

# Measles Exposure Investigation Flow Chart

Use this when investigating someone who is identified as being exposed to a confirmed positive measles case.

\* This form will record your name, please fill your name.

1. Hi, this is (state your name here) from the Jefferson County Health Department. I'm calling today because you have been identified as a contact to a positive measles case.

Enter Last Name, First Name, Middle Initial for contact

2. Would it be okay if we asked you some questions? If now is not a good time, we would be happy to call you back at a time that works better for you.

- ☐ Yes they will answer questions
- ☐ No they will not answer questions
- ☐ Reschedule
- ☐ Other

3. Are you having any of the following symptoms?

Choose all that apply

- ☐ Runny Nose
- ☐ Cough
- ☐ Tiny white spots inside your mouth
- ☐ No symptoms

4. Have you had a fever of 101 degrees?

- ☐ Yes
- ☐ No
- ☐ Unsure

5. Have you developed a rash that has lasted for 3 or more days?

This may have begun as flat red spots on the face at the hairline and spread downward to the neck, trunk, arms, legs, and feet.

- ☐ Yes
- ☐ No
- ☐ Unsure

6. Have you developed conjunctivitis, which would be red, water eyes?

May need to say it is like "pink eye"

- ☐ Yes
- ☐ No
- ☐ Unsure

7. Have you received an MMR Vaccine?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

8. Do you know if you received 1 or 2 doses of the MMR Vaccine? It is okay if you aren't sure.  
Do you have a vaccination card or would you like me to look this up in ShowMeVax and see if there are records available for you there?

- ☐ 1 dose
- ☐ 2 doses
- ☐ I'm not sure

9. We have documentation that you have had 1 dose of the MMR vaccination. Here are some recommendations that we have for you:

Click each box once you've discussed with contact

- ☐ We recommend getting another dose of the vaccination as long as it is 28 days since your first dose.
- ☐ We would also like you to monitor for symptoms. If you develop a fever, rash, and red, watery eyes you should call your primary care provider right away.
- ☐ We would also recommend that you call your PCP for any other information or guidance they may have specific for you.
- ☐ Send documentation of single dose to [info@jeffcohealth.org](mailto:info@jeffcohealth.org)

10. 2 doses: "Great! The state requires measles exposures to provide evidence of immunity. We can do that a few different ways. Let me know what works best for you."

Click which method they choose.

- ☐ You can send a copy of your vaccine record to [info@jeffcohealth.org](mailto:info@jeffcohealth.org)
- ☐ We can look up your vaccination in ShowMeVax. If it is there, you will not need to provide any further documentation.
- ☐ You can call your medical provider and ask to obtain vaccination records and have them sent to JCHD at [info@jeffcohealth.org](mailto:info@jeffcohealth.org)

11. I'd like to go over symptoms of measles we want you to be aware of and recommend calling your doctor if these develop.

High fever over 101 degrees, cough, runny nose, red and/or watery eyes, tiny white spots inside your mouth, rash.  
Do you have any questions?

12. Were you born on or before 1957?

- ☐ Yes
- ☐ No

13. Are you a healthcare worker?

- ☐ Yes
- ☐ No

14. It is recommended that you receive another dose of the MMR vaccine due to working in a healthcare setting.

☐ Ok - click this for the next option

15. If NO to healthcare worker (select each after you've discussed)

☐ You are considered immune due to your birthyear

☐ Would you like a vaccine?

16. Would you like to receive a vaccine?

Reminder - contact must be 12 months of age or older to receive a vaccination.

☐ Yes - You'll be receiving a call to schedule your vaccination. It is necessary to get you a vaccine within 72 hours of your exposure.

☐ No - Provide information on protecting higher risk individuals, symptoms to look out for, encourage to call their primary care provider.

17. Have you ever had laboratory confirmed measles?

This means you have had a blood draw and it came back positive for measles?

☐ Yes

☐ No

☐ Unsure

18. Can you provide laboratory testing to confirm measles immunity?

This means you had your blood drawn or a test completed that indicates you have immunity to measles.

☐ Yes - Ask them to send to [info@jeffcohealth.org](mailto:info@jeffcohealth.org). Give information on symptoms and recommend they call their primary care provider.

☐ No

19. Because you have been experiencing symptoms, we strongly recommend calling your doctor to get tested.

If you do not have a doctor, you can reach out to Compass Health at **844-853-8937**

☐ Yes the patient will get tested

☐ No the patient declines testing.

20. Even though you are choosing not to get tested at this time, you will still be receiving another phone call from the communicable disease team to gather some more information about your symptoms.

☐ Confirm the contact understands they will get another call and should answer that call as well.

21. Did the contact say yes to all three:

Fever, rash, conjunctivitis?

☐ Yes

☐ No

22. Who is the name of the provider you will be using to get testing?

This will be the name of their physician they plan to contact to get testing.

23. When would be a good time for someone to call you back?

24. Since there isn't documentation of your immunity to measles and you have chosen not to get a vaccination, I'd like to go over some recommendations with you. Would that be okay?

It is recommended by the CDC that you should stay away from settings where there are susceptible people (such as schools, hospitals, or childcare centers) until your healthcare provider says it's okay to return. This will help ensure that you do not spread it to others.

Children younger than 5, adults older than 20, pregnant women, and immunocompromised persons are at most risk of serious complications.

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25. Thank you for your time today. Please let us know if we can do anything more for you or if you have any questions.

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