

**Questionnaire to Assess Measles Immunity/Need for Vaccination Following Exposure**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex : M/ F Date of interview \_\_\_\_\_  
 Address: \_\_\_\_\_ City and County \_\_\_\_\_

Phone numbers (home) \_\_\_\_\_ (work) \_\_\_\_\_

Hello, my name is \_\_\_\_\_ and I'm calling from the Colorado Department of Public Health. I'm calling because you may have been exposure to measles on \_\_/\_\_/\_\_ at \_\_\_\_\_(location).

1. Were at \_\_\_\_\_ on \_\_/\_\_/\_\_?
  - a. No – Thank you for your time. We don't have any further questions for you. <END>
  - b. Yes – I'd like to ask you a few questions to determine if you are at risk of getting or spreading measles. Do you have time to answer some questions?
    - i. No – What would be a better time to call? \_\_\_\_\_ What is the best number to reach you? \_\_\_\_\_ Thank you. We'll be contacting you again soon. <END>
    - ii. Yes –  
 Who were you with? \_\_\_\_\_ proceed to question 2:

2. Do you currently have, or have you had since the flight, a fever or a rash?
  - a. If yes, please fill out table below:

<b>Rash</b>	No	Yes	If yes, when did the rash start? _____  Describe the rash (check all that apply): <input type="checkbox"/> raised bumps <input type="checkbox"/> flat <input type="checkbox"/> fluid-filled/vesicular <input type="checkbox"/> discrete dots <input type="checkbox"/> coalescing dots <input type="checkbox"/> itchy Where on the body did it start? _____
<b>Fever</b>	No	Yes	If yes, what was the maximum temperature _____ How many days did it last _____
<b>Cough</b>	No	Yes	
<b>Runny nose</b>	No	Yes	
<b>Red or itchy eyes, or drainage from the eyes</b>	No	Yes	

Please proceed to question 3, and also notify Tracy or Meghan.

b. No – proceed to question 3.

**3. What is your occupation? \_\_\_\_\_**

- a. People who work in settings where they frequently come in contact with people at risk of developing disease or complications are considered to have a **high risk occupation (HRO)**. This includes persons who work in the following settings:
- Healthcare facilities
  - Schools (particularly schools with many vaccine exemptors)
  - Service of persons who are immunosuppressed or pregnant, including, AIDs/HIV service organizations
  - Infant daycare

Does this person have a HRO? \_\_\_\_\_ Proceed to question 4.

**4. What year were you born? \_\_\_\_\_**

**Please circle one of the following, based on responses to questions 3 and 4**

- a. Person was born prior to 1957 **and** not HRO, proceed to Response A  
b. Person was born during or after 1957 **or** has a HRO, proceed to question 5.

**5. Did you have measles as a child?**

- a. Yes - proceed to Response A  
b. Unknown or No - proceed to question 6.

**6. Have you been vaccinated against measles? The vaccine given to protect against measles is called MMR.**

- a. Yes
- i. How many doses? (should be 1 or 2) \_\_\_\_\_
  - ii. What date(s) were the vaccines were given? \_\_\_\_\_
    1. If person has 1 dose of MMR, proceed to Response C.
    2. If person has 2 doses of MMR, proceed to Response A.
- b. No - Proceed to Response B
- c. Unknown - Collect as much information as possible to determine the likelihood that this person has been vaccinated against measles.
- i. The MMR vaccine is usually given as a child. Did you receive childhood vaccinations? \_\_\_\_\_
  - ii. Is there someone you can call to find out if and when you were vaccinated against measles? \_\_\_\_\_ (if yes, give your call-back information)
  - iii. Have you ever been tested for measles immunity? This may have been done if you ever worked in the healthcare field or if you were ever pregnant. \_\_\_\_\_
    1. If yes, name of facility (hospital, MD office) where you were tested \_\_\_\_\_
    2. Immunity results (if known) \_\_\_\_\_

3. If the answer to **all** of these questions is “No” or “Unknown” proceed to Response B.
4. Otherwise, proceed to Response C.

