Optional Measles, Mumps, or Rubella Maritime Contact Investigation Outcome Reporting Form

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: ___/___/_____

6b. INTERVIEW DONE > 21 DAYS AFTER TRAVEL

Interview Date: ___/___/_____

☐ N/A (did not follow-up with contact after first interview)

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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:___/___/____

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:___/___/____

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 _____°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 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 _____°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 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 _____°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 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 _____°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 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 _____/_____

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8. COMMENTS [free text field]