

Index Case Name:_

Acute Communicable Disease Control Program 313 N. Figueroa SL, Rm. 212 Los Angeles, CA 90012 213-240-7941 (phone) 213-482-4856 (facsimile) http://publichealth.lacounty.gov/acd/

MENINGOCOCCAL DISEASE CONTACT ROSTER



Incident ID:

Date PHN Received Case Report:

Period of Infectivity from _____ to _____ (7 days prior to onset date of Index Case)

Date of Initial PHN Call	Last/First Name	Age	Relationship	Prophylaxis	Tx. Date	Given by	Comments
			☐ Household/Family ☐ Work ☐ Friend ☐ School ☐ Other*	Rifampin Ceftriaxone Azithromycin Unknown		Public Health Dept. ER PMD Other*	
			☐ Household/Family ☐ Work ☐ Friend ☐ School ☐ Other*	Rifampin Ceftriaxone Azithromycin Unknown		Public Health Dept. ER PMD Other*	
			☐ Household/Family ☐ Work ☐ Friend ☐ School ☐ Other*	Rifampin Ceftriaxone Azithromycin Unknown		Public Health Dept. ER PMD Other*	
			☐ Household/Family ☐ Work ☐ Friend ☐ School ☐ Other*	Rifampin Ceftriaxone Azithromycin Unknown		Public Health Dept. ER PMD Other*	
			Household/Family Work Friend School Other*	Rifampin Ceftriaxone Azithromycin Unknown		Public Health Dept. ER PMD Other*	
			☐ Household/Family ☐ Work ☐ Friend ☐ School ☐ Other*	Rifampin Ceftriaxone Azithromycin Unknown		Public Health Dept. ER PMD Other*	
			Household/Family Work Friend School Other*	Rifampin Ceftriaxone Azithromycin Unknown		Public Health Dept. ER PMD Other*	
			Household/Family Work Friend School Other*	Rifampin Ceftriaxone Azithromycin Unknown		Public Health Dept. ER PMD Other*	
			☐ Household/Family ☐ Work ☐ Friend ☐ School ☐ Other*	Rifampin Ceftriaxone Azithromycin Unknown		Public Health Dept. ER PMD Other*	
			☐ Household/Family ☐ Work ☐ Friend ☐ School ☐ Other*	☐ Rifampin ☐ Ceftriaxone ☐ Azithromycin ☐ Unknown		Public Health Dept. ER PMD Other*	

*If Other, please specify in the comments.

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