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

General Air Contact Investigation Outcome Reporting Form

~~FAX completed form to the CDC at 404.471.8121/EMAIL questions to airadmin@cdc.gov~~

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

1. FLIGHT INFORMATION (If more than one flight is listed, please circle the flight contact was on)

DGMQ ID#	Arrival date	Departure city/airport	Arrival city/airport	Index case row

2. INDEX CASE CLINICAL AND LAB INFORMATION

3. PASSENGER CONTACT INFORMATION

Last name, First name	Assigned seat	Sex	DOB (mm/dd/yy)/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 U.S. ☐ No response
☐ Returned to country of residence ☐ HD didn't attempt follow-up ☐ Other, specify _________ **(Stop here)**

☐ Yes, date initially contacted: ___/___/___
Was contact interviewed?
☐ No, why not? ☐ Declined ☐ Lives in different jurisdiction, specify _________________
☐ Other, specify ____ **(Stop here)**
☐ Yes; actual/verified seat #_________
Was this person a known close contact of the index case outside of this flight (e.g. family member)? ☐ No ☐ Yes
If "Yes", date of last known exposure to index case: ___/___/___
When was person interviewed? ☐ During incubation period ☐ After incubation period ☐ At both times

5. IMMUNITY

Vaccination or history of disease: ☐ Not vaccinated ☐ Vaccinated, date of most recent dose: ___/___/___
☐ History of disease ☐ Immunity established by serology ☐ No applicable vaccine ☐ Unknown

6. HEALTH SINCE FLIGHT

Did contact report any signs or symptoms? ☐ No ☐ Yes: Date of symptom onset ___/___/___ ; check all that apply:
☐ Fever (Max temp measured ______ºC/F) ☐ Cough ☐ Rash ☐ Coryza ☐ Conjunctivitis
☐ Sore throat ☐ Swollen glands ☐ Vomiting ☐ Diarrhea ☐ Jaundice ☐ Headache ☐ Neck stiffness
☐ Unusual bleeding ☐ Decreased consciousness ☐ Difficulty breathing/shortness of breath
☐ Recent onset of focal weakness and/or paralysis ☐ Other, specify _________________________________

7. PUBLIC HEALTH INTERVENTION

Did contact receive prophylaxis for this exposure?
☐ No, why not? ☐ Outside window for prophylaxis ☐ Within window for prophylaxis but declined
☐ No applicable prophylaxis ☐ Other, specify _________________
☐ Yes, please indicate what s/he received and include the date(s):
☐ Antimicrobial drug; specify____________, date received: ___/___/___ ☐ Vaccination; date received: ___/___/___
☐ Immunoglobulin; date received: ___/___/___ ☐ Other, specify _____________, date received: ___/___/___

8. DIAGNOSIS

Was this person diagnosed with the disease in question?
☐ No
☐ Unknown, why? ☐ Declined medical evaluation ☐ Not interviewed after incubation period
☐ 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 exposures this person may have had recently for the disease in question:
☐ Exposed to a person with a probable or confirmed 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

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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.