Worker exposures may include unprotected exposure (i.e., did not wear full, appropriate PPE at all times) or protected exposure (i.e., wore full, appropriate PPE at all times).

Public health units should collaborate with hospitals and paramedic services to support them to manage these workers, including providing guidance on any workplace accommodation strategies, in consultation with the Ministry of Labour if required. Health care workers classified as [high risk](#) contacts must avoid direct patient contact for the 21-day monitoring period.

Management of Exposed Patients

Hospitals are responsible for identifying and managing inpatients who were exposed to a symptomatic patient with EVD at the hospital (in the unlikely event that this should occur). Public health units should collaborate with hospitals to support them to manage these inpatients.

Hospitals are also responsible for identifying any outpatients who were exposed to a symptomatic patient with EVD at the hospital, while the public health unit is responsible for managing these patients in the community.

Additional Considerations

Individuals that Travel during the Monitoring Period

The public health unit where an individual resides and/or is initially located is responsible for maintaining contact during the entire 21-day monitoring period, even if they travel to another public health unit jurisdiction or province. However, on a case-by case basis, the public health unit may transfer responsibility to another jurisdiction, depending on the travel itinerary. The decision to transfer monitoring to another jurisdiction will be determined through consultation with PHO, the ministry, the other jurisdiction and the Public Health Agency of Canada (PHAC) (if the contact is going to another province).

If the individual is leaving the country, the ministry will notify PHAC, who in turn notifies the destination country of the planned arrival through processes outlined in the [International Health Regulations](#). Given that it may take a few days to reach the public health authority in the country where the individual is going, public health units should notify the ministry of the intent to travel internationally as soon as possible.

Should an individual return to an EVD-affected country and then subsequently return to Canada, the 21-day monitoring period will commence again.

Workplace Restrictions

In determining the possible workplace restrictions for health care workers classified as [low risk](#) (i.e., health care workers that wore recommended PPE at all times), public health units should consider their risk of exposure such as:

- the health care worker's role in providing care for the confirmed case
- the type of facility and IPAC precautions (appropriate use of PPE, environmental controls, etc.)
- the training and oversight provided with respect to the health care worker's use of personal protective equipment.

In determining the possible workplace restrictions for individuals classified as [high risk](#), public health units should consider the contact's risk of exposure, such as:

- frequency and duration of time the contact spent with the confirmed case while the case was symptomatic
- the confirmed case's stage of illness (early illness being less infectious than later illness)
- the confirmed case's symptoms (diarrhea, vomiting or bleeding are more likely to contaminate the environment)
- if the contact is a health care worker, the contact's role in providing care for the confirmed case
- if the contact is a health care worker, the extent of their breach in personal protective equipment
- if the contact is a health care worker, the training and oversight provided with respect to the contact's use of personal protective equipment.

Non-Workplace Restrictions

Public health units should also consider the contact's proposed activities, including applying the following questions with consideration given to whether the contact has had low or high-risk exposures:

- Can the contact attend/participate in the event/activity without touching or coming within one metre of others (other than just transiently coming within one metre)?
- Is there a way for the contact to leave the event/activity easily should they develop symptoms compatible with EVD?
- Is the contact's attendance/participation in the event/activity essential?
- Can the contact participate in the event/activity in a way that results in less exposure to others?
- What are the policies of the contact's employer or educational institution?

Animal contacts

Ideally, high-risk individuals should have minimal animal contact during the 21-day monitoring period. This is to prevent the need to quarantine animals should the individual become a confirmed case – and the ensuing cost, logistical challenges and animal welfare concerns. The ministry also recommends that individuals have no contact with livestock during the 21-day monitoring period, including entering barns or other livestock housing areas. As this may be difficult in some situations, the public health unit and animal health officials (including Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) and the ministry's Public Health Veterinarian) should consider the contact's risk level and the likelihood and potential implications of the animal's subsequent exposure to the person on a case-by-case basis.

If separation of the pet/companion animal and an individual is not possible, the public health unit should recommend limited contact with the animal during the 21-day monitoring period as much as possible.

Pets/companion animals of asymptomatic contacts pose no threat to other caretakers. Since EVD is only transmitted by symptomatic individuals, pets/companion animals of asymptomatic contacts are not considered to have been exposed until/unless the individual develops symptoms. Therefore, there are no restrictions on temporarily rehomed pets/companion animals of asymptomatic contacts.

If a [PUI](#) had exposure to any animals during their monitoring period:

- They should immediately cease all contact with animals (e.g. the animal should ideally be placed in a crate or shut in a room with no further direct contact with the symptomatic individual).
- The public health unit should report a potential animal health incident via method below.
- If a delay until the time that the animal will be assessed and/or removed by OMAFRA is anticipated, the PUI should provide the animal with sufficient food and water. If food and water for the animal are placed in the crate/room by the PUI, they should avoid direct contact with the animal as much as possible. If contact with the pet or its food, toys or any item with which the pet will have contact is unavoidable, the PUI should wash their hands thoroughly (or an alcohol-based hand sanitizer applied) before contact.

