OMB Control No. 0920-0900
Expiration Date: xx/xx/20xx

Rubella Aircraft Contact Investigation Outcome Reporting Form

Return completed form by secure email to airadmin@cdc.gov (preferred) or fax to 404-471-8121 with the following text in the SUBJECT line: Outcome Reporting Form DGMH ID ######

1. FLIGHT INFORMATION

DGMH ID#	Arrival date	Departure city/airport	Arrival 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? ☐ **Yes** ☐ **No**

If 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 ________________ **(Skip to Section 9)**

If yes, date contacted: ___/___/_____

Was contact interviewed? ☐ **Yes** ☐ **No**

☐ No, why not? ☐ Declined ☐ Lives in different jurisdiction, specify ________________
☐ Other, specify ________________ **(Skip to Section 9)**
☐ Yes; Actual/verified seat #__________

Was this person a known close contact of the index case outside of this flight (e.g. family member)? ☐ **Yes** ☐ **No**

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

MMR (or other rubella-containing vaccine) or history of disease: ☐ **Yes** ☐ **No**

☐ 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 ON THE FLIGHT

Did contact receive intervention for this exposure to rubella (not routinely recommended)? ☐ **Yes** ☐ **No**

If yes, please indicate what s/he/they 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? ☐ 1st ☐ 2nd ☐ 3rd

Did contact report any signs or symptoms of rubella? ☐ **Yes** ☐ **No (Skip to Section 9)**

If yes, check all that apply: ☐ Fever (Max temp measured _______ °C/F) ☐ Rash ☐ Cough ☐ Coryza
☐ Conjunctivitis ☐ Lymphadenopathy ☐ Arthritis/arthralgia

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 ________________

8. DIAGNOSIS

Was this person diagnosed with rubella? ☐ **Yes** ☐ **No** ☐ **Unknown**

If unknown, why? ☐ Declined medical evaluation ☐ Not interviewed after incubation period (max of 23 days after flight)
☐ Lost to follow-up ☐ Other, specify ________________

If yes, how was diagnosis made? (Check all that apply)
☐ IgM ☐ Paired IgG ☐ PCR ☐ Culture ☐ Epi-linked ☐ Clinical diagnosis ☐ Other, specify______________

9. FORM COMPLETION

Person completing form: ________________ **Date form completed:** ___/___/_____

10. 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 H21-8, Atlanta, Georgia 30333; ATTN: PRA 0920-0900.