

Appendix A: Control Measures for Persons with High Risk or Some Risk of Exposure to Ebola

You may have been exposed to Ebola virus. Ebola virus causes a severe and often fatal disease usually characterized by fever, severe headache, muscle pain, weakness, diarrhea, vomiting, and stomach pain. Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola virus, although 8–10 days is most common. It is transmitted by direct contact with the blood or secretions of an infected person or exposure to objects (such as needles) that have been contaminated with infected secretions. If Ebola virus spreads in the community, it would have severe public health consequences.

Your exposure requires public health control measures, including frequent monitoring for symptoms for 21 days after the last exposure to avoid spreading the illness.

You have agreed to comply with the following control measures until 21 days after your last known exposure (___/___/___):

- 1. Record your symptoms twice daily using the form provided.**
- 2. Report your symptoms twice daily to the _____ County Health Department.**
- 3. If any symptoms develop, isolate yourself from others immediately and call the _____ County Health Department at _____.**

If you plan to move to a new address, leave the county, or use public transportation (e.g. taxi, bus) during the 21 days after your last known exposure, you are required to notify the _____ County Health Department in advance. You may contact the Health Department by calling: _____.

The staff of this Health Department remains available to provide assistance and counseling to you concerning your possible exposure to Ebola and to these control measures.

Thank you for your cooperation.

Local Health Director _____
Signature Date

Printed name

I have received the original copy of these control measures:

Patient Signature Date

Printed name