Public health units may request assistance from the ministry's Public Health Veterinarian to conduct this assessment by contacting the Health Care Provider Hotline by phone at 1-866-212-2272.

Public health units should notify OMAFRA about any animals (including livestock or companion animals/pets) that have been in contact with a symptomatic individual by calling the Agricultural Information Contact Centre at 1-877-424-1300 to report an animal health incident. The public health unit should also notify the ministry's Public Health Veterinarian by contacting the Health Care Provider Hotline by phone at 1-866-212-2272.

Federal populations

Military personnel

Under the Quarantine Act, PHAC may only issue Orders to report to a public health authority and not a medical facility on a military base; therefore, it is the responsibility of the public health unit to maintain contact with the individual during the entire 21-day monitoring period. If the public health unit prefers that the military medical facility on the base maintains contact throughout the monitoring period, then it is the responsibility of the public health unit to reach an agreement with the military medical facility. The public health unit should specify the minimum frequency of follow-up with the military medical facility and should also ensure that public health is notified if the individual develops symptoms compatible with EVD or does not report for follow-up at the required times. If such an agreement is made between a health unit and a military medical facility, the public health unit should notify PHO and ministry of this agreement as well as report back when the 21-day monitoring period is over that the individual remained asymptomatic.

If possible, the ministry will provide public health units with notification and details of military personnel returning to Ontario prior to their return.

Persons living on-reserve

Should an individual who lives on-reserve be issued an Order, the public health unit will notify the Regional Community Medicine Specialist at Indigenous Services Canada's First Nations and Inuit Health Branch (FNIHB) that an Order has been issued and discuss any considerations related to monitoring. FNIHB will advise the health director of the First Nation. The public health unit will monitor the individual for the 21-day period and report to PHO, similar to their actions for other individuals not living on-reserve. The public health unit will also notify PHO and the ministry who will inform FNIHB should the individual become symptomatic, as well as when the 21-day monitoring is completed.

Case Management

Public health unit actions regarding case management are summarized for a person under investigation ([Table 1](#)), confirmed cases ([Table 2](#)), convalescent cases ([Table 3](#)) and deceased cases ([Table 4](#)). Additional information is contained in the notes that follow each table.

Table 1 Management of a person under investigation (PUI)

Criteria	Public Health Unit Actions
<p>A person with an exposure to a confirmed case (see Contact Identification) who develops any of the following symptoms:</p> <ul style="list-style-type: none"> • fever of 38°C or greater • malaise • myalgia • severe headache • conjunctival injection • pharyngitis • abdominal pain • vomiting • diarrhea that can be bloody • unexplained hemorrhage • rash <p>OR</p> <p>A person in whom EVD-laboratory testing is recommended (based on a clinical and exposure risk assessment by an infectious disease physician in consultation with the public health unit and PHOL);</p> <p>OR</p> <p>A person who has been tested for EVD, and EVD-laboratory results are pending.</p>	<ul style="list-style-type: none"> • Review condition of PUI in collaboration with Infectious Disease clinician and if appropriate, recommend that the patient receives an assessment at the closest appropriate hospital to confirm or rule out EVD. • Notify the emergency department of the patient’s symptoms and contact history so that appropriate control measures can be taken prior to the patient’s arrival. • Call local paramedic services if the patient is very ill or has no other means of transport. Advise paramedic services of the patient’s symptoms and contact history so appropriate precautions can be taken. • If the patient is not sent by paramedic services, advise the patient not to use public transportation. The patient should use a private vehicle and avoid physical contact with others. • Advise the patient to: <ul style="list-style-type: none"> – ensure that others do not come into contact with their blood or other body fluids (including urine, feces, emesis, saliva, sweat and semen), or anything that may have come in contact with their blood or other body fluids (e.g. linens, clothing, toilet, toiletries) – dispose of urine, stool and emesis through the regular sanitary sewer system. – cease all contact with livestock and pets/companion animals (see Animal Contacts) • Consult with the ministry regarding the application of the public health actions detailed in Table 2 – especially when there is a high index of clinical suspicion. • Start to complete the Ebola Case Report Form should the need arise to enter the individual into the integrated Public Health Information System (iPHIS) as a confirmed case. • Identify contacts should the need arise to begin contact management with the exception of those individuals who may know the person is being tested (such as HCWs involved in the care of the patient, family members, etc.) (see Contact Identification).

