Form 2D: Smallpox Contact Tracing Form Instructions

The purpose of Form 2D is: 1) to aid in the locating of primary case contacts and their household members; 2) to initiate surveillance of case household contacts, primary case contacts and primary case household members (secondary contacts); and 3) to record the outcome ('disposition') of each contact investigation. For each case household contacts and primary contacts the case interviewer will fill in Form 2D Items 1 – 27 (items above the heavily **BOLDED** line in Form 2D); the form will be completed later by contact tracers upon their locating and interviewing the contacts. The contact tracer will also identify the household members of each primary contact and will, while in the household, initiate and fill out a Form 2D for each household member.

Information relating to the primary contact identified on Form 2D and where and how the contact may be found can be obtained from the infected person, family, friends, coworkers, or caregivers, or a combination of these sources. Form 2D is a CDC provided pre-printed and pre-numbered 3-part form (NCR form). Supervisors will collect from case interviewers the primary contact Form 2Ds on primary contacts from the case interviewers. Form 2D is used for data entry and contact tracing prioritization and then distributed to contact tracers. Primary contact 2Ds will be completed in the field by the contact tracer who will also complete a Form 2D on each household member of the primary contact. Some of the information needed for Form 2Ds for household members can be found on the primary contact's Form 2D. One copy of the Form 2D will be given to the primary contact and the household member for their identification when they go to get vaccinated. The original 2D is returned to the supervisor and second copy is retained by the tracer.

NOTE: The organization and layout of this form is modeled after the CDC 73.2936A, Sexually Transmitted Disease Epidemiologic Report. This style was chosen in the belief that federal, state and local smallpox contact tracing staff will frequently be staff that have previous experience using this STD form and will thus be familiar with the organization of Form 2D.

> **1. Last Name, First Name, MI, Suffix, and Alias:** Write the last name, first name, middle initial, suffix, and alias of the contact in this space.
>
> **2. Street Address and Apt. #:** In this space write the contact's street number, name, and apartment number of the residence, or other location at which the person may currently be found.
>
> **3. City and State:** In this space write the contact's name of the city and state of residence, or other location at which the person may currently be found.
>
> **4. Zip**: In these boxes, write the contact's zip code of residence, or other location at which the person may currently be found.
>
> **5. DOB:** Write the DOB of the contact in this space in the following format: MM DD

YYYY.

6. Age (Yrs): Write the age, in years, of the contact in the boxes.

7. Ethnicity: Place an AX@ in the appropriate box for either (H) Hispanic or (N) non-Hispanic.

8. Race: Place an AX@ in the boxes of all that apply for the race of the contact:

> AI/AN = American Indian/ Alaskan Native
> A = Asian
> B = Black, African American
> H/PI = Hawaiian/ Pacific Islander
> O/U = Other or unknown
> W = White

9. Sex: Place an AX@ in the box for either M (male) or F (female).

10. Height: Write the contact's approximate height, in feet and inches (e.g. 5 ft, 8 inches) in the boxes.

11. Size/Build: Write the approximate weight or build of the contact (e.g. heavy, slim, thick, or 200#).

12. Hair: Write a description of the hairstyle and color of the contact (e.g. short, balding, ponytail, weave).

13. Complexion: Write a description of the contact=s complexion (e.g. light, olive, dark, tan).

14. Pregnant: Place an "X" in the appropriate box indicating pregnancy status of the contact.

> Y = Yes, pregnant
> N = No, not pregnant
> U = Unknown pregnancy status

15. Primary Language Spoken: Write the primary language spoken by the contact.

16. English Spoken: Place and "X" in the appropriate box indicating whether the contact speaks English.

> Y = Yes
> N = No

U = Unknown

17. Name of Employer/School: Write the name of the company that employs the contact: (e.g., Pizza Hut, Sears, IBM), or the name of the school (if the contact is a student).

18. Address of Employer/School: Write the address of the employer/school of the contact.

19. Work Hours: Write the work hours of the contact (e.g. 8am-5pm).

20. Phone Number-Home: Write home phone number of the contact, including area code, in the boxes.

21. Phone Number-Cell: Write the cellular phone number of the contact, including area code, in the boxes.

22. Phone Number-Work: Write the phone number of the workplace of the contact, including area code, in the boxes.

23. Phone Number-Other: Write other phone numbers of the contact, including area code, in the boxes. Identify the type of phone number this represents (e.g. parent=s house, pager) in the Notes box (#30).

24. Exposure Dates: Complete for primary contacts only In the top series of blocks write the beginning date of exposure of the contact to the infected person, in MM DD YYYY format. The exposure period starts no sooner than the date of fever onset in the infected person who names this contact. In the bottom series of blocks write the last (most recent) exposure date of contact to the infected person, in MM DD YYYY format.

25. Reported Case Number: For primary contacts and secondary contacts. Write the Case Report Number of the infected person who named the **primary** contact. Include the two-character State abbreviation (e.g. TX, CA, etc.).

