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| **1. Passenger Contact Information** | | | | | | | |
| **Last name, First name** | **Cabin #** | **Sex** | **DOB (mm/dd/yyyy) OR** | | **Age (yrs)** | **Country of birth** | **Country of residence** |
| **(Auto-populated)** |  |  |  | |  |  |  |
| **Was contact a passenger or crew member?** 🞎 Passenger 🞎Crew member, specify occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **2. Contact investigation outcome for above named contact** | | | | | | | |
| Is contact still on this ship?  🞎 Yes, date due to disembark: \_\_/\_\_/\_\_\_\_  🞎 No, why not?  Returned to country of residence   Transferred to another ship of the same company   Disembarked in another country (specify): ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_,  Location (specify address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Additional comments:** | | | | | | | |
| **3. INTERVIEW INFORMATION** | | | | | | | |
| Was contact interviewed?  🞎 No, why not? 🞎 Declined 🞎 Other (specify) \_\_\_\_\_\_\_\_\_\_\_  **(Stop here)**  🞎 Yes **(Continue)**  If contact is a woman of child-bearing age, is she pregnant?🞎 No 🞎 Yes; what trimester at time of travel? 🞎 1st 🞎 2nd 🞎 3rd  Is the contact immunocompromised? 🞎 No 🞎 Yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎Unknown  Relationship to index case:  🞎 Workmate 🞎 Cabinmate 🞎 Tablemate 🞎 Shared bathroom facilities 🞎 Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of last exposure to index case: \_\_/\_\_/\_\_\_\_  Duration of contact with index case \_\_\_\_\_ 🞎 Minutes 🞎 Hours 🞎 Days  Did this person know of anyone else from the conveyance who may have developed this disease as a result of this exposure?  🞎 No 🞎 Yes; Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Unknown  Did contact receive a notification letter from the ship? 🞎 No 🞎 Yes | | | | | | | |
| **4. History OF disease or VACCINE** | | | | | | | |
| History of disease:  🞎 No  🞎 Yes; Approximate date \_\_\_/\_\_\_/\_\_\_\_or age (yrs) \_\_\_ when had **[this disease],**  Was the diagnosis confirmed by a health care provider? 🞎 No 🞎 Yes  🞎 Unknown  History of vaccination:  🞎 No  🞎 Yes; Number of doses of **(disease auto-populated)-**containing vaccine \_\_\_\_\_; 🞎 Unknown  Is there written documentation of vaccination? 🞎No 🞎 Yes  Approximate dates or age received: 1. \_\_\_/\_\_\_/\_\_\_ or age (yrs) received \_\_\_\_; 2. \_\_\_/\_\_\_/\_\_\_ or age (yrs) received \_\_\_\_;  🞎 Unknown  Serologic proof of immunity? 🞎 No 🞎 Yes; Is there written documentation? 🞎No 🞎Yes  Is the contact considered susceptible? 🞎 No 🞎 Yes | | | | | | | |
| **5. measleS/RUBELLA: intervention related to exposure on the Conveyance** | | | | | | | |
| Did contact receive prophylaxis for this exposure to **(disease auto-populated)?**  🞎 No 🞎 Yes  If no, please check why not:  🞎 Outside window for prophylaxis  🞎 Within window for prophylaxis but declined  🞎 Other (specify): \_\_\_\_\_\_\_\_\_\_\_  If yes, please check what she or he received and the date :  🞎 MMR or other **(disease auto-populated)**-containing vaccine; Date received: \_\_\_/\_\_\_/\_\_\_\_  🞎 Immunoglobulin; Date received:\_\_\_/\_\_\_/\_\_\_\_  Was contact quarantined alone? 🞎 No 🞎 Yes; /cohorted with others? 🞎 No 🞎 Yes  🞎 Yes, how many days? \_\_\_\_  🞎 No | | | | | | | |
| **6. MEASLES: health since TRAVEL** | | | | | | | |
| **6a**. **first interview done < 21 days after TRAVEL**  **NOTE: If your first interview was after the incubation period (>21 days), please go to 6b**  Interview Date: \_\_\_/\_\_\_/\_\_\_\_\_  Did contact report any signs or symptoms?  🞎 No **(Stop here)**  🞎 Yes; please check all that apply:  🞎 Rash: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Fever : Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_ ,  Max measured temperature \_\_\_\_\_\_oC/F  🞎 Feverishness (no temp measured): Date of onset:\_\_/\_\_/\_\_\_\_  🞎 Cough: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Coryza: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Conjunctivitis: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_ | | | | **6b. interview done > 21 days after TRAVEL**  Interview Date: \_\_\_/\_\_\_/\_\_\_\_\_  🞎 N/A (did not follow-up with contact after first interview)  Did contact report any signs or symptoms?  🞎 No **(Stop here)**  🞎 Yes; please check all that apply:  🞎 Rash: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Fever ; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_ ,  Max measured temperature \_\_\_\_\_\_oC/F  🞎 Feverishness (no temp measured): \_\_/\_\_/\_\_\_\_   * Cough: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_ * Coryza: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_ * Conjunctivitis: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_ | | | |