Table 2 Management of a confirmed case

Criteria	Public Health Unit Actions
<p>A person with laboratory confirmation of EVD infection</p>	<ul style="list-style-type: none"> • Complete the Ebola Case Report Form and enter the data into iPHIS within 24 hours of notification of the confirmed case. • Identify and conduct contact monitoring (see Contact Identification). • If the case had contact with a pet/companion animal since symptom onset, contact OMAFRA and the ministry's Public Health Veterinarian. • Facilitate cleaning and disinfection of the case's home, work location, etc. Public health units may contact the ministry for support in identifying a company that is able to clean and disinfect environments contaminated with infectious materials, such as the Ebola virus, safely and effectively. • Monitor the case until they are discharged from the hospital (see Appendix A for the Confirmed Case Daily Clinical Update Worksheet) at which time please refer to the management of a convalescent case (Table 3). • Conduct discharge planning in collaboration with the hospital's infectious disease specialist(s) and infection prevention & control team. The hospital may consider discharging the confirmed case when they are no longer symptomatic and two blood tests (done 48 hours apart) are both negative for EVD.

Table 3 Management of a convalescent case

Criteria	Public Health Unit Actions
A confirmed case who is discharged from hospital	<ul style="list-style-type: none"> • Ensure that the hospital has referred the confirmed case to an infectious disease specialist for ongoing monitoring for the potential sequelae of EVD. • For convalescent cases who identify with male sexual characteristics (regardless of gender identity), recommend that: <ul style="list-style-type: none"> – the individual either abstain from sexual contact or observe safe sex practices through correct and consistent condom use and follow recommendations for testing of semen; – semen be tested at three months after onset of disease and then, for those who test positive, every month thereafter until two consecutive negative semen tests, at least one week apart have been documented. Please refer to PHAC guidance on Ebola Specimen Testing for relevant specimen testing information. – If semen testing is not done, recommend that abstinence or safe sex practices be continued for at least 12 months after onset of symptoms. This interval may be adjusted as additional information becomes available on the prevalence of Ebola virus in the semen of survivors over time. Additional information is available regarding sexual transmission of the Ebola Virus Disease. • For convalescent cases who are breastfeeding or chestfeeding children of any age, recommend that breastfeeding / chestfeeding, including the expression of human milk, be discontinued until the breast/chest milk is confirmed negative for EVD..

Table 4 Management of a deceased case

Criteria	Public Health Unit Actions
A confirmed case who dies (1, 3)	<ul style="list-style-type: none"> • Collaborate with the hospital to develop a step-by-step process to guide the management of human remains (1). • Support the funeral home to make arrangements for a safe burial or cremation (2).

(1) This process needs to include the preparation of the body in the location where the individual has died, controlled transport of the body to the hospital's morgue or loading area, and handover of the body to a transfer service. Hospitals must enable the transfer service to transfer the body into a soundly constructed casket or cremation container, satisfactory to the medical officer of health, in the morgue or loading area prior to offsite shipment to the burial or cremation site. Hospitals are required to incorporate the control measures outlined in [Reg. 557 of the Health Protection and Promotion Act](#).

(2) Under [Regulation 557 of the Health Protection and Promotion Act](#), the medical officer of health has the ability to direct the prompt burial or cremation of a deceased case, as well as to restrict the attendance of persons at the funeral of a deceased case. Public health units should work with the funeral home to support the planning for the burial or cremation of the decedent. The medical officer of health can contact the ministry for support in conducting a risk assessment related to the burial or cremation arrangements.

(3) There is no known risk of getting EVD through casual contact with a convalescent EVD patient. However, the virus can remain in areas of the body for several months after acute infection. These are sites where viruses and pathogens, like EVD, are shielded from the survivor's immune system, even after being cleared elsewhere in the body. Whether the virus is present in these body parts and for how long varies by survivor. Scientists continue to study the long-term effects of Ebola virus infection, including viral persistence, to better understand how to provide treatment and care to EVD survivors. Please contact PHO for more information and support regarding the management of a convalescent case who dies post-discharge.

Contact Identification

Public health units should commence contact identification activities as soon as a PUI or confirmed case is identified. When there is low risk that a PUI will be a confirmed case, the PHU should identify groups of individuals based on the case's exposures who might need to be contacted should the person become a case but only make contact upon lab confirmation. However, making contact with them may be appropriate if there is a much higher likelihood of the PUI becoming a confirmed case.

Public health units may use the worksheets in [Appendix B](#) and [Appendix C](#) to assist with contact identification.

Contacts include all individuals who had contact with the case since the onset of the case's symptoms including:

- household contacts
- sexual contacts
- health care workers who provided direct care, handled laboratory specimens, cleaned the case's environment or touched materials contaminated with the case's blood or other body fluids, whether or not PPE was used.
- individuals who touched the case
- individuals who touched materials contaminated with the case's blood or other body fluids
- individuals who came within one metre of the case (this does not include individuals who just walked by the confirmed case).

