APPENDIX B: MEASLES CONTACT TRACKING FORM									
Date	11	Time: Investigator:							
Case Name	Case rash onset date://								
Contact Name									
Date of first contact	/ Date of last/								
Symptom watch dates	/ (1st contact + 7 days) to/ (Last contact +21 days)								
	Household	Family, non-household							
Relation to Case	Healthcare Worker	Friend							
DOB	//								
Age	Years Months								
Address									
City, State, Zip									
County									
Home Phone	()								
Work Phone	()								
Other Phone	()								
Contact location									
Location details									
Is contact symptomatic?	Yes No								
Date of onset	/ / /								
Briefly describe symptoms									
Last date contact followed									
	Had measles	Born before 1957							
Immune Status	Unknown	Pending serology Date collected / / Results:							
	Unvaccinated	<pre> Vaccinated # MMR rec'd before exposure: #1/ / #2/ /</pre>							
Contacted by PH?	Recommendations given	Left message							
Notes or actions needed									

APPENDIX E: Algorithm for assessment and management of persons with definite exposure to measles and public callers with possible exposure to measles at a public site

Immunization Status →	Birth before 1957	2 doses	1 dose ^{&}	0 doses		Unknown	
Risk assessment:	Presumed immune	Presumed immune	~95% effective	Susceptible!		Presume susceptible	
Prophylaxis:	None	None	MMR within 72 hours of exposure	MMR within 72 hours of exposure; Consider IG (if indicated ¹) within 6 days of exposure*		MMR within 72 hours of exposure; Consider IG (if indicated ¹) within 6 days of exposure*	
Recommendations:	No recommendations	No recommendations	Second MMR recommended even if	Close Contacts [€] (Asymptomatic)	Public Callers [#] (Asymptomatic)	Close Contacts [€] (Asymptomatic)	Public Callers [#] (Asymptomatic)
	or restrictions	or restrictions	>72 hours after exposure (but MMR within 72 hours preferred)	Do not vaccinate if too late for prophylactic MMR (i.e. >72 hours after exposure) ²	Get a dose of MMR	Draw blood for serum IgG titer and then give a dose of MMR.	Get a dose of MMR. Strongly encourage drawing blood for serum IgG titer.
Symptom Watch:	Yes Discuss date of exposure and symptom watch times.	Yes Discuss date of exposure and symptom watch times.	Yes Discuss date of exposure and symptom watch times. Adverse event a possibility 5-12 days after MMR received ³ • 5% get rash • 15% get fever	Yes Discuss date of exposure and symptom watch times. Explain what to do if symptoms: i.e. stay home Call PH/HC provider before going to HCF.	Yes Discuss date of exposure and symptom watch times. Explain what to do if symptoms: i.e. stay home Call PH/HC provider before going to HCF.	Yes Discuss date of exposure and symptom watch times. Explain what to do if symptoms: i.e. stay home Call PH/HC provider before going to HCF.	Yes Discuss date of exposure and symptom watch times. Explain what to do if symptoms: i.e. stay home Call PH/HC provider before going to HCF.
Exclusion:	None unless symptoms develop.	None unless symptoms develop.	None unless symptoms develop.	Yes! Quarantine ⁴ at home with no non- immune visitors and avoidance of all public settings from 7- 21 days after exposure regardless of whether they received vaccine within 72 hours or IG within 6 days of exposure.	None unless symptoms develop If becomes symptomatic, during the 7-21 days after exposure, isolate ⁴ and test for measles if rash develops.	Stay home from day 7 after exposure until titer results available. If titer positive: no further restrictions and no MMR needed. If titer negative or not done: Quarantine at home ⁴ for 7-21 days after exposure.	None unless symptoms develop If becomes symptomatic, during the 7-21 days after exposure, isolate ⁴ and test for measles if rash develops. If titer positive: no further restrictions.
Follow-up:	None	None	None	Vaccinate after 21 days if measles did not develop.	None	Vaccinate after 21 days if no MMR was given and measles did not develop.	None

[€] Named close contacts that can be monitored daily and who have had a specific measles exposure identified.

[#]Public callers are members of the public who may have been exposed to measles because of being in the same place/time as the infectious measles case but who are not named close contacts. This excludes other members of the general public (who should be recommended to follow CDC vaccination schedules and get up to date on vaccines).

[&]Health Care Workers (HCW) with one dose of MMR who have a definite or possible measles exposure (i.e. who are named close contacts or public callers) should be treated as a close contact with unknown MMR status. This additional caution is necessary due to the higher risk that a HCW contagious for measles might expose medically fragile individuals.

*Vaccination and IG recommendations (such as recommended timing between MMR doses, vaccination of infants <1 year, and circumstances under which to give IG), may vary between local health jurisdictions depending on outbreak circumstances in each locale.

¹Indications for IG include: Age <1 year, pregnancy, immunosuppression.

 2 MMR >72 hours after last exposure is not recommended for close contacts with 0 previous doses because of the possibility of adverse event (fever and/or rash) after first MMR. Vaccine-associated fever/rash, if they occur, typically develop ~2 weeks after vaccination, mimicking the incubation and symptoms of the measles virus. MMR given >72 hours after last exposure is not effective prophylaxis. To avoid investigating MMR-associated fever/rash as a measles case, MMR not indicated for unvaccinated close contacts >72 hours after last exposure. Vaccinate 21 or more days after exposure risk has ended.

³Rash and fever rates after MMR refer to adverse events after the first dose; fever and rash are less common after the second dose.

⁴Quarantine and isolation are at the discretion of each LHJ and are typically voluntary, but under some circumstances quarantine/isolation may be legally mandated or enforced, as per LHJ discretion and determination.