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

Measles 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
If no, why not? ☐ Declined ☐ Lives in different jurisdiction, specify: _____
☐ Other, specify _____ **(Skip to Section 9)**
If 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? (check all that apply)
☐During first six days after flight? ☐ During first 21 days after flight? ☐ After incubation period (max 21 days after flight)?

5. IMMUNITY

MMR (or other measles-containing vaccine) or history of disease (select one):
☐ Not vaccinated ☐One dose of vaccine ☐ Two doses of vaccine ☐ Three doses of vaccine ☐ Immunized, number of doses unknown
☐ History of disease ☐ Born before 1957 ☐ Immunity established by serology ☐ Unknown

6. MEASLES INTERVENTION RELATED TO EXPOSURE ON THE FLIGHT

Did contact receive prophylaxis for this exposure to measles? ☐Yes ☐ No
If no, why not (select one)? ☐ Outside window for prophylaxis ☐Within window for prophylaxis but declined
☐ History of measles prior to flight ☐ Born before 1957 ☐ Immune (by vaccination or serology)
☐ Other, specify: _____
If yes, please indicate what s/he/they received and the date:
☐ MMR or other measles-containing vaccine; date received: _____ ☐ Immunoglobulin; date received: ___/___/___

7. HEALTH SINCE FLIGHT

Did contact report any signs or symptoms of measles? ☐No **(Skip to Section 9)** ☐Yes ☐ Unknown
If yes, check all that apply: ☐ Fever (Max temp measured _____ºC/F) ☐ Rash ☐ Cough ☐ Coryza ☐ Conjunctivitis
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 person with a confirmed measles case other than the index case on the flight
☐Other, specify: _____

8. DIAGNOSIS

Was this person diagnosed with measles? ☐ Yes ☐No ☐ Unknown
If unknown, why? ☐ Declined medical evaluation ☐ Not interviewed after incubation period (max of 21 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(s) completing form: _____ **Date form completed:** ___/___/____

10. COMMENTS