When identifying potential contacts, the public health unit should consider the case's:

- living environment
- workplace, school or child care centre
- travel history
- recreational and other social activities
- health care visits
- methods of transportation

The public health unit should obtain multiple methods of reaching each contact at the time of the individual's initial interview if possible (e.g., home, work and cell phone numbers, email address, and work and home address). Public health units should use usual practices to locate contacts who cannot initially be reached including calling or texting at numerous times in the day and evening, and using email, home visits, and registered letters. For contacts who are particularly difficult to reach, public health units can consider other methods such as involving police and process servers. The public health unit should consult with the ministry when contacts cannot be reached.

Risk Levels

The public health unit should assess both returning individuals and contacts of PUIs or confirmed cases for their risk of exposure and manage each individual based on their risk level.

As per usual practice, individuals are assessed and managed by the public health unit in the jurisdiction in which they live. It is important to manage each individual to ensure that there is no further transmission of the virus.

[Table 5](#), [Table 6](#) and [Table 7](#) summarize the criteria to identify the risk level of the individual, as well as the corresponding public health unit actions.

Table 5 No risk

Risk Level Criteria	Public Health Unit Actions
No known contact with a symptomatic EVD case or their body fluids or contaminated materials.	<ul style="list-style-type: none"> • Encourage individuals to check the Public Health Agency of Canada's website for information on EVD and what to do if they develop symptoms in the 21 days following their return to Canada. • Physicians seeing individuals with symptoms and with no known exposure should contact their appropriate public health unit for further guidance. • Note: these individuals are not being recommended to contact their local public health unit (PHU); however, in the event that they do, any active monitoring or specific guidance on precautions is at the PHU's discretion.

Table 6 Low risk

Risk Level Criteria	Public Health Unit Actions
<p>Direct contact with a symptomatic EVD case, their body fluids, their corpse, or any other known source of Ebola virus, while adhering to recommended Infection Prevention and Control (IPC) precautions and no known breach in IPC precautions;</p> <p>OR</p> <p>Lived or worked in areas/settings where active transmission of EVD was occurring (e.g., a humanitarian aid worker who was not working in a healthcare facility but was in a location with active transmission);</p> <p>OR</p> <p>had only casual interactions, and no direct contact, with an EVD case or their body fluids. Examples of casual interactions include sharing a seating area on public transportation or sitting in the same waiting room.</p>	<ul style="list-style-type: none"> • Complete as much as possible of the Contact Follow-up Worksheet (see Appendix D) and for contacts of a confirmed case, enter data into iPHIS within one business day. • Counsel the contact regarding: <ul style="list-style-type: none"> – symptoms compatible with EVD – instructions to self-monitor for fever and other symptoms compatible with EVD for 21 days from their last exposure to the confirmed case (1) – appropriate actions should symptoms develop (2) including notifying the public health unit (see Additional Considerations) – notifying the public health unit of their intention to travel outside the health unit’s jurisdiction (other than to a nearby jurisdiction for work). • Follow up with the contact on first day and descretionary thereafter based on PHU risk assessment to receive updates on the results of their self-monitoring process during the 21 day monitoring period (see Follow-up of Returning Individuals and Contacts and Appendix E for the Contact Daily Monitoring Worksheet). • Advise the contact to modify their behaviour during the 21-day monitoring period by: <ul style="list-style-type: none"> – practicing safe sex (e.g., condoms) and safe injection drug use – not donating blood, other body fluids or tissues – postponing elective medical visits and other procedures (e.g., elective dental visits, elective blood tests) – notifying public health should they need to seek health care for any purposes, so public health can alert the health care worker of the person’s EVD exposure prior to visit • Advise the contact that their movement does not need to be restricted during the 21-day monitoring period (see Individuals that Travel during the Monitoring Period). • In collaboration with local paramedic services, develop a plan to transfer a contact that resides more than one hour’s driving time to the closest appropriate hospital should they develop symptoms compatible with EVD (see Coordination with Hospitals and Paramedic Services). • If client is a healthcare worker, advise them to notify their workplace/ organization prior to returning to work. The public health unit should discuss return to work policies with the workplace/organization (see Workplace Restrictions).

