OMB Control No. 0920-0900
Expiration Date: XX/XX/XXXX

Measles Maritime Contact Investigation Outcome Reporting Form

FAX completed form to the CDC at 404.718.2158; For questions, call 404.639.7147

1. VOYAGE INFORMATION

CDC/QARS ID#	Arrival date	Departure city/port	Arrival city/port	Index case cabin

2. INDEX CASE CLINICAL AND LAB INFORMATION

3. CONTACT INFORMATION

Last name, First name or Unique Identifier	Assigned cabin	Gender	DOB (mm/dd/yyyy)/Age (yrs)

4. CONTACT/INTERVIEW INFORMATION

Were you able to contact this person?

☐ No, why not? ☐ Incorrect locating information ☐ No longer at temporary address but still in the U.S. ☐ No response
☐ Returned to country of residence ☐ Didn't attempt follow-up ☐ Other, specify _____ **(Stop here)**

☐ Yes, date contacted: ___/___/___

Was contact interviewed?

☐ No, why not? ☐ Declined ☐ Lives in different jurisdiction, specify _____
☐ Other, specify _____ **(Stop here)**

☐ Yes; actual/verified cabin #_____ , date of last known contact with index case: ___/___/___

Was this person a known close contact of the index case outside of this voyage (e.g. family member)? ☐ No ☐ Yes

Was this person a crew member? ☐ No ☐ Yes, was this person frequently in close proximity to index case besides sharing living quarters (i.e. work or social)? ☐ No ☐ Yes, specify _____

5. IMMUNITY

MMR (or other measles-containing vaccine) or history of disease:

☐ Not vaccinated ☐ One dose of vaccine ☐ Two doses of vaccine ☐ Three doses of vaccine
☐ Immunized, number of doses unknown ☐ History of disease ☐ Immunity established by serology ☐ Unknown

6. MEASLES INTERVENTION RELATED TO EXPOSURE

Did contact receive prophylaxis for this exposure to measles?

☐ No, why not? ☐ Outside window for prophylaxis ☐ Within window for prophylaxis but declined
☐ Immune (by vaccination or history of measles prior to flight) ☐ Other, specify _____

☐ Yes, please indicate what s/he received and the date:

☐ MMR or other measles-containing vaccine; date received: ___/___/___ ☐ Immunoglobulin; date received: ___/___/___

7. HEALTH SINCE EXPOSURE

Did contact report any signs or symptoms of measles? ☐ No **(Stop here)** ☐ Yes;

If yes, check all that apply: ☐ Fever (Max temp measured _____°C/F) ☐ Rash ☐ Cough ☐ Coryza ☐ Conjunctivitis

8. DIAGNOSIS

Was this person diagnosed with measles?

☐ No

☐ Unknown, why? ☐ Declined medical evaluation ☐ Not interviewed after incubation period (max of 21 days after last exposure)
☐ Lost to follow-up ☐ Other, specify _____

☐ Yes, how was diagnosis made? (Check all that apply)

☐ IgM ☐ Paired IgG ☐ PCR ☐ Culture ☐ Epi-linked ☐ Clinical diagnosis ☐ Other, specify:_____

Check any of the following potential measles exposures this person may have had in the 21 days prior to symptom onset:

☐ Visited/lives in a country with endemic measles
☐ Exposed to a confirmed measles case besides the index case on the ship
☐ Other, specify _____

9. COMMENTS