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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎UnknownRelationship 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 🞎 DaysDid this person know of anyone else from the conveyance who may have developed this disease as a result of this exposure?  🞎 No 🞎 Yes; Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 UnknownDid 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 🞎 UnknownHistory 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 🞎 YesIf 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:­­­\_\_\_/\_\_\_/\_\_\_\_
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| **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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