



Incident Name  Incident ID  CIDR ID of case contact exposed to

Date incident identified  Date identified as potential contact

**CONTACT INFORMATION**

Contact ID  CIDR ID (if contact subsequently diagnosed as case)

Surname  Forename

Date of Birth  Age (years)  Age (months)  Sex F  M  UNK

Country of Birth

Home Address

Home County  EirCode

Contact Details Phone (Mobile)  Email

Phone (Landline)  Number of household contacts

Contact Occupation  Employee ID

Contact GP Name

Contact GP Address

Contact GP phone, e-mail

**CONTACT EXPOSURE ASSESSMENT**

Exposed to source of plague in previous 7 days? Yes  No  UNK

Source of plague exposure Human case  Animal source  Flea bite  Contaminated SoHo

Laboratory exposure  Contaminated fomites

Was appropriate PPE worn? Yes  No  UNK

Country of exposure

Location of exposure Farm  Parks  Private house  Hotel  Airplane  Ship  Train  Bus

Exposure location name

Date first exposure  Date last exposure

Is contact immunosuppressed? Yes  No  UNK

Type of surveillance recommended Active surveillance (AS) & PEP  Active surveillance (AS) without PEP

Passive surveillance (PS) without PEP

**CONTACT SURVEILLANCE**

	Yes	No	UNK		Yes	No	UNK
Symptomatic AS Day 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Symptomatic during PS days 1-7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptomatic AS Day 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Symptomatic ever during AS/PS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptomatic AS Day 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If symptomatic during surveillance, classified as			
Symptomatic AS Day 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person under investigation	<input type="checkbox"/>		
Symptomatic AS Day 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suspected case	<input type="checkbox"/>		
Symptomatic AS Day 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Probable case	<input type="checkbox"/>		
Symptomatic AS Day 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confirmed case	<input type="checkbox"/>		
				Other non-notifiable illness	<input type="checkbox"/>		

If other illness, please specify

**ACTION PLAN**

Has contact been advised to self monitor (twice daily temperature check)? Yes  No  UNK

Has chemoprophylaxis been prescribed? Yes  No  UNK

If YES, details of chemoprophylaxis

Passive surveillance Yes  No  UNK

Has GP been contacted and informed? Yes  No  UNK

Has contact been isolated? Yes  No  UNK

Has contact been referred to hospital for further assesement? Yes  No  UNK

Other actions Yes  No  UNK

If YES, please specify

**OUTCOME**

Contact status Case  Not a case  Lost to follow-up

Comments

**REPORTER DETAILS**

Reporter Name

Reporting Institution HSE  Veterinary  EHO  Industry  NPW  Other

If Other, please specify

Reporter County

Date logged

**Please return completed forms to HPSC via**

Post: Health Protection Surveillance Centre, 25-27 Middle Gardiner Street, Dublin 1, DO1 A4A3

Encrypted email: hpsc-data@hse.ie Fax: 01 856 1299

### CONTACT DEFINITION

#### Contact with plague sources to be monitored by active surveillance

##### Sources of plague:

Contact with the following sources of plague within the previous 7 days warrant risk assessment for initiation of chemoprophylaxis and monitoring by active surveillance\* for 7 days following the last exposure:

1. Exposure within 2 metres of a confirmed or probable case of plague
2. Aircraft/ship exposure within 2 metres of a probable or confirmed plague case in the last 7 days. A risk assessment to identify contacts (including passengers or crew) of the case should be carried out.
3. Contact with the following items without appropriate personal protective equipment (PPE)
  - a. infected substances of human origin (SoHO<sup>†</sup>)
  - b. laboratory exposure to plague infected materials
  - c. contaminated materials
4. Contact with a sick animal/flea bite in a plague affected area

##### Prophylaxis for close contacts:

Contact type	Preferred agents	Dose	Frequency	Route
<b>Adults</b>	Doxycycline	100mg	Twice daily	Oral
	Ciprofloxacin	500mg		
<b>Children</b>	Ciprofloxacin	15mg/kg (not to exceed 1g/ day)		
	<b>OR</b>			
	Ciprofloxacin by age:			
	Newborn - 6 months	50mg		
	1 year <3 years	100mg		
3 years - <5 years	150mg			
5 years - <7 years	200mg			
7 years - <12 years	250mg			
12 years and over (adult dose)	500mg			
<b>OR</b>				
	Doxycycline (only if no alternative options)			
	>12 years of age and >45kg	100mg		
<b>Pregnant women</b>	Doxycycline <sup>‡</sup>	100mg		
	Ciprofloxacin <sup>†</sup>	500mg		

\* Contacts who are within 8-10 days of last exposure can be risk assessed for monitoring by passive surveillance for 7 days without chemoprophylaxis.

† Including but not limited to body fluids, body tissues, organs etc.

‡ Doxycycline and ciprofloxacin are pregnancy categories D and C, respectively. PEP should be given only when the benefits outweigh the risks.