

Index Case Name:\_

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## 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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