Table 7 High risk

Risk Level Criteria	Public Health Unit Actions
<p>The contact had percutaneous (e.g., needle stick) or mucous membrane exposure to blood or other body fluids of a confirmed case;</p> <p>OR</p> <p>unprotected sexual contact with an infected person or a person recovering from EVD since the virus can persist for months in the semen of infected males and possibly the vaginal secretions of infected females;</p> <p>OR</p> <p>had direct or close contact with a symptomatic confirmed case (e.g., touched the person or their body fluids or was within one metre of them, not including just walking by the person) without full, appropriate personal protective equipment at all times;</p> <p>OR</p> <p>provided health care to a confirmed case or, while in hospital, entered their room or care area without full, appropriate personal protective equipment at all times;</p> <p>OR</p> <p>was a laboratory worker handling specimens of a confirmed case without appropriate biosafety measures at all times;</p> <p>OR</p>	<ul style="list-style-type: none"> • Complete as much as possible of the Contact Follow-up Worksheet (see Appendix D) and for contacts of a confirmed case, enter data into iPHIS within one business day. • Counsel the contact regarding: <ul style="list-style-type: none"> – symptoms compatible with EVD – instructions to self-monitor for fever and other symptoms compatible with EVD for 21 days from their last exposure to the confirmed case (1) – appropriate actions should symptoms develop (2), including notifying public health. • Follow-up with the contact daily to receive updates on the results of their self-monitoring process during the 21 day monitoring period (see Follow-up and Appendix E for the Contact Daily Monitoring Worksheet). • Advise the contact to modify their behaviour during the 21-day monitoring period by: <ul style="list-style-type: none"> – practicing safe sex (e.g., condoms) and safe injection drug use – not donating blood or other body fluids or tissues – postponing elective medical visits and other procedures (e.g., elective dental visits, elective blood tests) – notifying public health should they need to seek health care for any purposes, so public health can alert the health care worker of the person’s EVD exposure prior to the visit – not travelling outside of their city/town/area of residence – not having contact with livestock or pets/companion animals (see Animal Contacts). • Recommend that the contact restrict their activities to minimize exposure to others for the 21-day monitoring period by: <ul style="list-style-type: none"> – not attending school (primary or secondary school) or day care – not attending social or other gatherings – not travelling in any form of public transportation (plane, train, bus, subway, etc.). • In collaboration with local paramedic services, develop a plan to transfer a contact that resides more than one hour’s driving time to the closest appropriate hospital should they develop symptoms compatible with EVD (see Coordination

Risk Level Criteria	Public Health Unit Actions
<p>had direct contact with a dead body of a confirmed case (does not include a body in a body bag or coffin) without full, appropriate personal protective equipment at all times;</p> <p>Note: The high risk category is the risk level for household contacts and those seated next to the case on an airplane.</p>	<p>with Hospitals and Paramedic Services).</p> <ul style="list-style-type: none"> • Advise on the contact's attendance at their workplace or post-secondary institution (see Workplace Restrictions).

(1) Contacts should record their oral temperature readings twice daily for 21 days from their last exposure to the confirmed case. Contacts should refrain from taking antipyretics during the monitoring period (if possible) and they should avoid sharing oral thermometers. If a contact receives a medical assessment for EVD-compatible symptoms within the 21-day timeframe and an alternate diagnosis is confirmed, they should continue to self-monitor for symptoms of EVD for the duration of the 21-day monitoring period. The public health unit should advise them how to manage any symptoms that develop.

(2) If a contact develops a fever of $\geq 38^{\circ}\text{C}$ or any other symptom compatible with EVD (see [Table 1](#)), they should immediately self-isolate, avoid physical contact with others (including maintaining a two metre distance from others), and contact the public health unit for further direction.

Case and Contact (including returning traveller) Reporting requirements

[Table 8](#) outlines public health unit reporting requirements with respect to cases and contacts of EVD, including the reporting method and timeframe for different issues.

Note: Appendix B of the [Infectious Disease Protocol](#) lists ‘probable’ and ‘confirmed’ as a case classification type, and not PUI, as is consistent with other reportable diseases. For the purposes of reporting in iPHIS, a PUI is not reportable and should not be used for surveillance purposes.

Table 8: Public health unit reporting requirements

<i>Issue</i>	<i>Reporting method and Timeframe</i>
A contact or returning traveller develops symptoms compatible with EVD and requires an assessment at a hospital (e.g., assessment by an infectious disease physician to determine if EVD laboratory testing is required).	<ul style="list-style-type: none"> • Phone PHO immediately • Phone the ministry immediately
An individual becomes a PUI (e.g., individual was assessed by an infectious disease physician and an EVD test is indicated).	<ul style="list-style-type: none"> • Phone PHO immediately • Phone the ministry immediately
A case is laboratory-confirmed as having EVD.	<ul style="list-style-type: none"> • iPHIS data entry within 24 hours of notification
A contact of a confirmed case is identified.	<ul style="list-style-type: none"> • iPHIS data entry within 1 business day
A contact of a confirmed case is identified that resides in another jurisdiction.	<ul style="list-style-type: none"> • Phone the ministry and PHO immediately • iPHIS referral within 1 business day
A contact of a confirmed case or a high risk returning traveller cannot be reached after reasonable effort.	<ul style="list-style-type: none"> • Phone the ministry immediately
A contact of a confirmed case or a high risk returning traveller resides more than one hour’s driving time from an appropriate hospital and the public health unit is having difficulty in developing a plan with a hospital and/or paramedic services.	<ul style="list-style-type: none"> • Phone the ministry as needed
A contact of a confirmed case or a high risk returning traveller has or will have exposure to livestock or pets/companion animals during the 21-day monitoring period.	<ul style="list-style-type: none"> • Phone OMAFRA and the ministry within 1 business day

