

Rubella 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				
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"/> 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 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 ON THE FLIGHT				
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 FLIGHT				
Is this person pregnant? <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes; what trimester at time of the flight? <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/arthritis				
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 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 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 <u>person with a</u> confirmed rubella 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.