26. Date of Interview of Reported Case: Write the date of interview of the infected person linked to this contact, in MM DD YYYY format.

27. Contact Type: Chose the contact type for the person named on this Form 2D and place an "X" in the appropriate box. (Mark only 1 box)

The four contact types are:
  Primary Contact: Someone who is a contact of a case of smallpox.
  OOJ Primary Contact: Someone who is a contact of a case of smallpox that is located outside of the jurisdiction (OOJ) of the investigating agency.
  Secondary Contact: Someone who is a household contact to a primary contact of

a case of smallpox.

OOJ Secondary Contact: Someone who is a household contact to a primary contact of a case of smallpox that is located outside of the jurisdiction (OOJ) of the investigating agency.

28 Priority Code: Complete for primary contacts only: chose the case contact priority code (category) that reflects the potential smallpox exposure risk for this person. The **5** priority codes are:

1 = (Highest Priority) Case household contacts: all immediate family members; others spending >3 hours in the household since case's onset of rash
2 = Non household contacts with contact <6 feet with Case with rash for >3 hours
3 = Non household contacts with contact <6 feet with Case with rash for < 3 hours
4 = Non household contacts with contact >6 feet with Case with rash for >3 hours
5 = Non household contacts with contact >6 feet with Case with rash for <3 hour

29. Primary Contact Form 2D Number: Complete for secondary contacts only: Enter the Form 2D number for the primary contact related to this secondary contact.

30. Location, Epi-notes, and Other Relevant Information: In this box, additional physical or locating information for the contact may be recorded. Include in this box any relevant information about Sites or Events that are related to this investigation. Attempts to notify the contact may be documented on the back of the Form 2D original.

31. Date Form 2D Initiated: Write the date this Form 2D was first initiated (started) for tracing/locating of this contact, in the following format: MM DD YYYY.

32. Initiated By: Write the name, initials or worker number for the worker who initiated this Form 2D.

33. Date of Contact Notification: Write the date that the contact was first notified of potential smallpox case exposure, in the following format: MM DD YYYY.

34. Notified By: Write the name, initials or worker number for the worker who notified the contact of his/her exposure.

35. Disposition Date: Write the date that this Form 2D was dispositioned (<u>all work completed</u>), in the following format: MM DD YYYY. (see #39 for Disposition)

36. Dispo'ed By: Write the name, initials or worker number for the worker who completed the disposition of this Form 2D.

37. Follow-up Assignment Date: If subsequent field investigation of this contact is required, write the date that this Form 2D was assigned for further follow up, in the following format: MM DD YYYY.

38. Follow-up By: If subsequent field investigation of this contact is required, write the name, initials or worker number for the worker assigned to follow up the field investigation of the contact.

39. Dispositions: Place an "X" in the appropriate box that represents the outcome (Disposition) of this smallpox case exposure investigation. In order to process these contact investigations in a timely manner, a Disposition may be determined when, for example, the contact has been successfully referred for vaccination (1A), clinical assessment (1B), hospitalization (1C), or isolation (1D). *NOTE: Following this referral, it will <u>not</u> be the responsibility of the contact investigator to track all subsequent clinical outcomes of the contact as these events will be managed by the smallpox outbreak response component (e.g. vaccination clinic, hospital, or isolation facility) tracking the contact.* (Mark only 1 box)

> 1A – Referred for Vaccination, Fever or Rash or Cough Not Present
> 1B – Referred for Clinical Assessment, Fever or Rash or Cough Present
> 1C – Already Hospitalized as Suspected Case, Fever or Rash or Cough Present
> 1D – Isolated, Not Vaccinated, Fever or Rash or Cough Not Present
> 1E – Previously Vaccinated (within the last 6 months), Fever or Rash or Cough Not Present
> - Enter the date of vaccination, in MM DD YYYY format (estimate if record is not available)
> - Record contact's report of Vaccination Take status: Major, Equivocal, None, or Unknown
> 2A – Unable to Locate
> 2B – Moved from jurisdiction to: On this line write the town, city, and country of the contact's new residence
> 3A – Deceased, Smallpox Suspected
> 3B – Deceased, Unrelated to Smallpox
> 4 – Other, list the circumstances for this disposition

40. Smallpox Case ID: If the person named on this Form 2D is infected with smallpox (dispositions 1B, 1C, or 3A), record in this box the Smallpox Case ID number, including the two-character State alpha code. If the contact investigation is closed (dispositioned) with another code and the person is subsequently diagnosed with smallpox, this Smallpox Case ID number may be recorded here if known to the contact investigator.

41. Reviewed By: Write the supervisors name, initials, or worker number who reviewed the Form 2D once the assigned worker has disposition it.

42. Comments: Write any additional comments in this space. Detailed field investigation notes may be recorded on the back of the Form 2D original.