

# Exposure Surveillance: Contact Identification

## Contact Identification: Instructions



Please complete and retain information from this page at the state and/or local public health department.

Personally identifiable information (PII) will be excluded if data are transmitted to CDC via buttons on the Smallpox Menu.

## Contact Identification

Contact ID

Date of First Household Visit

Date of Contact's First Exposure

## REPORTING SOURCE: Jurisdiction

Reporting State

State FIPS Code

Reporting County

County FIPS Code

If applicable, please provide the name of the Region, District, Precinct, or other jurisdiction division.

## Contact Information for Person Under Observation (PUO)

**Name**  
Last name  First name  MI  Suffix  Nickname/Alias

**Address**  
Street address, Apt # (Please do not use Post Office Box)

City  State  Zip code

County  State FIPS Code (Contact)

County FIPS Code (Contact)

## Telephone Numbers of Person Under Observation

Main phone  Work phone  Other phone

**GET GEO-COORDINATES**

Latitude (zip code)

Longitude (zip code)

Notes

## Demographics and Exposure to Case(s)

Age  Age unit  Gender  If female, pregnant?

Is this exposure epidemiologically linked to a confirmed case?

If yes, Case ID (if known)

Relationship to Case  If Other, please specify

## Protecting PII When Reporting

CDC will NOT report gender, race, or ethnicity if there are fewer than 25 cases within these categories.

Neither will CDC report information that will lead to the identification of the case to whom the contact was exposed.

## INTERVIEW INFORMATION

Interviewer name (Last, First, MI)

Interview Date  Information Provided by (Check all that apply)  Person Under Observation  Other

Informant Name (Last, First, MI)

Telephone numbers of informant, if other than the PUO

Primary interview language spoken (if other than English)

If other, please specify

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**ENTER SYMPTOMS**

# Exposure Surveillance: Core Prevention Strategies

## Core Prevention Strategies: Instructions



This page contains information that will assist the state, territorial, tribal, and local jurisdictions to track preventive strategies among exposed persons.

When additional information becomes available, update this record so that each individual has only one record in this project database.

## Contact Identification

Contact ID

First Name

Last Name

Date of Household Visit

## Exposure

Interviewer Completed Case Exposure Investigation (Form 3A)

Other Forms Please describe

Date of First Exposure

Date of Recent Exposure

Describe Exposure History To Date

Identify the greatest risk category based among all exposures to date

Closest Distance

Duration of Exposure



Contact Priority Category

## Post-Exposure Prevention (PEP) Strategies

Contact (or Guardian) acknowledges and understands the potential risk and benefits of post-exposure prevention strategies.

Smallpox vaccination during this outbreak

If Yes, date of vaccination

Vaccine Used

Call-Back Date

**Clinical  
Guidance**



Vaccine "take" recorded at 7 days (6-8 days)

If Yes, result



Did the individual experience a vaccine-associated adverse event?

If not vaccinated, check all that apply  Not Indicated

Refused

Other Please specify

Please check all that apply and complete additional information requested

Recommended Treatment Please describe

Quarantined Date Quarantine Starts  Date Quarantine Ends

## COMMENTS

Add comments or additional information

**FIRST  
PAGE**

## To Complete Another Form

Save the record before selecting the 'Back' tab (menu bar, upper left) to complete the CIF or select another form from the Smallpox Menu.

**Link to  
VAERS**

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## Exposure Surveillance: Self-Reported Symptoms

### Self-Reported Symptoms: Instructions



Please complete and retain information from this page at the state and/or local public health department.

If this contact shows any symptoms listed on this page, please contact your Response Coordinator for additional instructions.

### Contact Identification

Contact ID

First Name

Last Name



Date of Household Visit

### Self-Reported Symptoms

#### Temperature

Please Record Highest Temperature

#### Symptoms

Please check all that apply.

Fever?



Rash?



Cough?

#### Dates of Symptom Onset

Please record the date when this symptom first appeared.

Date of fever onset

Date of rash onset

Date of cough onset

### Counseling Checklist

Please check that the following have been completed

Contact (or Guardian) Received Forms

Travel and Exposure History (Forms 2A, 2B, 2C, 2E; 3B, 3C)

Self-Check Symptoms

Contact (or Guardian) has telephone number for Public Health Department and agrees to call if symptoms are noted

Interviewer Instructed Contact (or Guardian) on Form Use

Travel and Exposure History

Self-Check Symptoms

### Current Health Status

What is the current health status?

If Other, please specify

If contact has become a case, list case ID

If contact has other illness, please specify

### Current Disposition or Outcome of Contact Investigation

Disposition

If Other, please specify

#### To Complete Other Forms

Save the record before closing the project or selecting another form from the Smallpox Menu.

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**Add Another Contact**