**Response A: This person is unlikely to develop measles. Notify him/her of symptoms to watch for and the importance of self-isolation in the rare event they do develop measles.**

**Suggested narrative:**

Based on your history, you are likely immune to measles and will not get sick. In the rare event that you do develop symptoms, they will probably appear within 8-12 days of the exposure, but can occur between 7 and 21 days. Measles typically starts with a high fever. After about 2 to 4 days of fever, a rash develops, usually starting at the face and hairline and spreads down the body and out the arms and legs. Measles is usually accompanied by cough, runny nose, and itchy, red eyes. If you develop a fever or a rash, please stay home, call public health (303.692.2700), and contact your health care provider. **Do not walk into a doctor’s office or ED without first calling the facility ahead of time.** The doctor may want to arrange to see you somewhere else so you don’t risk getting others sick.

Thank you for your time. <END>

**Response B: This person is not immune to measles and may develop symptoms.**

- a. **If <72 hours since exposure** and there are no contraindications to vaccine, this person should get the MMR vaccine immediately.

**Suggested narrative:**

You are likely not immune to measles and may develop disease. Getting an MMR vaccine immediately may prevent you from getting sick if given within 72 hours of the exposure. If you develop a fever or a rash, please stay home, call public health (303.692.2700), and contact your health care provider. If you develop measles, you will be required to stay in your house until you are no longer contagious, which may be up to a week. Would you be willing to get a vaccine?

- i. Yes

Can you tell me the name and number of your doctor so we can contact him/her about our recommendations for you to be immediately vaccinated?

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Thank you for your time. Someone from the health department will be following up with you and your doctor to make sure you were able to get vaccinated. Is this the best number to contact you? (Obtain best contact number)

<END> (please contact Tracy or Meghan)

- ii. No

Thank you. Experts from the health department will be contacting you with more information. Is this the best number to contact you? (Obtain best contact number) \_\_\_\_\_

Thank you for your time. <END> (please contact Tracy or Meghan)

- b. **If >72 hours since exposure**, it is too late for prophylactic vaccination. Please contact Meghan or Tracy to evaluate need for measles IG.

**Suggested narrative:**

You are likely not immune to measles and may develop symptoms. Someone from the health department will be contacting you to talk about possible ways to prevent you from getting sick or spreading measles to others. If you develop symptoms, they will probably appear within 8-12 days of the exposure, but can occur between 7 and 21 days. Measles typically starts with a high fever. After about 2 to 4 days of fever, a rash develops, usually starting at the face and hairline and spreads down the body and out the arms and legs. Measles is usually accompanied by cough, runny nose, and itchy, red eyes. If you develop a fever or a rash, please stay home, call public health (303.692.2700), and contact your health care provider. **Do not walk into a doctor's office or an emergency department without first calling the facility ahead of time and notifying them of your exposure.** The doctor may want to arrange to see you somewhere else so you don't risk getting others sick. Is this the best number to contact you? (Obtain best contact number)

Thank you for your time.

<END> (contact Tracy or Meghan)

**Response C: This person may be immune to measles but we cannot confirm his/her immunity. Notify him/her of symptoms to watch for, the importance of self-isolation, and that public health will continue to follow-up with them to see if they develop symptoms.**

**Suggested narrative:**

Based on your history, we cannot determine if you are immune to measles. If you develop symptoms, they will probably appear within 8-12 days of the exposure, but can occur between 7 and 21 days. Measles typically starts with a high fever. After about 2 to 4 days of fever, a rash develops, usually starting at the face and hairline and spreads down the body and out the arms and legs. Measles is usually accompanied by cough, runny nose, and itchy, red eyes. If you develop a fever or a rash, please stay home, call public health (303.692.2700), and contact your health care provider. **Do not walk into a doctor's office or an emergency department without first calling the facility ahead of time and notifying them of your exposure.** The doctor may want to arrange to see you somewhere else so you don't risk getting others sick. Someone from the health department will be calling you throughout the incubation period (day 7 – 18 following exposure), or until we can determine you are immune to measles, to ask about symptoms that might suggest you are developing measles.