

Rubella 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?				
<input type="checkbox"/> No, why not? <input type="checkbox"/> Incorrect locating information <input type="checkbox"/> No longer at temporary address but still in the U.S. <input type="checkbox"/> No response <input type="checkbox"/> Returned to country of residence <input type="checkbox"/> Didn't attempt follow-up <input type="checkbox"/> Other, specify _____ (Stop here)				
<input type="checkbox"/> Yes, date contacted: ___/___/___ Was contact interviewed?				
<input type="checkbox"/> No, why not? <input type="checkbox"/> Declined <input type="checkbox"/> Lives in different jurisdiction, specify _____ <input type="checkbox"/> Other, specify _____ (Stop here)				
<input type="checkbox"/> 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)? <input type="checkbox"/> No <input type="checkbox"/> Yes Was this person a crew member? <input type="checkbox"/> No <input type="checkbox"/> Yes, was this person frequently in close proximity to index case besides sharing living quarters (i.e. work or social)? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify _____				
5. IMMUNITY				
MMR (or other rubella-containing vaccine) or history of disease:				
<input type="checkbox"/> Not vaccinated <input type="checkbox"/> One dose of vaccine <input type="checkbox"/> Two doses of vaccine <input type="checkbox"/> Three doses of vaccine <input type="checkbox"/> Immunized, number of doses unknown <input type="checkbox"/> History of disease <input type="checkbox"/> Immunity established by serology <input type="checkbox"/> Unknown				
6. RUBELLA INTERVENTION RELATED TO EXPOSURE				
Did contact receive intervention for this exposure to rubella (not routinely recommended)?				
<input type="checkbox"/> No <input type="checkbox"/> Yes, please indicate what s/he received and the date : <input type="checkbox"/> Immunoglobulin; Date received: ___/___/___ <input type="checkbox"/> Other, specify _____ Reason for intervention: _____				
7. HEALTH SINCE EXPOSURE				
Is this person pregnant? <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes; what trimester at time of the voyage? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd				
Did contact report any signs or symptoms of rubella? <input type="checkbox"/> No (Stop here) <input type="checkbox"/> Yes If yes, check all that apply: <input type="checkbox"/> Fever (Max temp measured _____°C/F) <input type="checkbox"/> Rash <input type="checkbox"/> Cough <input type="checkbox"/> Coryza <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Arthritis/arthralgia				
8. DIAGNOSIS				
Was this person diagnosed with rubella?				
<input type="checkbox"/> No <input type="checkbox"/> Unknown, why? <input type="checkbox"/> Declined medical evaluation <input type="checkbox"/> Not interviewed after incubation period (max of 23 days after last exposure) <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Other, specify _____				
<input type="checkbox"/> Yes, how was diagnosis made? (Check all that apply) <input type="checkbox"/> IgM <input type="checkbox"/> Paired IgG <input type="checkbox"/> PCR <input type="checkbox"/> Culture <input type="checkbox"/> Epi-linked <input type="checkbox"/> Clinical diagnosis <input type="checkbox"/> Other, specify _____				
Check any of the following potential rubella exposures this person may have had in the 23 days prior to symptom onset:				
<input type="checkbox"/> Visited/lives in a country with endemic rubella <input type="checkbox"/> Exposed to a confirmed rubella case besides the index case on the ship <input type="checkbox"/> Other, specify _____				
9. COMMENTS				

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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 0920-0900.