Appendix 1: Health Declaration Form (Primary Screening Form)

Republic of Sierra Leone

Airline:		**Temperature of Traveler (◦C):**	
Flight Number:		**Date of Interview (DD/MM/YYY):**	

HEALTH DECLARATION FORM: FORMULAIRE DE DECLARATION SANTE

This form is to be used to obtain important information from passengers entering or leaving the country, through the Freetown International Airport, on any possible exposure to the Ebola virus. The data received through this form will be treated confidentially in accordance with the International Health Regulations.

A. Passenger Information	
1. Name of Passenger:	8. Permanent Address:
2. Gender: 3. Age:	9. Address in Sierra Leone:
4. Date of Birth (DD/MM/YYYY):	10. Telephone in Sierra Leone:
5A. Country flight is **going to:**	11. Mobile phone (include country code):
5B. Country flight is **coming from:**	12. E-mail address:
6. Nationality:	13. Countries visited in last 2 months, including Sierra Leone:
7. Passport Number:	14. Areas you visited in that country:
	Temperature of Traveler at Boarding Gate (◦C):

B. Exposure Information – In the past 3 weeks:	**Yes**	**No**
Did you have any close contact with a sick person with fever and bleeding?	□	□
If yes, did you wear appropriate personal protective equipment (PPE) during all exposures?	□	□
If yes, did you experience any breaches in PPE?	□	□
Did you work in a laboratory processing body fluids of Ebola patients?	□	□
If yes, did you wear appropriate PPE and follow standard lab biosafety precautions at all times?	□	□
If yes, did you experience any breaches in PPE or biosafety?	□	□
Did you attend a funeral?	□	□
Were you hospitalized?	□	□
Name of hospital		
Reason for hospitalization		

C. Health Status- Now or in the last 2 days have you had:	**Yes**	**No**
Fever	□	□
Headache	□	□
Vomiting/nausea	□	□
Diarrhea	□	□
Intense fatigue	□	□
Difficulty breathing	□	□
Muscular/joint pain	□	□
Abdominal pain	□	□
Redness of eyes	□	□
Unusual bleeding	□	□
Passenger's Signature:		

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D. Screening Outcome (to be completed by screener)	**Yes**	**No**
Allowed to board flight	□	□
Referred to further medical assessment	□	□
Time referred to further medical screening	□	□
Public health follow up in hospital	□	□
Public health follow up in location other than hospital	□	□
List location:		
Referred for secondary screening	□	□
Health Officers Comments, Signature, and Stamp		

Appendix 2: Secondary Screening Form

Freetown International Airport, Sierra Leone	
Date of Interview	
Time of Interview	

Republic of Sierra Leone

PUBLIC HEALTH INTERVIEW: SECONDARY SCREENING

Reason Individual Has Been Referred for Secondary Screening -
check all that apply & attach primary screening form (health declaration form)

☐ Symptom(s) ☐ Exposure(s)

SECTION 1: TRAVELER INFORMATION

Individual's Surname: ________________________ Other Name(s): _________________________

Passport #: ____________________________ Passport Country: __________________________

Emergency Contact: _________________________

Location Where Traveler Either Had Exposure or Became Ill:

Village/Town: _______________ District: _______________Province:_____________________

If different from permanent residence, dates residing at this location:
___/___/_____ (DD/MM/YYYY) to ___/___/_____ (DD/MM/YYYY)

SECTION 2: EXPOSURES AND RISK FACTORS – to ask of the traveler

In the last 3 weeks:			
Did you have close contact with a known or suspect case of Ebola, or with any sick person?	□ Yes	□ No	□ Unk
If yes, did you wear appropriate personal protective equipment (PPE) during all exposures?	□ Yes	□ No	□ Unk
If yes, did you experience any breaches in PPE?	□ Yes	□ No	□ Unk
Did you work in a laboratory processing body fluids of Ebola patients?	□ Yes	□ No	□ Unk
If yes, did you wear appropriate PPE and follow standard lab biosafety precautions at all times?	□ Yes	□ No	□ Unk
If yes, did you experience any breaches in PPE or biosafety?	□ Yes	□ No	□ Unk
Did you attend a funeral?	□ Yes	□ No	□ Unk
Did you travel outside your home or village/town?	□ Yes	□ No	□ Unk
Were you hospitalized, or did you go to a clinic or visit anyone in the hospital?	□ Yes	□ No	□ Unk
If yes, name of hospital or clinic:			
If yes, reason for hospitalization or visit:			
Did you consult a traditional/spiritual healer?	□ Yes	□ No	□ Unk
Did you have direct contact (hunt, touch, eat) with animals or uncooked meat?	□ Yes	□ No	□ Unk

Date of Exposure (If Applicable): ____/____/________ (DD/MM/YYYY)

SECTION 2: CLINICAL SIGNS AND SYMPTOMS – to ask of the traveler

Have you taken fever- or pain-reducing medicine in the last 4 hours? □ Yes □ No

Have you experienced any of the following symptoms today OR within the past 48 hours?

