



Epidemiology Division Surveillance Control Measure Tracking Form - Measles

Patient Name: _____ Case Status: _____ Date Reported: ____/____/____ Date Reported to VIDOH: ____/____/____

Onset Date: ____/____/____ Day care worker/attendee: ☐ Yes ☐ No School attendee: ☐ Yes ☐ No Institutional resident: ☐ Yes ☐ No Health Care worker: ☐ Yes ☐ No

Action	Public Health Control Measure Initiated	Date Initiated	Within 1 day of Report?
1. Contact medical provider. Obtain clinical data, lab reports, verify diagnosis, and provide recommendations.	<input type="checkbox"/> Provide medical provider with isolation precautions for suspected cases and recommendation that they determine vaccine history of exposed staff and patients (during and up to 2 hours after infectious case patient was present) and provide appropriate vaccine or IG prophylaxis.	1. ____/____/____	1. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
2. Assure appropriate diagnostic testing is performed including virus isolation.	<input type="checkbox"/> Collect or arrange for collection of specimens and photos of rash. <input type="checkbox"/> Assure appropriate shipping conditions and properly filled out submission forms. <input type="checkbox"/> Notify lab (via central office) of expected arrival time and tracking number.	2. ____/____/____	2. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
3. Interview case patient. Complete patient history and identify potential source of exposure, close contacts and activities during period of communicability.	<input type="checkbox"/> Educate case patient on measures to avoid disease transmission, especially isolation. <input type="checkbox"/> Identify potential source or locale of infection. <input type="checkbox"/> Identify potential transmission settings. <input type="checkbox"/> Identify close contacts. Contacts: # Identified _____ # Contacted _____	3. ____/____/____	3. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
4. Consult with day care, school, or residential facility to initiate preventative measures.	<input type="checkbox"/> Contact school, day care, or residential facility attended by case patient, and have them review vaccination histories and vaccinate, exclude, or quarantine susceptible contacts. <input type="checkbox"/> Initiate letter to parents as needed.	4. ____/____/____	4. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
5. Contact exposed persons, determine immune status, inform about risk of disease, educate on transmission, advise them to seek immediate medical attention if signs/symptoms develop (but contact medical provider prior to visit to arrange for isolation upon arrival), and request notification of illness. Recommend or administer chemoprophylaxis as indicated. Complete case investigation of symptomatic contacts.	<input type="checkbox"/> Educate contacts on measures to avoid disease transmission. <input type="checkbox"/> Quarantine if necessary. <input type="checkbox"/> Recommend or administer chemoprophylaxis as indicated. Ensure prophylaxis is given to susceptible contacts as soon as possible—either a single dose of measles vaccine within 72 hours of exposure or immune globulin within 6 days. <input type="checkbox"/> A. Refer contact to own physician for prophylaxis, or <input type="checkbox"/> B. Provide measles vaccine and/or IG directly to contacts Prophylaxis: # Recommended _____ # Completed _____	5. ____/____/____	5. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
6. If case patient used a common conveyance for transportation during communicable period, obtain detailed itinerary information, including seat number.	<input type="checkbox"/> Collect detailed travel history and communicate immediately to central office who will communicate with other jurisdictions regarding exposed persons within Texas and with CDC on any conveyance that was international or multi-state. <input type="checkbox"/> Contact exposed passengers in jurisdiction, inform of exposure, determine immune status of passenger and others sitting with them, recommend and arrange for prophylaxis as needed, educate on symptoms and early detection, instruct them to seek immediate medical attention if signs/symptoms develop (but contact medical provider prior to visit to arrange for isolation upon arrival), and request notification of illness.	6. ____/____/____	6. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
7. Identify and contact key persons at venues where exposures may have occurred such as sports teams, work place, and parties to acquire rosters and contact information of attendees.	<input type="checkbox"/> Initiate active surveillance and prophylaxis in exposed populations as needed. <input type="checkbox"/> Initiate press release as needed.	7. ____/____/____	7. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason: