OMB Control No. 0920-0900 Expiration Date: 08/31/2024

## **Rubella Air Contact Investigation Outcome Reporting Form**

EMAIL completed form to airadmin@cdc.gov with the following text in the SUBJECT line: Outcome Reporting Form DGMQ ID ######

1. FLIGHT INFORM	IATION (If more	e than one flight is list	ted. please circle th	ne flight contac	et was on)	
DGMQ ID#	Arrival date Departure city/airport			,		Index case seat
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?  □ No, why not? □ Incorrect locating information □ No longer at temporary address but still in the U.S. □ No response □ Returned to country of residence □ HD didn't attempt follow-up □ Other, specify						
6. RUBELLA INTERVENTION RELATED TO EXPOSURE ON THE FLIGHT						
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 FLIGHT						
Is this person pregnant? ☐ No ☐ N/A ☐ Yes; what trimester at time of the flight? ☐ 1 <sup>st</sup> ☐ 2 <sup>nd</sup> ☐ 3 <sup>rd</sup> Did contact report any signs or symptoms of rubella? ☐ No ( <b>Stop here</b> ) ☐ Yes  If yes, check all that apply: ☐ Fever (Max temp measured°C/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 flight) □ 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 person with a confirmed rubella case other than the index case on the flight						
☐ 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 xxxx-xxxx.