Symptom			
Fever (≥38.0° C)	□ Yes	□ No	□ Unk
If yes, Onset date ___/___/____ (DD/MM/YYYY) *Temp:____• C*			
Vomiting/nausea	□ Yes	□ No	□ Unk
Diarrhea	□ Yes	□ No	□ Unk
Intense fatigue/general weakness	□ Yes	□ No	□ Unk
Anorexia/loss of appetite	□ Yes	□ No	□ Unk
Abdominal pain	□ Yes	□ No	□ Unk
Chest pain	□ Yes	□ No	□ Unk
Muscle pain	□ Yes	□ No	□ Unk
Joint pain	□ Yes	□ No	□ Unk
Headache	□ Yes	□ No	□ Unk
Cough	□ Yes	□ No	□ Unk
Difficulty breathing	□ Yes	□ No	□ Unk
Difficulty swallowing	□ Yes	□ No	□ Unk
Sore throat	□ Yes	□ No	□ Unk
Jaundice (yellow eyes/gums/ skin)	□ Yes	□ No	□ Unk
Conjunctivitis (red eyes)	□ Yes	□ No	□ Unk
Skin rash	□ Yes	□ No	□ Unk
Hiccups	□ Yes	□ No	□ Unk
Pain behind eyes/sensitive to light	□ Yes	□ No	□ Unk
Coma/unconscious	□ Yes	□ No	□ Unk
Confused or disoriented	□ Yes	□ No	□ Unk

Symptom			
Unexplained bleeding from any site	□ Yes	□ No	□ Unk
If yes, **please specify: ____________________________**			
Bleeding of the gums	□ Yes	□ No	□ Unk
Bleeding from injection site	□ Yes	□ No	□ Unk
Nose bleed (epistaxis)	□ Yes	□ No	□ Unk
Blood or black stools (melena)	□ Yes	□ No	□ Unk
Fresh/red blood in vomit (hematemesis)	□ Yes	□ No	□ Unk
Coughing up blood (hemoptysis)	□ Yes	□ No	□ Unk
Bleeding from vagina, other than menstruation	□ Yes	□ No	□ Unk
Bruising of the skin (petechiae/ecchymosis)	□ Yes	□ No	□ Unk
Other hemorrhagic symptoms	□ Yes	□ No	□ Unk
If yes, **please specify: ____________________________**			
Other non-hemorrhagic clinical symptoms	□ Yes	□ No	□ Unk
If yes, **please specify: ____________________________**			

SECTION 4: TRIAGE, RESPONSE, CLINICAL SPECIMENS AND LABORATORY TESTING

Please record the outcome of your assessment:

Travel Intervention:	**Medical Assessment and Intervention (check all that apply)**:
☐ Allowed to board flight ☐ Not allowed to board flight Decision made by: ☐ Port Health ☐ Airline ☐ Other, list___________ __________________________________ __________________________________ __________________________________	☐ Further assessment by surveillance officers ☐ Held at airport for observation ☐ Transported to government hospital/healthcare facility ☐ Referred to medical provider of choice for further evaluation to clear for travel ☐ Laboratory specimen taken and sent to laboratory for testing for Ebola ☐ Suspect Ebola patient (complete travel companion listing form) ☐ Illness not related to Ebola ☐ None ☐ Other, specify ____ ____

Appendix 3: Protocol for travellers denied boarding [7]

Travellers Denied Boarding

If a traveller is denied boarding, FNA were mandated to notify (verbally and in writing) the traveller as well as the airline responsible and SLAA authorities provide safe transportation of the ill traveller to ETC for further public health evaluations. Secondary screening staff retained the HDF and Secondary Screening forms of all travellers who were referred to secondary screening or denied travel. Copies of the HDF and secondary screening form are retained by airport authority, CDC, Port Health authority and original HDF and secondary screening form to IOM.

Clearance to Travel after ETC Evaluation

Individuals denied boarding because they are ill required further assessment and medical clearance to be allowed to travel once the ETC provides diagnostic evidence that laboratory tests are negative for EVD. If a diagnosis of a serious condition other than EVD is made, then a medical professional was required to certify that the ill traveller is fit to fly. Persons with fever only may be allowed to travel after 48 hours provided that the fever resolved and that vomiting, diarrhea or unexplained bleeding did not develop during that time period. Persons who were denied boarding because of vomiting, diarrhea or unexplained bleeding but who did not have a fever may leave after 24 hours provided that they are well do not have a fever, vomiting, diarrhea, or unexplained bleeding. Individuals denied boarding because of high risk exposures 21 days or less before travel were reported to the DSO. These individuals need to be followed for 21 days since the last exposure before being allowed to fly.