Measles Outbreak Line List (this line list is for positive cases, please use the close contact line list for exposed individuals identified during contact tracing)																					
Contact Person Name:							County:														
Contact Phone #:						Outbreak Number:															
Demographics				Epidemiology Linkage and Recent Travel			Contact Tracing		Symptoms				Laboratory			Outc	ome	Comments			
Name	DOB	Sex	Work in a high-risk setting? (healthcare, daycare, etc.)	International or Domestic Travel?	Travel Location	Travel Dates	Epi Link to a laboratory- confirmed measles case? (Y/N)	Contact Tracing Completed? (Y/N) *Fill out close contact line list	Locations case attended while infectious (four days prior to rash onset through four days after rash onset)	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)		

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