<i>Issue</i>	<i>Reporting method and Timeframe</i>
A confirmed case had exposure to livestock or pets/companion animals in the 21 days prior to illness onset.	<ul style="list-style-type: none"> • Phone OMAFRA and the ministry immediately
The public health unit identifies issues/challenges during the 21-day monitoring period of a contact of a confirmed case or a high risk returning traveller.	<ul style="list-style-type: none"> • Phone the ministry and PHO immediately
A contact of a confirmed case or a low or high risk returning traveller has an intent to travel (i.e., to another health unit, province or country).	<ul style="list-style-type: none"> • Phone the ministry and PHO immediately
The 21-day monitoring period is over for a contact of a confirmed case.	<ul style="list-style-type: none"> • iPHIS data entry within 1 business day
A convalescent case is discharged from the hospital into the community.	<ul style="list-style-type: none"> • iPHIS data entry within 1 business day

Appendix A. Confirmed Case Daily Clinical Update Worksheet

Public health units can use this form to capture information on the confirmed case’s clinical progress; both while they are in the hospital and after they have been discharged back to the community. Once monitoring of a case is finished, public health units should update the information in the integrated Public Health Information System (iPHIS).

Case Information

Last Name: _____ First Name: _____ Date of Birth: (yyyy/mm/dd) _____

Facility name: _____ Admission date: (yyyy/mm/dd) _____

Daily Progress	Follow-up Date Time (yyyy/mm/dd)	Name of person contacted (e.g., case, spouse, nurse)	Clinical Course (please indicate clinical assessment, change in status, identification of additional contacts, transfers within the facility and other relevant details)	Action Items	Person in health unit completing form	

Daily Progress	Follow-up Date Time (yyyy/mm/dd)	Name of person contacted (e.g., case, spouse, nurse)	Clinical Course (please indicate clinical assessment, change in status, identification of additional contacts, transfers within the facility and other relevant details)	Action Items	Person in health unit completing form	

Appendix B. Contact Identification Worksheet – Contacts by Name

Public health units can use this worksheet to identify contacts of confirmed cases while they were symptomatic. Public health units may also use this worksheet to identify contacts of persons under investigation (PUIs) when there is a high degree of clinical suspicion – public health units should consult with PHO on the need to start contact identification for PUIs on a case-by-case basis.

Public health units should create an integrated Public Health Information System (iPHIS) contact record for each contact of a confirmed case.

Date of Case s Symptom Onset (yyyy/mm/dd) _____

Contact name	Phone number or other contact information	Type of contact (e.g. how close for how long how often in which setting)	Date of first contact since the case has been symptomatic (yyyy mm dd)	Date of last contact since the case has been symptomatic (yyyy mm dd)	Comments risk level category

Appendix C. Contact Identification Worksheet – Contacts by Activity

Public health units can use this worksheet to identify contacts of confirmed cases by considering each activity undertaken by the confirmed case while they were symptomatic. Public health units may also use this worksheet to identify contacts of persons under investigation (PUIs) when there is a high degree of clinical suspicion – public health units should consult with PHO on the need to start contact identification for PUIs on a case-by-case basis.

Public health units should create an integrated Public Health Information System (iPHIS) contact record for each contact of a confirmed case.

Date of Case s Symptom Onset (yyyy/mm/dd) _____

Activity	Start Date Time End Date Time (yyyy/mm/dd)	Address of Activity	Contact Person for Activity (Name and contact information)	Contacts (within 1 metre) (Name and Contact Information)	Comments

contacts or those seated next to the person on an airplane. (*High Risk Exposure*)

- Had direct or close contact with a person known or highly likely to have EVD **with** full, appropriate personal protective equipment at all times (i.e., touched the person or any of their bodily fluids or was within one metre of them, not including just walking by the person) (*Low Risk Exposure*)
- Laboratory processing of specimens/body fluids of a person known or likely to have EVD:
 - **With** full, appropriate PPE at all times (*Low Risk Exposure*)
 - **With** appropriate biosafety precautions at all times (*Low Risk Exposure*)
 - **Without** full appropriate PPE at all times (*High Risk Exposure*)
 - **Without** appropriate biosafety precautions at all times (*High Risk Exposure*)
- Contact with a dead body in a country affected by EVD or who had or may have had EVD
 - **With** full, appropriate PPE at all times (*Low Risk Exposure*)
 - **Without** full, appropriate PPE at all times (*High Risk Exposure*)
- Was in an affected country/area AND had no known potential human exposures (e.g., no contact with an ill or dead person or that ill/dead person's bodily fluids) (*Low Risk Exposure*)
- More than transient shared common space with an EVD case not in an affected country, that could result in risk through the shared environment (i.e., shared enclosed workspaces, rooms or washrooms) but no direct contact (*Low Risk Exposure*)

Date of earliest exposure: (yyyy/mm/dd) _____

Date of latest exposure: (yyyy/mm/dd) _____

Date of most likely exposure: (yyyy/mm/dd) _____

Please provide details of exposure(s)/potential exposure(s):

Appendix E. Contact Daily Monitoring Worksheet

Public health units can use this worksheet to monitor contacts of a confirmed case of EVD during the 21-day monitoring period.

