Measles Close Contact (Exposed Individuals) Line List																								
Contact Person Name:									County:							Outbreak Number:								
Name of Case: Contact Phone #:																								
Demographics				Exposure and Monitoring Info			Level of Immunity* (See below for criteria)		Postexposure Prophylaxis (PEP)			Symptoms				Laboratory			Outcome		Comments			
Name	DOB	Sex	Work in a high-risk setting? (healthcare, daycare, etc.)	Date of Exposure	Exposure Location	Type of Monitoring (Active/Quarantine or Self-monitoring)	Documented Immunity* (Y/N)	Type of Documented Immunity (vaccination, lab confirmation of disease or immunity, age)	Received (Y/N)	Type Received (Vaccine or IG)	Date Received	Rash (list onset date)	Fever (Y/N)	Cough (Y/N)	Runny Nose (Coryza) (Y/N)	Pink Eye (Conjunctivitis) (Y/N)	Date of Lab Testing	Type of Testing (PCR, IgM, IgG)	Test Result (Positive or Negative)	Hospitalized (Y/N)	Died (Y/N)			
																				<u> </u>	\sqcup			
																				\bigsqcup	\vdash			
																					\vdash			
																					\vdash			
																				$\vdash \vdash$	$\vdash \vdash$			
																					\vdash			
																				$\vdash\vdash$	\vdash			
																				\vdash	\vdash			
																				\vdash	\Box			
																				\vdash	一			
																					\Box			
																				$\vdash \vdash$	\Box			

*Documented Immunity can include any of the following:

- 1. Two doses of measles-containing vaccine, and you are a school-aged child (grades k-12) or an adult who will be in a setting that poses a high risk for measles transmission (healthcare workers, attending college, international travel)
- 2. One dose of measles-containing vaccine, and you are: a preschool-aged child or an adult who will not be in a high-risk setting
- 3. Laboratory confirmation of disease
- 4. Laboratory evidence of immunity
- 5. Persons who were born before 1957 (birth before 1957 is NOT considered evidence of immunity for healthcare workers)

Office of Epidemiology and Prevention Services 350 Capitol St., Room 125, Charleston, WV, 25301 Phone: (304) 558-5358; Fax: (304) 558-8736 Revised July 2025

