Monitoring of Persons with Potential Exposure to Avian Influenza (AI) Checklist

Please note all email communications should be sent to Central office at EAIDBMonitoring@dshs.texas.gov AND to the appropriate Regional office contacts for your jurisdiction.

Initial Phone Call

☐ Determine if the individual is currently in Texas.
  o If yes, obtain exact address in Texas:

_______________________________________
_______________________________________
_______________________________________
_______________________________________

  o If no, determine the exact address where the traveler is currently located. If the traveler plans to come to Texas eventually find out when and where (exact address) the traveler will arrive and report to DSHS.

_______________________________________
_______________________________________
_______________________________________
_______________________________________

☐ Confirm contact information.
  o Best contact phone number: ___________________________ Okay to text? Yes  No
  o Secondary contact phone number: ___________________________ Okay to text? Yes  No
  o Emergency contact phone number: ___________________________ Okay to text? Yes  No
  o Email address: ____________________________________________
  o Secondary/emergency contact email address: _________________________

☐ Verify exposure dates.
  o Date last exposed to poultry? ________________
  o Date last involved with USDA/APHIS response? ________________
  o Date arrived/arriving in Texas? ________________

☐ Inform the individual of the monitoring process in Texas and that you will follow up once their risk level has been established.

☐ Provide them with their date of completion of monitoring (Individuals will be monitored for 10 days after their last exposure to any avian influenza response activity of any kind. This date is day 0, monitoring is conducted through the end of day 10).
- Establish best contact method and time.
  - Best contact method: _____________________________________________________
  - Best contact time: ______________________________________________________

- Confirm that the individual was provided demobilization instructions including symptoms to watch for.
  - If the individual did not receive instructions determine the best email with which to provide them. ________________

- Ask if the individual is currently experiencing any of the following symptoms (if yes additional follow-up required):
  - Fever or feeling feverish (chills)
  - Cough
  - Runny or stuffy nose
  - Eye tearing, redness, irritation
  - Sneezing
  - Sore throat
  - Difficulty Breathing
  - Shortness of Breath
  - Fatigue
  - Muscle or body aches
  - Headaches -
  - Nausea
  - Vomiting
  - Diarrhea
  - Seizures
  - Rash

- Ask if the individual has any plans to travel in the next two weeks (if yes complete travel form) and send form to EAIDBMonitoring@dshs.texas.gov immediately.

- Provide the individual with LHD contact information and 24/7 emergency contact information in case they develop symptoms.

- Inform the individual that you will contact them again via phone, text message, or email daily unless less frequent contact is deemed appropriate.

- Thank the individual for their time.

*Send email notification to EAIDBMonitoring@dshs.texas.gov to confirm contact with the PUM. Include:

  - CDC ID
  - Date of last risk exposure (for calculation of 10-day monitoring period)
  - End date of monitoring
  - If the PUM reported any information that might change their risk status, include details.
For routine PUM monitoring calls

☐ Confirm the PUM is still in your jurisdiction. If not collect jurisdiction information on the “AI Responder Notification of Travel” form and send to EAIDBMonitoring@dshs.texas.gov immediately.

☐ Ask if the PUM is experiencing any signs of symptoms of influenza-like illness (Review symptoms). If yes, additional follow up is required.

• Ask if they have any upcoming travel plans within the state of Texas or out of the state of Texas.
  If yes, complete “AI Responder Notification of Travel” form and send to EAIDBMonitoring@dshs.texas.gov immediately.

☐ Thank the PUM and confirm follow up method and time for the next schedule monitoring day.
☐ Complete daily monitoring log.

For final monitoring call (closeout)

☐ Ask if the PUM is experiencing any signs of symptoms of influenza-like illness. Review symptoms if needed. If yes, additional follow up is required.

☐ Inform the PUM that this is their final day of monitoring and that no additional contact will be required.

☐ Thank the PUM for their time and provide them with LHD contact information should they have any follow-up questions.

☐ Complete the daily monitoring log electronically and email to DSHS within 48-hours.
**Special Situations:**

For PUMs Reporting Symptoms obtain the following information:

- When did symptoms begin? _________________________________
- Has the individual received medical care or treatment for any of their symptoms?
  - If yes, describe treatment
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

- Is there anyone else living in the household or spending significant amounts of time in the household?
  - If yes, do any other members of the house currently have symptoms? __________
  - If yes, who has symptoms and when did they begin? ____________________________
    __________________________________________________________________________
    __________________________________________________________________________

- If the individual does not need immediate medical care instruct them to self-isolate while follow-up and/or testing is arranged.

- If the individual does need medical care, coordinate with local health care facilities and/or EMS as needed. In an emergency, PUM should report to a healthcare facility without delay.

For PUMs reporting travel obtain the following information:

- Upcoming travel destination (Street address, city, state)
  __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________

- Dates of travel (if multiple locations, obtain departure and arrival dates for each location)
  __________________________________________________________________________

- Complete “Avian Influenza Responder Notification of Travel” form and submit to [EAIDBMonitoring@dshs.texas.gov](mailto:EAIDBMonitoring@dshs.texas.gov) immediately.