

MEASLES CONTACT INTERVIEW FORM

Interviewer Instructions:

- You can NOT tell the contact the names of any other contacts or the diagnosed cases.
- BEFORE calling patient for immunity status:
 - Review CAIR for Immunization records
 - Review IRIS for exposure details.

INTRODUCTION

Interviewer Name:	Interview Date:
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[If no one answers, leave the following message]:

"Hello, my name is **[your name]** and I'm calling from Los Angeles County Department of Public Health regarding an urgent health matter. Please call me **[your name]** at **[your phone number]** as soon as possible."

[If the contact answers]:

"Hello, my name is **[your name]** and I'm calling from Los Angeles County Public Health Department. May I speak with **[patient or guardian name]**?"

I am calling because you were identified as someone who may have been exposed to measles on **[insert date]** at **[insert location]**.

Measles is a very contagious virus that can cause serious illness in some people. We would like to ask you a few questions to figure out if you are at risk of catching measles. Gathering this information is extremely important to help stop the spread of disease and protect your health and the health of people around you. This is a time-sensitive matter, so we'd really appreciate the change to speak with you as soon as possible. Do you have time to talk now?"

CONTACT INFORMATION– Fill before interview, confirm with patient

Patient Name:	DOB (or Age):	
Home Address:		
City:	State:	Zip:
Phone:	Alternate Phone:	
Email:	Parent/Guardian Name (for minors):	
Person completing interview (if not patient):		

EXPOSURE

We received information that you were at **[name of exposure location]** on **[date]**. Is this correct?

☐ Yes

☐ No

➔ If no, exposure did not occur. End interview.

What time were you at this location? _____

➔ If time is outside window of exposure (up to one hour after index case left), not a contact. End interview.

SYMPTOM INFORMATION

Measles often starts with symptoms like fever, red or pink eyes, runny nose, and cough. After 2-3 days, a rash appears. The rash usually starts on the face, along the hairline, and behind the ears. It then spreads to the rest of the body.

Since **[exposure date]** have you had a fever, rash, red or pink eyes, or otherwise felt sick?

☐ Yes ☐ No ☐ Unknown

Date of first symptom:

Date of rash onset:

What specific symptoms have you experienced?

☐ Conjunctivitis (Pink Eye) ☐ Coryza (Runny Nose) ☐ Cough ☐ Fever ☐ Rash ☐ Other, specify below

→ If yes, to any above symptoms, alert RMD. Consider testing, especially if fever and rash are present.

Other symptoms:

Notes:

PERSONAL RISK FACTORS – Assessing for High Risk

Next, we're going to discuss factors that may increase the risk of measles to you or others.

*Instruction to interviewer: select any of the below **high-risk** criteria that may apply to patient:*

☐ Infant <1 year
☐ Prolonged exposure to measles contact (e.g. household member or rideshare driver)

If female, are you currently pregnant?

☐ Yes, expected delivery date _____ ☐ No ☐ Unknown

→ If yes, must collect documented evidence of immunity in next section

Do you have any conditions or take medications that severely compromise your immune system? (See page 7: **Severely Immunocompromised Criteria**)

☐ Yes, explain: _____ ☐ No ☐ Unknown

Do you work in a healthcare facility and/or are you a healthcare worker?

☐ Yes, explain: _____ ☐ No ☐ Unknown

Do you work in a setting with immunocompromised persons?

☐ Yes, explain: _____ ☐ No ☐ Unknown

Do you work in a setting with infants (babies less than one year old)?

☐ Yes, explain: _____ ☐ No ☐ Unknown

Do you work in a setting with pregnant women?

☐ Yes, explain: _____ ☐ No ☐ Unknown

*If contact answers yes to any questions in this section, they MAY be considered **HIGH RISK** or work in a **HIGH-RISK SETTING**. Refer to Tables 1 and 2 on page 8 for appropriate PEP and monitoring.*

*If patient answers no to symptom information and personal risk factors, they are considered **LOW RISK**. Refer to Table 3 on page 8 for appropriate PEP and monitoring.*

IMMUNITY – Fill in before interview, confirm with patient

Next, we're going to discuss if you have protection against becoming infected with measles.

[If individual has MMR doses documented in CAIR]:

I checked your vaccine records and you are [up to date/partially up to date] with measles vaccination.

- If up to date and not high risk, skip remainder of section and go to "ADDITIONAL CONTACTS"

[If individual has no MMR doses in CAIR]:

Have you ever received a measles vaccine (also called the MMR or MMRV vaccine)?

☐ Yes ☐ No ☐ Unknown

[If yes] Do you have a record of the date(s) you got the vaccine(s)?

☐ Yes ☐ No ☐ Unknown

[If a record is available]:

Can I have the dates of your measles vaccine(s)? It may be listed as 'MMR' on your immunization record.

