|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 rubella-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. Rubella intervention related to exposure** | | | | | | | |
| Did contact receive intervention for this exposure to rubella (not routinely recommended)?  🞎 No  🞎 Yes, please indicate what s/he received and the date :  🞎 Immunoglobulin; Date received:\_\_\_/\_\_\_/\_\_\_\_ 🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for intervention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **7. health since exposure** | | | | | | | |
| Is this person pregnant? 🞎 No 🞎 N/A 🞎 Yes; what trimester at time of the voyage? 🞎 1st 🞎 2nd  🞎 3rd  Did contact report any signs or symptoms of rubella? 🞎 No **(Stop here)** 🞎 Yes  If yes, check all that apply: 🞎 Fever (Max temp measured \_\_\_\_\_\_oC/F) 🞎 Rash 🞎 Cough 🞎 Coryza  🞎 Conjunctivitis 🞎 Lymphadenopathy 🞎 Arthritis/arthralgia | | | | | | | |
| **8. DIAGNOSIS** | | | | | | | |
| Was this person diagnosed with rubella?  🞎 No  🞎 Unknown, why? 🞎 Declined medical evaluation 🞎 Not interviewed after incubation period (max of 23 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 rubella exposures this person may have had in the 23 days prior to symptom onset:  🞎 Visited/lives in a country with endemic rubella  🞎 Exposed to a confirmed rubella case besides the index case on the ship  🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **9. COMMENTS** | | | | | | | |
|  | | | | | | | |

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.