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 INFORMAT	ΓΙΟΝ					
DGMH ID#	Arrival date	Departure city/airport		Arrival city/airport		Index case seat
2. INDEX CASE CLINICAL AND LAB INFORMATION						
3 CONTACT INFORMATION						
3. CONTACT INFORMATION Last name, First name			Assigned seat	Gender	DOB (mm/dd/yyyy)/Age (yrs)	
Last name, 1 nst name			11551giioù seue	Gender	202 (11111 day) (111)	
4. CONTACT/INTERVIEW INFORMATION Were you able to contact this person? Yes No						
If no, why not? \square Incorrect locating information \square No longer at temporary address but still in the U.S. \square 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 #						
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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:/_/						
Reason for intervention:						
7. HEALTH SINCE FLIGHT Is this person pregnant? □ No □ N/A □ Yes; what trimester at time of the flight? □ 1 st □ 2 nd □ 3 rd						
Did contact report any signs or symptoms of rubella? \square Yes \square 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						
	d with rubella?		Unknown			
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.