MMR date 1:

MMR date 2:

MMR date 3:

[If NO vaccine record is available]:

Have you ever had a positive lab test for measles immunity (measles serology, or measles IgG) – this is typically done only if you are a healthcare worker)?

☐ Yes, Date specimen collected: _____ Test Result: _____ (ask for copy of test results)

☐ No

☐ Unknown

[If NO positive lab test and NO vaccine record is available]:

Have you ever had measles disease?

☐ Yes → *To consider immune, patient must provide documentation of laboratory confirmation of disease.*

☐ No

☐ Unknown

Note to interviewer: If person is **high risk**, they have 24 hours to send documentation of one of the above items (vaccination, positive IgG, or previous disease). If they do not have access to documentation, please schedule an IgG draw for them.

[If NO to all above questions and **low risk ONLY**]:

I am going to read a list of different situations. Listen carefully and let me know if ANY of the following apply to your personal situation. I do not need to know which specific ones apply.

- Born in the U.S. prior to 1957
- Born outside the U.S. prior to 1970 AND moved to the U.S. in 1970 or later*
- Born in any country (including the U.S.) in 1976 or later AND attended a U.S. primary or secondary school*
- Have written documentation with date of receipt of at least one dose of measles- containing vaccine given on or after first birthday in 1968 or later
- Served in the U.S. armed forces
- Entered the U.S. as a permanent U.S. resident or became one in 1996 or later (i.e., have a "green card")

*Unless known to be unvaccinated for measles, e.g., having a medical contraindication to vaccination or being philosophically or religiously opposed to vaccinations.

☐ Yes → *Qualifies for presumptive immunity if they are **LOW RISK**, unless known to be unvaccinated for measles*

☐ No → *Does not qualify for presumptive immunity. Need documentation of one of above items (vaccination, positive IgG, or previous disease) or an IgG draw. Otherwise, individual will need to quarantine.*

ADDITIONAL CONTACTS

Did anyone else go with you to **[name of exposure location]** on **[date]**?

☐ Yes → Collect name, DOB, phone, and address for all individuals. Inform vpdc@ph.lacounty.gov to create new contacts in IRIS.

☐ No

☐ Unknown

Name	DOB (or age)	Phone	Address

Note to Interviewer: Review tables 1-3 on page 8 to determine PEP, quarantine, exclusion, and/or monitoring next steps. Proceed to next page to continue interview.

POST-EXPOSURE PROPHYLAXIS (PEP)

Note to interviewer: MMR is acceptable PEP when all the following criteria are met:

- <72 hours have passed since first exposure to case,
- ≥6 months of age (though IG is preferred for infants 6-11 months)
- 1 or no documented MMR vaccines or negative IgG

[Question to interviewer] Patient qualifies for MMR PEP?

☐ Yes ☐ No ☐ Unknown

Note to interviewer: Immune Globulin (IG) is acceptable PEP when both of the following criteria are met:

- ≤6 days have passed since first exposure to case (can be given ≤6 days from last exposure to prevent infection but not considered adequate PEP for contact management)
- Susceptible persons not eligible for MMR -or- immunocompromised persons regardless of immune status

[Question to interviewer] Patient qualifies for Immune Globulin (IG) PEP?

☐ Yes ☐ No ☐ Unknown

**[If exposure occurred within past 6 days and IG PEP is indicated] – or –
[If exposure occurred within past 3 days and MMR PEP is indicated]**

Based on the information you've provided about yourself and the time when you were exposed, you qualify for a shot that can help protect you from developing measles. This is called post-exposure prophylaxis, or PEP.

QUARANTINE

[Question to interviewer] Patient must quarantine?

☐ Yes, Quarantine start date: _____ Quarantine end date: _____
☐ No
☐ Unknown

[If no Quarantine, skip to next section; may skip if contact agrees to provide proof of immunity]

Because you do not have immunity/may be at increased risk for disease, you will need to quarantine. This means that you need to stay home from [day 7 after first exposure] until [day 21 after most recent exposure] and avoid in-person contact with others.

Additional guidance listed on page 9.

EXCLUSION

[Question to interviewer] Patient must be excluded?

☐ Yes ☐ No ☐ Unknown

[If no Exclusion, skip to next section; may skip if contact agrees to provide proof of immunity]

Because you do not have immunity/may be at increased risk for disease, you will need to temporarily be excluded from high-risk settings, which includes daycares, hospitals, healthcare facilities, and group living homes.

This helps protect people who could get very sick if they are infected with measles.

You must stay away from these settings from **[day 7 after first exposure]** until **[day 21 after most recent exposure]**.

If you need a note for your employer, I can provide one to you after this call.

MONITORING

[Question to interviewer] Monitoring type?

