



# Measles Monitoring Form

Name ( <i>Contact</i> ):	DOB:	Age:	Gender:	Phone:
Guardian Name ( <i>if applicable</i> ):			Relationship to Contact:	

Contact Vaccinated?	No	Unknown		
Exposure Date(s) ( <i>one time=first date only; multiple=first and last date</i> ):			-	
IG Given?	Yes	No	Unknown	Date IG Given:

Monitoring dates	Outcome			Symptoms (if applicable)	Initials of monitor
1	Contacted	Left VM/texted	Unable to contact		
2	Contacted	Left VM/texted	Unable to contact		
3	Contacted	Left VM/texted	Unable to contact		
4	Contacted	Left VM/texted	Unable to contact		
5	Contacted	Left VM/texted	Unable to contact		
6	Contacted	Left VM/texted	Unable to contact		
7	Contacted	Left VM/texted	Unable to contact		
8	Contacted	Left VM/texted	Unable to contact		
9	Contacted	Left VM/texted	Unable to contact		
10	Contacted	Left VM/texted	Unable to contact		
11	Contacted	Left VM/texted	Unable to contact		
12	Contacted	Left VM/texted	Unable to contact		
13	Contacted	Left VM/texted	Unable to contact		
14	Contacted	Left VM/texted	Unable to contact		
15	Contacted	Left VM/texted	Unable to contact		
16	Contacted	Left VM/texted	Unable to contact		
17	Contacted	Left VM/texted	Unable to contact		
18	Contacted	Left VM/texted	Unable to contact		
19	Contacted	Left VM/texted	Unable to contact		
20	Contacted	Left VM/texted	Unable to contact		
21	Contacted	Left VM/texted	Unable to contact		
22	Contacted	Left VM/texted	Unable to contact		
23	Contacted	Left VM/texted	Unable to contact		
24	Contacted	Left VM/texted	Unable to contact		
25	Contacted	Left VM/texted	Unable to contact		
26	Contacted	Left VM/texted	Unable to contact		
27	Contacted	Left VM/texted	Unable to contact		
28	Contacted	Left VM/texted	Unable to contact		

# Measles Monitoring Form

The purpose of actively monitoring susceptible persons who are exposed to measles is to ensure that they receive prompt medical evaluation and treatment, if needed, and to prevent potential secondary spread. Susceptible persons include those who have not been vaccinated or have an unknown vaccination status who did not receive the MMR vaccine within 72 hours of exposure.

All susceptible persons exposed to measles should be monitored as soon as identified until 21 days post-exposure (28 days post-exposure if the exposed contact received immunoglobulin [IG]). Contacts should be contacted daily. Contacts should also monitor themselves for symptoms of measles and report those symptoms to the health department.

## Before call, pre-fill/look-up information:

- Fill in blue/bolded portions, including monitoring dates (Day 0 = last possible exposure date)
- Have a calendar available

## Note to Interviewer:

- Start monitoring as soon as a susceptible contact is identified
- Do not speak to minors directly, but speak to a guardian when contact is aged < 18 years
- Use Mr., Mrs., or Ms. YYY; preferable not to use their first name
- Do not say the name of the case connected to the contact during the active surveillance call or in voicemail
- If contact is feeling unwell, ask follow-up questions about the symptoms and ask them to measure any suspected fever. If they have symptoms of measles, then complete measles case report form.

## First Contact: Introductory Script

Hello, my name is **[insert name]**, I am calling from the **[insert health department]**. May I please speak to Mr./Mrs./Ms./Mx. **[contact name or parent/guardian of contact name]**?

We have been made aware that **[you have/contact name has]** been exposed to someone with measles. Because of this, we recommend that **[you/they]** stay voluntarily at home in case **[you/they]** become sick. By **[you/them]** staying home, this will potentially protect **[your/their]** community and prevent others from getting sick if **[you/they]** develop measles. We ask persons who have been exposed to measles and do not have protection against measles, like prior vaccination, to stay home for 21 days (or 28 days if they received a medicine called Immunoglobulin or IG) from their last exposure. The **[insert health department]** will be checking in during the next **[21/28 days from last exposure date]** to see how **[you are/contact name is]** feeling. Do you have any questions? How **[are you/is contact name]** feeling today? Do you have fever? Rash? Cough? Runny nose? Red eyes?

Thank you for your time! We will speak again soon.

## Subsequent Contact: Introductory Script

Hello, my name is **[insert name]**, I am calling from the **[insert health department]**. May I please speak to **[contact name or parent/guardian of contact name]**?

We are conducting our daily call to see how **[you are/contact name is]** feeling and identify any health issues **[you/they]** may be having since **[your/their]** exposure to measles. How are **[you/they]** feeling today?

Thank you for your time! We will speak again soon.