Contact ID: Enter contact ID here.

Linked measles case ID: Enter linked measles case ID here.

Interviewer initials: Yen, Cynthia (CDPH-CID-DCDC-IMM)

Date of interview: [Select date.]

**MEASLES CONTACT INTERVIEW FORM**

| **Attempts to reach contact** | **Date & Time** | **Outcome of Call**(disconnected, left message, wrong phone #, completed form, interviewed) |
| --- | --- | --- |
| 1st Attempt |  |  |
| 2nd Attempt |  |  |
| 3rd Attempt |  |  |

Instruction 1: Call Contact and recite the following script:

**If no one answers & you’re unsure whether the phone number belongs to the contact or this is the first attempt to reach the contact, leave the following message:**

*“Hello, my name is \_\_\_\_\_ and I’m calling from [Your Health Department] in regard to an urgent issue. Please call me (repeat name) at (your phone number) as soon as possible.”*

**If no one answers & the phone number belongs to the contact or this is the second or more attempts to reach the contact, leave the following message:**

*“Hello, my name is \_\_\_\_\_ and I’m calling from [Your Health Department]. I am calling to discuss your/your child’s possible exposure to measles at \_\_\_\_\_\_\_\_\_\_\_. Please call me (repeat name) at (your phone number) as soon as possible.”*

**If the contact answers:**

*“Hello, my name is* ***[your name]****. I work for the* ***[Insert County Name]*** *County Public Health Department. We’re calling persons who may have been exposed to someone with measles on* ***[insert date]*** *at* ***[insert location]****.Measles is a virus that causes a rash and high fever and is very contagious; it can cause serious illness in some people. We’d like to talk to you to find out if you might be at risk for measles.”*

**Instructions to Interviewer:**

--You can NOT tell the contact the names of any other contacts or the diagnosed cases.

--If contact was exposed via air travel, ask if the contact sat in their assigned seat and collect seat information.

Contact ID: Enter contact ID here.

Linked measles case ID: Enter linked measles case ID here.

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Date of interview: [Select date.]

**CONTACT INFORMATION**

| Name (complete before interview): | DOB (or Age): |
| --- | --- |
| . |  |

What is your address (or county of residence)?

| Home phone #: | Cell phone #: | Email: |
| --- | --- | --- |
| . |  |  |

**EXPOSURE**

We received information that you were at ***[name of exposure location]***on ***[date]***. Is this correct?

[ ]  Yes [ ]  No

What time were you at this location?

How long were you at this location? (check appropriate box below)

[ ]  Briefly (a few minutes) [ ]  < 1 hour [ ]  1-5 hours [ ]  > 5 hours [ ]  Unknown

Was anyone else with you at **[name of exposure location]**? [ ]  Yes [ ]  No [ ]  Refused

(if yes, list name and contact # below and complete a form for each contact)

| **Name** | **Age** | **Phone #** |
| --- | --- | --- |
| . |  |  |
| . |  |  |
| . |  |  |
| . |  |  |
| . |  |  |

**MEASLES IMMUNITY**

Have you ever received a measles shot? [ ]  No [ ]  Yes [ ]  Unknown

**[If No]** Reason not vaccinated?

[ ]  PBE

[ ]  Missed opportunity

[ ]  Religious

[ ]  Too young

[ ]  Born before 1957

[ ]  Invalid dose

[ ]  Foreign-born

[ ]  Medical contraindication

[ ]  Intentional delay

[ ]  Unknown

**[If yes]** Do you have a record of the date/s you got the shot/s? [ ]  No [ ]  Yes [ ]  Unknown

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Linked measles case ID: Enter linked measles case ID here.

Interviewer initials: Yen, Cynthia (CDPH-CID-DCDC-IMM)

Date of interview: [Select date.]

**MEASLES IMMUNITY, CONTINUED**

**[If a record is available]** Can I have the dates of your measles shot/s? It may be listed as ‘MMR’ on your immunization record.

MMR date 1:

MMR date 2:

**[If no record is available]:**

Do any of the following apply to your personal situation?

Received a green card on or after 1996? [ ]  Yes [ ]  No [ ]  Unknown

Born after 1970 and attended US Public Schools? [ ]  Yes [ ]  No [ ]  Unknown

Born before 1957 (we should know this from DOB information)? [ ]  Yes [ ]  No [ ]  Unknown

Ever served in the US military? [ ]  Yes [ ]  No [ ]  Unknown

Positive lab test for measles immunity (measles serology, or measles IgG) – this is typically done only if you are a healthcare worker)? [ ]  Yes [ ]  No [ ]  Unknown

Have you ever had measles disease? Was your measles disease physician diagnosed? Please include your age and a description of the illness:

.

**PERSONAL RISK FACTORS**

Next we’re going to discuss factors that may increase the risk of measles to you or others.

Sex: [ ]  Female [ ]  Male

If female, are you currently pregnant? [ ]  Yes [ ]  No [ ]  Unknown

 If yes, EDD:

Do you have a compromised immune system?

