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| **1. Passenger Contact Information** |
| **Last name, First name** | **Assigned seat** | **Actual/verified seat #** | **Sex** | **DOB (mm/dd/yyyy) OR**  | **Age (yrs)** | **Country of birth** | **Country of residence** |
| **(Auto-populated)** | **(Auto-pop)** |  |  |  |  |  | **(Auto-pop, if available)** |
|  **2. Contact investigation outcome for above named PASSENGER contact** |
| **Were you able to contact this passenger?** 🞎 **Yes** 🞎 **No** |
| If **yes**, date passenger was contacted: **\_\_\_/\_\_\_/\_\_\_\_** How did you reach the passenger? (please check all that apply) 🞎 Telephone 🞎 Sent letter or visited in person 🞎 E-mail 🞎 Emergency Contact 🞎 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Continue)** | If **no**, why could you not contact the passenger? (please check all that apply)🞎 Incorrect locating info 🞎 No longer at temporary address 🞎 No response 🞎 Returned to country of residence 🞎 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Stop here)** |
| **Additional Comments:** |
| **3. INTERVIEW INFORMATION** |
| Was contact interviewed?  🞎 No, why not? 🞎 Declined 🞎 Lives in different jurisdiction (specify) \_\_\_\_\_\_\_ 🞎 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 the flight? 🞎 1st 🞎 2nd 🞎 3rd  |
| **4. History OF disease or VACCINE** |
| History of disease:  🞎 No  🞎 Yes; Approximate date \_\_\_/\_\_\_/\_\_\_\_or age (yrs) \_\_\_ when had [this disease] 🞎 Unknown History of vaccination: 🞎 No  🞎 Yes; Number of doses of (disease auto-populated)-containing vaccine \_\_\_\_; 🞎 Unknown  Approximate dates received: 1. \_\_\_/\_\_\_/\_\_\_ or age (yrs) received \_\_\_\_; 2. \_\_\_/\_\_\_/\_\_\_ or age (yrs) received \_\_\_\_;  🞎 Unknown  |
| **5. measleS/RUBELLA: intervention related to exposure on the flight** |
| 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:\_\_\_/\_\_\_/\_\_\_\_  |
| **6. MEASLES: health since flight** |
| **6a**. **first interview done < 21 days after flight** **NOTE: If your first interview was after the incubation period (>21 days since the flight), 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 flight**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 flight** |
| **6a**. **first interview done < 25 days after flight****NOTE: If your first interview was after the incubation period (>25 days since the flight), 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 flight** 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 flight** |
| **6a**. **first interview done < 23 days after FLIGHT** **NOTE: If your first interview was after the incubation period (>23 days since the flight), 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 FLIGHT**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 flight?**  🞎 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 flight?** 🞎 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 \_\_\_\_\_/\_\_\_\_\_

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| **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