

Measles Contact Investigation Worksheet

Patient Name (Last, First):	State ID:
Patient Date of Birth:	Physical Address/Current Patient Location:
Current Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone:
Reporting Hospital:	Physician:

Epidemiologic Information
Does the patient attend day care*? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U If yes, specify name of facility, location, and phone number (if available): _____ _____
<small>*Defined as a supervised group of 2 or more unrelated children for at least 4 hours per week</small>
Does the patient reside in a congregate or long-term care facility? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U If yes, specify name of facility, location, and phone number (if available): _____ _____
Has the patient had recent travel history? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U If yes, specify location and date(s): _____ _____
Has the patient had recent contact with any visitors from another village/city/state? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U If yes, specify location and date(s): _____ _____

Measles Investigation Worksheet

History of Activity 7 to 21 Days Before Rash Onset

Instructions: include all locations that the patient may have visited outside their home for the period of interest. This includes daily activities like shopping, sports practice, work attendance and single events such as attendance at a party, fair, festival, etc.

	Day	Date	Activities
POSSIBLE EXPOSURE PERIOD*	-21		
	-20		
	-19		
	-18		
	-17		
	-16		
	-15		
	-14		
	-13		
	-12		
	-11		
	-10		
	-9		
	-8		
	-7		

Completed by: _____ Phone: _____ Date: _____

Measles Investigation Worksheet

History of Activity 6 Days Before and 4 Days After Rash Onset

Instructions: include all locations that the patient may have visited outside their home for the period of interest. This includes daily activities like shopping, sports practice, work attendance and single events such as attendance at a party, fair, festival, etc.

INFECTIOUS PERIOD	-6		
	-5		
	-4		
	-3		
	-2		
	-1		
	0 [rash onset]		
	1		
	2		
	3		
	4		

*Rash usually 2-4 days after prodrome of fever, malaise, cough, & coryza.

Completed by: _____ Phone: _____ Date: _____

Measles Investigation Worksheet

Contact Name (Last, First):		Relationship to case:	
DOB (or age):	Address:	City:	State:
Gender:	Phone:	Current Location (if different from above address):	
Occupation/School:	Date first Exposed:	Date Last Exposed:	
Documented prior MMR?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	MMR up-to date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Provider information:			
Results of lab testing: <input type="checkbox"/> Not collected <input type="checkbox"/> Positive <input type="checkbox"/> Negative		Vaccination/IG Recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Restrictions/Exclusions End Date:		↳ If recommended, Received? <input type="checkbox"/> Yes (Date: _____) <input type="checkbox"/> No <input type="checkbox"/> Unk	

Initial Interview date: _____ Final Interview date: _____

Contact Name (Last, First):		Relationship to case:	
DOB (or age):	Address:	City:	State:
Gender:	Phone:	Current Location (if different from above address):	
Occupation/School:	Date first Exposed:	Date Last Exposed:	
Documented prior MMR?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	MMR up-to date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Provider information:			
Results of lab testing: <input type="checkbox"/> Not collected <input type="checkbox"/> Positive <input type="checkbox"/> Negative		Vaccination/IG Recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Restrictions/Exclusions End Date:		↳ If recommended, Received? <input type="checkbox"/> Yes (Date: _____) <input type="checkbox"/> No <input type="checkbox"/> Unk	

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Initial Interview date: _____ Final Interview date: _____

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Additional Notes and Comments on Contact Investigation

Notes:

#	Comments	
1		<p>Exposure is defined as direct contact with the case or anyone who was in the same room with a case even for a few minutes, or anyone who entered a closed space up to 2 hours after it was occupied by the measles case.</p> <p>Susceptible contacts are:</p> <ol style="list-style-type: none"> 1) Born in 1957 or after, and 2) Have no written record showing dates of receipt of at least 2 doses of measles containing vaccine received on or after the 1st birthday, or 3) Have no written record of measles seropositivity.
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Completed by: _____ Phone: _____ Date: _____