[ ]  Yes (provide detail) [ ]  No [ ]  Unknown

**Examples: HIV/AIDS, leukemia, lymphoma, or multiple myeloma, congenital immunodeficiency**

.

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Linked measles case ID: Enter linked measles case ID here.

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Date of interview: [Select date.]

**PERSONAL RISK FACTORS, CONTINUED**

Do you take any medications that might suppress your immune system?

[ ]  Yes [ ]  No [ ]  Unknown

If yes, what is the name of the medication?

**Examples: chemotherapy, high dose steroids, other medications taken after an organ transplant**

.

..

**RISK TO THE COMMUNITY**

What is your occupation?

[ ]  Healthcare worker [ ]  Daycare provider [ ]  Airport worker [ ]  Other (provide detail)

.

Do you routinely have contact with infants less than one year old?

[ ]  No [ ]  Yes (provide detail)

Do you routinely have contact with pregnant women?

[ ]  No [ ]  Yes (provide detail)

Do you routinely have contact with immunocompromised persons?

[ ]  No [ ]  Yes (provide detail)

.

**SYMPTOM INFORMATION (only ask these questions if it’s been at least 7 days since the contact was first exposed)**

Measles typically starts with symptoms like fever, cough, runny nose, and red or pink eyes. Then a few days later a red rash develops. The rash typically starts on the face and spreads downwards to the rest of the body. I’m going to read a list of measles symptoms. Please let me know if you have any of the following symptoms***.***

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Linked measles case ID: Enter linked measles case ID here.

Interviewer initials: Yen, Cynthia (CDPH-CID-DCDC-IMM)

Date of interview: [Select date.]

| Date of Interview | **Fever**Yes*Onset date**Duration**Highest temp* | FeverNo | **Cough**Yes*Onset date**Duration* | CoughNo | **Runny nose**Yes*Onset date**Duration* | Runny noseNo | **Conjunctivitis (red/pink eye)**Yes*Onset date**Duration* | ConjunctivitisNo | **Rash**Yes*Onset date**Duration* | RashNo |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  | . |
|  |  |  |  |  |  |  |  |  |  | . |
|  |  |  |  |  |  |  |  |  |  | . |
|  |  |  |  |  |  |  |  |  |  | . |

If rash is present, describe appearance and progression:

Other comments:

Contact ID: Enter contact ID here.

Linked measles case ID: Enter linked measles case ID here.

Interviewer initials: Yen, Cynthia (CDPH-CID-DCDC-IMM)

Date of interview: [Select date.]

***If symptoms are present this case should be potentially be treated as a suspect case. Please consult with your supervisor about testing , isolation recommendation and follow-up of contacts.***

*“Measles is very contagious. If you start to experience symptoms such as fever, runny nose, red eyes, or cough please contact us at* ***[insert phone number here]*** *right away. If you develop a rash please notify us immediately and stay at home to minimize your contact with others. You may also want to contact your doctor if you develop these symptoms. Please watch for symptoms until* ***[Insert date here – 21 days after date of last exposure]****. We may check in with you at the end of this time period to determine that you’re still well. “*

*“Do you have any questions about measles that I can answer for you? If you think of any questions later please contact me at* ***[insert number here]****. Thank you!”*

**END INTERVIEW**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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Date of interview: [Select date.]

**TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT**

What is the exposure setting type?

[ ]  Plane [ ]  Healthcare [ ]  Household [ ]  International airport

[ ]  Daycare [ ]  School [ ]  Church [ ]  Other, please describe:

What type of contact did person have with measles case?

[ ]  Face to face [ ]  Same room [ ]  Same building [ ]  Unknown

Was the source patient (measles case) wearing a mask when contact was exposed?

[ ]  Yes [ ]  No [ ]  Unknown

Was the measles case present at the exposure setting at the same time as the contact?

[ ]  Yes [ ]  No [ ]  Unknown

[**If No**] How long after the case left did the contact enter the room?

[ ]  0 – 1 hours [ ]  1 – 2 hours [ ]  Unknown

Was blood drawn on this contact for measles IgG testing?

[ ]  Yes [ ]  No

Where was the blood sent for IgG testing?

Date blood collected:

IgG result: ☐ Positive ☐ Negative ☐ Equivocal

Did patient receive post-exposure prophylaxis? [ ]  Yes [ ]  No [ ]  Unknown

If yes, did patient receive: [ ]  IMIG [ ]  IVIG [ ]  MMR

Date received:

If immune globulin was administered please include dosage/amount received:

Was contact interviewed at the end of the incubation period? [ ]  Yes [ ]  No [ ]  Unknown

Did contact develop rash? [ ]  Yes [ ]  No [ ]  Unknown Rash onset date:

If yes, was patient confirmed to have measles with laboratory testing? [ ]  Yes [ ]  No

What specimens were collected?

[ ]  Urine Date Collected:       Lab:       Result:

[ ]  NP/Throat Date Collected:       Lab:       Result:

[ ]  Blood Date Collected:       Lab:       Result:

Was quarantine or isolation recommended/ordered for this contact? [ ]  Yes [ ]  No