

**Measles Outbreak Investigation Line Listing Form**  
Division of Infectious Disease Epidemiology, WV Department of Health

Site Name & address \_\_\_\_\_  
Contact Person Name & ph. #: \_\_\_\_\_ Date first reported \_\_\_\_\_ health department \_\_\_\_\_

Please fax completed outbreak line listing form to DIDE at 304-558-8736.

No.	Name	Age/ DOB*	Rash onset date	Source of exposure	Measles Vaccine(Y/N), If yes - first dose date	Vaccine second dose date	Lab done?(Y/N), if yes, specimen collection date and result: IgM/IgG and/or viral isolation	Case Status ●	Parent/Guardian Name, Phone #

\* Date of birth  
● Indicate if **S**(suspected), **P**(probable), **C**(confirmed). Details of case status can be found at [http://www.cdc.gov/epo/dphsi/casedef/measles\\_current.htm](http://www.cdc.gov/epo/dphsi/casedef/measles_current.htm)