Sample script to triage measles contacts for prophylaxis

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| Script | Response | Public health action & record |
| PreambleHello, this is **<name>** calling from **<health department>.** May I speak to **<title>** **<name>** please? This is an urgent matter – are you able to speak now? I’m calling because you may have been exposed to someone with measles while you were in at **<place>** on **<date>.** Can you confirm that you were at **<place>** between the hours of **<time\_1>** and **<time\_2>** on **<date>**?Measles is a serious viral infection that causes cough, fever, a rash and sore eyes. It’s a highly infectious virus and someone else who was at **<blank>** on **<date>** has recently been confirmed as a case. There may be the chance to stop the infection from developing if you have become infected.To assess if you are likely to be susceptible to the infection, I need to ask you a number of questions.  | □ yes, continue□ no, identify time to call back | Medical record number |  |
| Last name |  |
| First name |  |
| Date of birth |  |
| Age |  |
| Place of exposure |  |
| Date of exposure |  |
| Time of exposure | from: to: |
| Duration of exposure  | mins / hrs |
| Other |  |
| **1.** What year were you born? | □ Born before 1957 | “Because you were born earlier than 1957 when measles was common, you are likely to have had measles before this time and are unlikely to be infected again. You should still be aware of the symptoms of measles and contact the **<health department>** if these occur” * Provide information on measles symptoms
* Send or email factsheet
* Go to Q 3.
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| □ Born since 01/01/1957 | “You may be susceptible to measles unless you have received two doses of measles vaccine” * Go to Q 2.
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| **2.** Have you received two doses of measles vaccine? (this is commonly called MMR vaccine and is currently given in the US at 12 months and 4 years of age) | □ 2 doses | “You are likely to be immune to measles but should still be aware of the symptoms of measles and contact the **<health department>** if these occur”* Provide information on measles symptoms
* Send or email factsheet
* Go to Q 3.
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| □ 0 doses □ 1 dose□ unsure | “You may be susceptible to measles.”* If less than 72 hours after exposure AND contact is over 6 months old[[1]](#footnote-1), not pregnant and not otherwise contraindicated for MMR, make arrangements for contact to receive MMR IMMEDIATELY.
* If after 72 hours and within 6 days of exposure OR contact is under 6 months, pregnant, or otherwise contraindicated, make arrangements for contact to receive immune globulin IMMEDIATELY.
	+ Pregnant women and immunocompromised individuals need IVIG. Refer them to their OB or treating physician.
* Go to Q 3.
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| **3.** Did any other friends or relatives wait with you in the waiting room? | □ No | * Leave respondent with your contact number
* Thank and end interview
 |
| □ Yes | * Repeat process for each person exposed.
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| INTERVENTIONS ARRANGED (tick all that apply)□ Advice only□ Referred to provider□ Factsheet sent to postal address or emailed: □ MMR immunisation arranged □ IG immunisation arranged□ No intervention □ Other:  |
| NOTES / COMMENTS |
| Completed by:   Signature Print name Date |

1. Children that receive MMR between 6 and 12 months of age will still need to receive 2 doses of MMR after 1 year of age. [↑](#footnote-ref-1)