

## Measles Air Contact Investigation Outcome Reporting Form

FAX completed form to the CDC at [404.471.8121](tel:404.471.8121)/[404.718.2158](tel:404.718.2158); For questions, call [404.639.7147](tel:404.639.7147)

1. FLIGHT INFORMATION (If more than one flight is listed, please circle the flight contact was on)				
CDC/QARS ID#	Arrival date	Departure city/airport	Arrival city/airport	Index case row
2. INDEX CASE CLINICAL AND LAB INFORMATION				
3. CONTACT INFORMATION				
Last name, First name	Assigned seat	Gender	DOB (mm/dd/yyyy)/Age (yrs)	
4. CONTACT/INTERVIEW INFORMATION				
<b>Were you able to contact this person?</b> <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"/> Missed HD appointment <input type="checkbox"/> No response <input type="checkbox"/> Returned to country of residence <input type="checkbox"/> HD 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 seat # _____				
Was this person a known close contact of the index case outside of this flight (e.g. family member)? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", date of last known exposure to index case: ___/___/___				
5. IMMUNITY				
MMR (or other measles-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. MEASLES INTERVENTION RELATED TO EXPOSURE ON THE FLIGHT				
Did contact receive prophylaxis for this exposure to measles? _ <input type="checkbox"/> No, why not? <input type="checkbox"/> Outside window for prophylaxis <input type="checkbox"/> Within window for prophylaxis but declined <input type="checkbox"/> Born before 1957 <input type="checkbox"/> Immune (by vaccination or history of measles prior to flight) <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Yes, please indicate what s/he received and the date: <input type="checkbox"/> MMR or other measles-containing vaccine; date received: ___/___/___ <input type="checkbox"/> Immunoglobulin; date received: ___/___/___				
7. HEALTH SINCE FLIGHT				
Did contact report any signs or symptoms of measles? <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				
8. DIAGNOSIS				
Was this person diagnosed with measles? <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 21 days after flight) <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 measles exposures this person may have had in the 21 days prior to symptom onset: <input type="checkbox"/> Visited/lives in a country with endemic measles <input type="checkbox"/> Exposed to <u>a person with</u> a confirmed measles case <u>besides other than</u> the index case on the flight <input type="checkbox"/> Other, specify: _____				
9. COMMENTS				

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required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other 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.