| **6. MUMPS: health since TRAVEL** | | | | | | | |
| **6a**. **first interview done < 25 days after TRAVEL**  **NOTE: If your first interview was after the incubation period (>25 days), please skip to section 6b**  Interview Date: \_\_\_/\_\_\_/\_\_\_\_\_  Did contact report any signs or symptoms?  🞎 No **(Stop here)**  🞎 Yes; please check all that apply:  🞎 Fever ; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_ ,  Max measured temperature \_\_\_\_\_\_oC/F  🞎 Feverishness (no temp measured): Date of onset:\_\_/\_\_/\_\_\_\_  🞎 Parotitis: Date of onset: ­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Upper respiratory symptoms: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  Please describe symptoms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Other: Date of onset \_\_/\_\_/\_\_\_\_  Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **6b. interview done > 25 days after TRAVEL**  Interview Date: \_\_\_/\_\_\_/\_\_\_\_\_  🞎 N/A (did not follow-up with contact after first interview)  Did contact report any signs or symptoms?  🞎 No **(Stop here)**  🞎 Yes; please check all that apply:  🞎 Fever ; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_ ,  Max measured temperature \_\_\_\_\_\_oC/F  🞎 Feverishness (no temp measured): Date of onset:\_\_/\_\_/\_\_\_\_  🞎 Parotitis: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Upper respiratory symptoms: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  Please describe symptoms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Other: Date of onset \_\_/\_\_/\_\_\_\_  Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **6. RUBELLA: health since TRAVEL** | | | | | | | |
| **6a**. **first interview done < 23 days after TRAVEL**  **NOTE: If your first interview was after the incubation period (>23 days), please skip to section 6b**  Interview Date: \_\_\_/\_\_\_/\_\_\_\_\_  Did contact report any signs or symptoms?  🞎 No **(Stop here)**  🞎 Yes; please check all that apply:  🞎 Fever ; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_ ,  Max measured temperature \_\_\_\_\_\_oC/F  🞎 Feverishness (no temp measured): \_\_/\_\_/\_\_\_\_  🞎 Rash: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_  🞎 Coryza: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Conjunctivitis: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_  🞎 Arthralgia/arthritis: Date of onset: \_\_\_/\_\_\_/\_\_\_   * Lymphadenopathy: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_ | | | | **6b. interview done > 23 days after TRAVEL**  Interview Date: \_\_\_/\_\_\_/\_\_\_\_\_  🞎 N/A (did not follow-up with contact after first interview)  Did contact report any signs or symptoms?  🞎 No **(Stop here)**  🞎 Yes; please check all that apply::  🞎 Fever ; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_ ,  Max measured temperature \_\_\_\_\_\_oC/F  🞎 Feverishness (no temp measured): \_\_/\_\_/\_\_\_\_  🞎 Rash: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_  🞎 Coryza: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Conjunctivitis: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_  🞎 Arthralgia/arthritis: Date of onset: \_\_\_/\_\_\_/\_\_\_  🞎 Lymphadenopathy: Date of onset:­­­\_\_\_/\_\_\_/\_\_\_ | | | |
| **7. DIAGNOSIS (applicable for measles, mumps, AND rubella)** | | | | | | | |
| **If contact reported symptoms, was s/he evaluated by a health care provider?** 🞎 No 🞎 Yes; Date(s): \_\_\_/\_\_\_/\_\_\_\_;\_\_\_/\_\_\_/\_\_\_  **If yes, was contact diagnosed with [this disease]?**  🞎 No 🞎 Yes; Date:­­­ \_\_\_/\_\_\_/\_\_\_\_ 🞎 Insufficient Information  **How was diagnosis made?**  🞎 IgM 🞎 Paired IgG 🞎 PCR🞎 Culture🞎 Epi-linked 🞎 Clinical diagnosis only 🞎 Other (specify):\_\_\_\_\_\_\_\_\_  **Did the infection develop within the incubation period?** 🞎 No 🞎 Yes  **Has anyone else developed [this disease] as a result of exposure to this person?** 🞎 No 🞎 Yes; Who?\_\_\_\_\_\_\_\_\_\_  **Was this passenger a close contact of the index case other than on the conveyance?**  🞎 No 🞎 Yes; type: 🞎 Household 🞎 Travel companion 🞎 Social 🞎 Work 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Is this passenger a close contact with a known case of [this disease] other than the person on the conveyance?**  🞎 No 🞎 Unknown 🞎 Yes; With whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last exposure (mm/dd): \_\_\_\_/\_\_\_\_  **Has contact visited other countries during the past month?** 🞎 No 🞎 Yes 🞎 Unknown  If yes, list the country with the corresponding dates (mm/dd): 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_\_ | | | | | | | |
| **8. COMMENTS [free text field]** | | | | | | | |
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Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX