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| 1. **Voyage Information**
 |
| **CDC/QARS ID#** | **Arrival date** | **Departure city/port** | **Arrival city/port** | **Index case cabin** |
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| **2. Index case clinical AND lab information** |
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| **3. Contact Information** |
| **Last name, First name or Unique Identifier** | **Assigned cabin** | **Gender** | **DOB (mm/dd/yyyy)/Age (yrs)**  |
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| **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 \_\_\_\_\_\_oC/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** |
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Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  An agency may not conduct or sponsor, and a person is not 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.