Last Name: _____ First Name: _____ Date of Birth: _____
 (yyyy/mm/dd) _____

Date of Last Exposure: (yyyy/mm/dd) _____ Date that is 21 Days from Last Exposure: _____
 (yyyy/mm/dd) _____

Follow-up Date (yyyy mm dd) Number of Days Since Last Exposure	Temperature Recording A.M.	Temperature Recording P.M.	Symptoms	Comments Action Items	Person in Health Unit Completing Form
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		

Follow-up Date (yyyy mm dd) Number of Days Since Last Exposure	Temperature Recording A.M.	Temperature Recording P.M.	Symptoms	Comments Action Items	Person in Health Unit Completing Form
			<input type="checkbox"/> Headache <input type="checkbox"/> Diarrhea <input type="checkbox"/> Muscle pain <input type="checkbox"/> Vomiting <input type="checkbox"/> Sore throat <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		
			<input type="checkbox"/> Headache <input type="checkbox"/> Diarrhea <input type="checkbox"/> Muscle pain <input type="checkbox"/> Vomiting <input type="checkbox"/> Sore throat <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		
			<input type="checkbox"/> Headache <input type="checkbox"/> Diarrhea <input type="checkbox"/> Muscle pain <input type="checkbox"/> Vomiting <input type="checkbox"/> Sore throat <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		
			<input type="checkbox"/> Headache <input type="checkbox"/> Diarrhea <input type="checkbox"/> Muscle pain <input type="checkbox"/> Vomiting <input type="checkbox"/> Sore throat <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		

Follow-up Date (yyyy mm dd) Number of Days Since Last Exposure	Temperature Recording A.M.	Temperature Recording P.M.	Symptoms	Comments Action Items	Person in Health Unit Completing Form
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		

Follow-up Date (yyyy mm dd) Number of Days Since Last Exposure	Temperature Recording A.M.	Temperature Recording P.M.	Symptoms	Comments Action Items	Person in Health Unit Completing Form
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		

Follow-up Date (yyyy mm dd) Number of Days Since Last Exposure	Temperature Recording A.M.	Temperature Recording P.M.	Symptoms	Comments Action Items	Person in Health Unit Completing Form
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		

Follow-up Date (yyyy mm dd) Number of Days Since Last Exposure	Temperature Recording A.M.	Temperature Recording P.M.	Symptoms	Comments Action Items	Person in Health Unit Completing Form
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		
			<input type="checkbox"/> Headache <input type="checkbox"/> Muscle pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Stomach pain <input type="checkbox"/> Other, specify		

Appendix F. Public Health Follow-up for Returning Travellers

This form is to be completed for all asymptomatic returning travellers from EVD-affected areas. Sections 2 and 3 can be used to determine the risk exposure level and subsequent public health follow-up actions to be taken.

(1) Client Information					
Last name		First name		Date of birth dd mm yyyy	
Gender	Male	Female	Unknown	Other (please specify)	
Usual residential address					
City		Province Territory		Postal code	
Home tel. () -		Work tel. () -		Cell tel. () -	
(2) Potential EVD Exposure					
Travel to an area affected by EVD					
EVD affected area visited (village city country)	Location of stay during visit (hotel name friends family other)	Date arrived dd mm yyyy	Date departed dd mm yyyy		
Please provide additional details of exposures					

(3) RISK ASSESSMENT	
Please check all that apply while client was in EVD-affected area to determine exposure risk level (based on CATMAT risk assessment levels)	
<input type="checkbox"/> No known contact with a symptomatic EVD case (or their body fluids or contaminated materials) and does not meet any of the other criteria listed in the low risk or high risk categories below.	NO RISK
<input type="checkbox"/> Direct contact with a symptomatic EVD case (or their body fluids, corpse, or any other known source of Ebola virus) while adhering to recommended Infection Prevention and Control (IPAC) precautions including full, appropriate personal protective equipment and no known breach in IPAC precautions.	LOW RISK
<input type="checkbox"/> Had only casual interactions (i.e., no direct contact) with an EVD case or their body fluids. Examples of casual interactions include sharing a seating area on public transportation or sitting in the same waiting room.	
<input type="checkbox"/> Lived or worked in areas/settings where active transmission of EVD was occurring (e.g., a humanitarian aid worker who was not working in a healthcare facility but was in a location with active transmission).	
<input type="checkbox"/> Direct contact with a symptomatic EVD case (or their body fluids, corpse, or any other known source of Ebola virus) without adhering to recommended IPAC precautions; or due to a breach in IPAC precautions.	HIGH RISK
<input type="checkbox"/> Had unprotected sexual contact with an asymptomatic person recovering from EVD (since the virus can persist for months in the semen of infected males and possibly the vaginal secretions of infected females).	
<input type="checkbox"/> Direct or close contact (i.e., within one meter, and more than casual interactions described above) with a person known or highly likely to have EVD.	
<input type="checkbox"/> Was a household or family contact of a person known or highly likely to have EVD.	

