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| **1. Passenger Contact Information** | | | | | | |
| **Last name, First name** | **Cabin #** | **Sex** | **DOB (mm/dd/yy) 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 the 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 THIS 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 \_\_\_\_;  2. \_\_\_/\_\_\_/\_\_\_ or age \_\_\_\_;  3. \_\_\_/\_\_\_/\_\_\_ or age \_\_\_\_;  4. \_\_\_/\_\_\_/\_\_\_ or age \_\_\_\_;  5. \_\_\_/\_\_\_/\_\_\_ or age \_\_\_\_  🞎 Unknown  Serologic proof of immunity? 🞎No 🞎Yes; Is there written documentation? 🞎No 🞎Yes  Is the contact considered susceptible? 🞎No 🞎Yes | | | | | | |
| **5. intervention related to exposure on the conveyance** | | | | | | |
| **Did contact receive prophylaxis for this exposure?**  🞎 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 the contact received and the date (mm/dd/yy) :  🞎 Antimicrobial drug, Date received: \_\_\_/\_\_\_/\_\_\_\_  🞎 Vaccination for this disease; Date received: \_\_\_/\_\_\_/\_\_\_\_  🞎 Immunoglobulin; Date received: \_\_\_/\_\_\_/\_\_\_\_  Was contact quarantined alone? 🞎 No 🞎 Yes; /cohorted with others? 🞎 No 🞎 Yes  🞎 Yes, how many days? \_\_\_\_  🞎 No | | | | | | |
| **6. health since travel: first interview done less than ONE incubation period since travel** | | | | | | |
| **NOTE: If your first interview was after the incubation period (># days since travel, please skip to section 7**  Interview Date: \_\_\_/\_\_\_/\_\_\_\_\_  Did contact report any signs or symptoms? 🞎 No **(Stop here)** 🞎 Yes; please check all that apply:  🞎 Fever ; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_ , Maximum measured temperature \_\_\_\_\_\_oC/F  🞎 Feverishness (no temperature measured): \_\_/\_\_/\_\_\_\_  🞎 Cough; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Rash; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Coryza; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Conjunctivitis; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Sore throat; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Swollen glands; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Vomiting; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Diarrhea; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Jaundice; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Headache; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Neck stiffness; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Unusual bleeding; Date of onset:­­­ \_\_\_/\_\_\_/\_\_\_\_  🞎 Decreased consciousness; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Difficulty breathing/shortness of breath; Date of onset:­­­\_\_\_\_/\_\_\_/\_\_\_\_  🞎 Recent onset of focal weakness and/or paralysis; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_ | | | | | | |
| **7. health since travel: interview done at LEAST one incubation period since travel** | | | | | | |
| Interview Date: \_\_\_/\_\_\_/\_\_\_\_\_  🞎 N/A (did not follow-up with passenger after first interview)    Did contact report any signs or symptoms? 🞎 No **(Stop here)** 🞎 Yes; please check all that apply:  🞎 Fever ; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_ , Maximum measured temperature \_\_\_\_\_\_oC/F  🞎 Feverishness (no temperature measured): \_\_/\_\_/\_\_\_\_  🞎 Cough; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Rash; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Coryza; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Conjunctivitis; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Sore throat; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Swollen glands; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Vomiting; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Diarrhea; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Jaundice; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Headache; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Neck stiffness; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Unusual bleeding; Date of onset:­­­ \_\_\_/\_\_\_/\_\_\_\_  🞎 Decreased consciousness; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_  🞎 Difficulty breathing/shortness of breath; Date of onset:­­­\_\_\_\_/\_\_\_/\_\_\_\_  🞎 Recent onset of focal weakness and/or paralysis; Date of onset:­­­\_\_\_/\_\_\_/\_\_\_\_ | | | | | | |
| **8. DIAGNOSIS** | | | | | | |
| **If contact reported symptoms, was s/he evaluated by a health care provider?** 🞎 No 🞎 Yes; Date(s): \_\_\_/\_\_\_/\_\_\_\_;\_\_\_/\_\_\_/\_\_\_  **If yes, was the 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 🞎 Yes; with whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last exposure (mm/dd): \_\_\_\_/\_\_\_\_ 🞎 Unknown  **Has contact visited other countries during the past month?** 🞎 No 🞎 Unknown 🞎 Yes  If yes, list the country with the corresponding dates (mm/dd):   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_ | | | | | | |
| **9. COMMENTS [free text field]** | | | | | | |
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