Optional Measles, Mumps, or Rubella Air/Land Contact Investigation Outcome Reporting Form

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 ☐ 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:___/___/____

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 _____°C/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 _____°C/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 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 _____°C/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 _____°C/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 _____°C/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 _____°C/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 _____/_____

8. COMMENTS [free text field]