(4) PUBLIC HEALTH FOLLOW-UP (BASED ON RISK E POSURE LEVEL)	
Based on the exposure risk level determined in section (3) these are the recommended public health follow-up actions.	
NO RISK	<ul style="list-style-type: none"> • Advise client to check the Public Health Agency of Canada’s website for information on EVD and what to do if they develop symptoms in the 21 days following return to Canada. • Note: these travellers are not recommended to contact their local public health unit (PHU), however, in the event that they do, any active monitoring or specific guidance on precautions is at the PHU’s discretion.
LOW RISK	<ul style="list-style-type: none"> • Counsel client regarding symptoms compatible with EVD and appropriate actions to take should symptoms develop. • Instruct client to self-monitor their temperature twice daily and monitor for EVD-compatible symptoms during the 21-day monitoring period. • Follow-up with client periodically to check for fever and/or other EVD symptoms. • Advise client to do the following during the 21-day monitoring period: <ul style="list-style-type: none"> ○ Postpone elective medical visits and other elective procedures. ○ Alert all healthcare workers (if presenting for health care) of potential EVD exposure. ○ Not donate blood or other body fluids or tissues. ○ Notify the PHU if travelling outside the PHU’s jurisdiction, other than to a nearby jurisdiction for work. (i.e., movement of the client does not need to be restricted, but PHU should be notified). • If client is a healthcare worker, advise them to notify their workplace/ organization prior to returning to work. The PHU should discuss return to work policies with the workplace/organization.
HIGH RISK	<p>Same as for low risk plus:</p> <ul style="list-style-type: none"> • Recommend the client do the following during the 21-day monitoring period: <ul style="list-style-type: none"> ○ Remain near an appropriate acute care facility (i.e., within a one hour drive, if possible). ○ Report any intentions to travel outside of their city/town during the 21-day monitoring period. ○ Restrict activities in order to minimize exposure to others as follows: <ul style="list-style-type: none"> ▪ Not attend school (primary/secondary) or day care. ▪ Not attend social or other gatherings. ▪ Not travel on any form of public transportation (e.g., plane, train, bus, subway etc.). • Advise client on attendance at workplace or post-secondary education. • If client is a healthcare worker, advise them not to have direct patient contact.

Appendix G. Temperature and Symptom Reporting Form

For 21 days after your departure from the EVD-affected area

1. Monitor your temperature

Check your temperature orally (i.e., using a thermometer placed under your tongue) twice daily and record the results using the [21-day Temperature and Symptom Reporting Form](#). Do not share your thermometer.

- If possible, do not take any medications that may reduce fever. Consult your health care provider or pharmacist if you are not sure whether a medication will reduce a fever.

2. Monitor for symptoms suggestive of EVD

- Symptoms that may suggest EVD include:
 - Fever $\geq 38^{\circ}\text{C}$ (101°F)
 - Fever/chills
 - Diarrhea/vomiting
 - Severe headache
 - Muscle pain
 - Stomach pain
 - Sore throat

3. If you develop a fever (i.e. an oral temperature of 38 C 101 F or higher) and or any other symptoms suggestive of EVD:

- Avoid physical contact with others.
- Call your health care provider or go to the nearest hospital.
 - If going to the hospital, call ahead to the emergency department and advise them of your travel history and symptoms.
- Take a private vehicle, or if very ill, call an ambulance and advise them of your travel history and symptoms. Do NOT take public transportation.
- If you are already being monitored by your local public health unit, call them to tell them of your symptoms.

For additional information contact your local public health unit

To find your public health unit, call Service Ontario at 1-866-532-3161 or visit the Ministry of Health and Long-Term Care's public health unit locator at: <https://www.phdapps.health.gov.on.ca/phulocator/>

21-DAY TEMPERATURE AND SYMPTOM REPORTING FORM

Day	Date (yy mm dd)	Temp. 1 (AM)	Temp. 2 (PM)	Other symptoms (fever/chills, diarrhea/vomiting, severe headache, muscle or stomach pain, sore throat)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				