☐ Active ☐ Passive

[If Active]:

Measles is very contagious. Because you may have increased risk for measles, I will check in with you daily to make sure you are still feeling well. Each day, I'll text you to check if you have fever, rash, or other signs. This helps us respond quickly and keep you safe if you do become sick. Even if you are feeling well, please respond to these texts daily until **[Insert date here – 21 days after date of last exposure]**

[If Passive]:

Measles is very contagious. If you start to experience symptoms such as fever, runny nose, red eyes, or cough please contact us at **[insert phone number here]** right away. If you develop a rash please notify us immediately and stay at home to minimize your contact with others. Please watch for symptoms until **[Insert date here – 21 days after date of last exposure]**. We may check in with you at the end of this time period to make sure that you're still well.

DEMOGRAPHIC INFORMATION

Before we wrap up, I just have a few questions about your demographics. This information helps us better track disease investigations and won't affect your immigration status or the healthcare you receive.

What is your current gender identity?

☐ Male ☐ Female ☐ Transgender male ☐ Transgender female
☐ Gender non-binary ☐ Another gender category or another identity ☐ Prefer not to state

What was your sex at birth?

☐ Male ☐ Female ☐ Non-binary or X ☐ Other _____ ☐ Prefer not to state

Would you describe yourself as Hispanic/Latino?

☐ Yes ☐ No ☐ Unknown

How would you describe your race?

☐ White ☐ Black/African American ☐ Asian ☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander ☐ Other _____ ☐ Refused

*"That completes our interview. After this call, I will send you a letter that summarizes the information we discussed today. Do you have any questions about measles that I can answer for you? If you think of any questions later please contact me at **[insert number here]**. Thank you!"*

*****END INTERVIEW*****

Notes:

Reference Information

SEVERELY IMMUNOCOMPROMISED CRITERIA

Severely immunocompromised patients who are exposed to measles should receive IGIV prophylaxis regardless of immunologic or vaccination status because they might not be protected by the vaccine. Per CDC and IDSA, persons with high-level immunosuppression include those:

- With combined primary immunodeficiency disorder (e.g., severe combined immunodeficiency);
- Who are receiving cancer chemotherapy;
- On treatment for ALL within and until at least 6 months after completion of immunosuppressive chemotherapy;
- Within 2 months after solid organ transplantation;
- Who have received a bone marrow transplant until at least 12 months after finishing all immunosuppressive treatment, or longer in patients who have developed graft-versus-host disease;
- With HIV infection with a CD4 T-lymphocyte count <200 cells/mm³ (age >5 years) and percentage <15 (all ages) (some experts include HIV-infected persons who lack recent confirmation of immunologic status or measles immunity);
- Receiving daily corticosteroid therapy with a dose ≥20 mg (or >2 mg/kg/day for patients who weigh <10 kg) of prednisone or equivalent for ≥14 days; and
- Receiving certain biologic immune modulators, that is, a tumor necrosis factor-alpha (TNF-α) blocker or rituximab.

After HSCT, duration of high-level immunosuppression is highly variable and depends on type of transplant (longer for allogeneic than for autologous), type of donor and stem cell source, and post-transplant complications such as graft vs host disease (GVHD) and their treatments.

Table 1: Follow-Up of High-Risk Measles Contacts

High-risk contacts (persons with potential for severe illness if infected or to whom the transmission potential is high)	IgG testing*	PEP†	Quarantine if no PEP‡	Exclusion	Monitoring§
Unvaccinated infants <6 months of age	No	IG only	Yes	Yes**	Active
Unvaccinated infants 6-11 months of age††	No	MMR or IG‡‡	Yes	Yes**	Active
Pregnant persons without 2 documented MMR vaccine doses or serologic evidence of immunity‡‡	Yes*	IG only	Yes	Yes**	Active
Severely immunocompromised§§	No	IG only	Yes	Yes**	Active
Household contact or contact with prolonged exposure without 2 documented MMR vaccine doses or serologic evidence of immunity	Yes*	MMR or IG***	Yes	Yes**	Active
All other immunocompetent contacts with 2 documented MMR vaccine doses or serologic evidence of immunity	No	No	No	No	Passive

Table 2: Follow-Up of Measles Contacts Who Work in A High-Risk Setting

Contacts who work in a healthcare setting or other high-risk setting	IgG testing*	PEP	Quarantine if no PEP‡	Exclusion	Monitoring
High-risk for severe disease due to personal medical history and without 2 documented MMR vaccine doses or serologic evidence of immunity	See Table 1				
Low risk for severe disease and with 1 documented MMR vaccine dose and no serologic evidence of immunity	Yes	MMR	No	Yes**	Active
Low risk for severe disease and with <u>no</u> documented MMR vaccine doses and no serologic evidence of immunity	Yes	MMR	Yes	Yes**	Active
With 2 documented MMR vaccine doses or serologic evidence of immunity	No	No	No	No	Passive

Table 3: Follow-Up of Low-Risk Measles Contacts in a Low-Risk Setting

<u>Low-risk contacts</u> (immunocompetent persons, persons >12 months of age, not pregnant, not a healthcare worker, not a household contact)	IgG testing*	PEP	Quarantine if no PEP‡	Exclusion	Monitoring§
Two documented doses of MMR vaccine (3% will be susceptible)	No	No	No	No	Passive
Known to be measles IgG positive (<1% will be susceptible)					
Meets presumption of immunity criteria (including 1 documented MMR dose)	If desired	MMR if desired	No	Yes**	Passive
Unknown or no documentation of vaccination or immune status, without presumption of immunity†††	Yes*	MMR	Yes	Yes**	Active
Known to be unvaccinated†††	No	MMR	Yes	Yes**	Active

* For measles contacts who have tested measles IgG negative or equivocal in a commercial lab, VPDC should be consulted regarding potential retesting at DPH PHL. If a contact tests positive for IgG at PHL or a commercial lab, consider them to be immune.

† Contacts at high risk of severe infection (severely immunocompromised people, unvaccinated infants, and susceptible pregnant persons) should receive IG PEP within 6 days or less from the date of last exposure to measles.

‡ Implement quarantine from day 7 after first exposure through day 21 after last exposure. If symptoms consistent with measles develop, the exposed person should be isolated and tested.

§ Exclude from high-risk settings (e.g., childcare facilities with infants and healthcare facilities; see definition above) from day 7 (day 5 for healthcare workers in healthcare settings) after first exposure through day 21 after last exposure. Those who have received IG should exclude through day 28 after last exposure.

** Exclude from high-risk settings (e.g., childcare facilities with infants and healthcare facilities; see definition above) from day 7 (day 5 for healthcare workers in healthcare settings) after first exposure through day 21 after last exposure. Those who have received IG should exclude through day 28 after last exposure.

†† MMR vaccine can be given as PEP within 72 hours or less from the time of exposure to persons >6 months of age who do not have contraindications for MMR vaccine. IMIG can be given as PEP for exposed infants <12 months of age <6 days from exposure. Persons >12 months of age who may have been vaccinated or had disease and receive MMR vaccine as PEP should have blood drawn and tested for measles IgG if measles IgG status is unknown at the time of MMR administration.

‡‡ If it can be done rapidly, it is recommended that pregnant persons be tested for measles IgG prior to administering IGIV if it is likely that they have received vaccine or had disease. If an exposed pregnant person is IgG negative or IgG equivocal or has unknown status and IgG test results (or retest at VRDL) will not be known by day 6 after exposure, administer IGIV.

§§ Refer to [CDC](#) and [IDSA](#) guidance for high-level immunosuppression criteria.

*** [IMIG](#) can be considered for susceptible persons in this category weighing <30 kg (<66 pounds). There is no recommendation for IGIM in susceptible persons >30 kg (≥66 pounds). MMR PEP is preferred if <72 hours of exposure. IGIV is not recommended for low-risk contacts weighing ≥30 kg (≥66 pounds).

QUARANTINE INSTRUCTIONS

- Do not participate in group gatherings such as meetings, outdoor or sporting events, or visit public places such as places of worship, movie theaters, grocery stores, gyms, restaurants, and shopping centers.
- Do not participate in any school-related activities (e.g., academic activities, extracurricular activities, sports teams, tutoring) that require you to leave your quarantine location. This includes activities: (a) during and outside of regular school hours and (b) on campus, at another campus, or at any off-campus site. You can participate in remote-access or distance learning activities (e.g., online classes, webinars, teleconferences, and video conferences).
- Do not travel to or be present at your workplace(s) outside of your quarantine location. You can participate in remote-access work activities that do not require you to leave your quarantine location (e.g., telework, webinars, teleconferences, and video conferences).
- Keep your assigned Public Health representative informed of any upcoming appointments. Unless told otherwise by Public Health, reschedule all non-urgent in-person appointments, including non-urgent doctor, dental, or court appointments.
- If you need medical care, take steps to prevent exposing others. For non-emergencies, call the clinic or office to inform them that you're quarantining due to a measles exposure, and follow their instructions. In a medical emergency, call 911 and, if possible, inform the first responders about your quarantine.
- Do not travel outside of Los Angeles County unless your assigned Public Health representative authorizes this travel and coordinates it at your starting place and your destination. This will allow Public Health to continuously monitor your symptoms and lower the risk that you may unintentionally expose others.
- Do not use public or commercial transportation, including subways, buses, taxicabs, carpools/ride-shares (Uber and Lyft), airplanes, ships, trains, or other forms of public or commercial transport.