

Sample script to assess patients and visitors in healthcare settings for exposure to measles and need for post-exposure prophylaxis

Users: Health department or healthcare facility personnel

Intended Use: This sample script is intended to help assess patients and visitors in healthcare settings for exposure to measles and need for post-exposure prophylaxis. This does not address any community restrictions that might be recommended by a health department for exposed individuals who do not have presumptive evidence of measles immunity and did not receive post-exposure prophylaxis; such jurisdiction-specific information may be added by users where appropriate.

This script could also be adapted to assess healthcare personnel (HCP) for exposure to measles and need for post-exposure prophylaxis. If used for that purpose, include additional details about exposure (e.g., use of a NIOSH-approved® N95® respirator) and, if indicated, recommendations for work exclusion. Additionally, HCP may be exposed outside of their work (e.g., as a visitor to an ill family member outside of work duties). HCP exposed to measles outside of work should inform their occupational health program for assistance with appropriate work exclusions, if necessary.

[Appendix A](#) of the Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings further addresses considerations when evaluating a person for exposure to measles in a healthcare setting.

Fill in this information before calling the patient, subject to applicable state privacy laws and the healthcare facility's policies regarding privacy:

Medical record number	
Last name	
First name	
Date of Birth	
Location(s) of exposure	
Date of exposure	
Time of exposure*	From: To:
Based on date/time of call:	<input type="checkbox"/> Patient is within 72 hours of exposure <input type="checkbox"/> Patient is within 6 days of exposure <input type="checkbox"/> It is more than 6 days after patient's exposure and patient is not eligible for post-exposure prophylaxis
Date 21 days after exposure (presumes no ongoing exposure)	

*Include time after the measles patient leaves the area based on air changes per hour for 99.9% removal efficiency of airborne contaminants ([Appendix B. Air](#))

Script	Patient / Visitor Response	Information Gathered and Actions Taken
<p>Preamble Hello, this is <name> calling from <facility name>. May I speak to <title> <name> please?</p> <p>This is an urgent health matter – are you able to speak now?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If yes, continue <input type="checkbox"/> If no, identify time to call back
<p>I am contacting you because you may have been exposed to someone with measles while in our facility on <date of exposure>.</p> <p>I want to gather information to determine if you have been exposed and, if you have, provide you with some important health information regarding this situation.</p> <p>First, let me verify your information and details about what areas of the facility you visited.</p> <p>Were you in <location(s)> on <date of exposure> during the following times <time windows>?</p> <p>Can you tell me how long you were in <location(s)>?</p> <p>Additional facility-specific questions:</p>	<p>In location on date during exposure window?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Duration of exposure:</p> <input type="checkbox"/> _____ minutes <input type="checkbox"/> _____ hours <p>Other information (e.g., present at same time as patient with measles vs present in shared air space only):</p>	<input type="checkbox"/> If, based on facility criteria, patient is considered exposed , go to Q1. <p><input type="checkbox"/> If patient is not considered exposed:</p> <ul style="list-style-type: none"> • “Based on your responses, it sounds like you did not overlap in any areas with the person with measles and were not exposed in the facility. You don’t need to take any further action at the time, but since measles may be circulating in the community, watch for any signs and symptoms of measles-like cough, runny nose, high fever, red watery eyes, and rash. I would also be happy to schedule you for a measles vaccine if you have not previously had measles or been vaccinated.” • If interested, direct patient on how to get MMR vaccine. • Thank patient and end interview.

<p>2. Your risk of developing measles after an exposure is much less if you have previously received the measles vaccine or been infected with measles.</p> <p>If you haven't previously been vaccinated against measles or had measles, some people might benefit from receiving vaccine or another medication after the exposure to help protect them against developing measles from this exposure or reduce the symptoms if they develop measles. This is called post-exposure prophylaxis. But to be effective, post-exposure prophylaxis must be given within 6 days of your exposure.</p> <p>To assess if you should receive post-exposure prophylaxis or if there are additional actions you might need to take, I need to ask you a few more questions.</p> <p>First, can you confirm your date of birth?</p> <p>Second, some medical conditions can weaken your immune system so much that you can lose immunity to infections like measles, even if you have been vaccinated before. Do you currently have any conditions that weaken your immune system, like recently receiving a bone marrow transplant?</p>	<p><input type="checkbox"/> Date of birth:</p> <p>Based on review of Advisory Committee on Immunization Practices (ACIP) definition² and any additional provider-specific criteria:</p> <p><input type="checkbox"/> No. Patient is not severely immunocompromised.</p> <p><input type="checkbox"/> Yes. Patient is severely immunocompromised.</p>	<p><input type="checkbox"/> If 6 days or less since exposure AND < 12 months of age and/or is severely immunocompromised²:</p> <ul style="list-style-type: none"> • Make arrangements for contact to be further evaluated for immune globulin (IG) IMMEDIATELY³. <ul style="list-style-type: none"> ○ Infants aged 6 through 11 months who have not received a prior dose of MMR vaccine can receive MMR vaccine in place of IG if it can be administered within 72 hours of exposure. ○ Infants aged 6 through 11 months who have received a prior dose of MMR vaccine and may have some degree of protection, can be considered for IG PEP on an individual basis. • Go to Q 5. <p><input type="checkbox"/> If more than 6 days from exposure AND < 12 months of age and/or is severely immunocompromised²:</p> <ul style="list-style-type: none"> • “You are susceptible to measles but are outside of the time period when post-exposure prophylaxis would be effective. You will need to monitor yourself closely for symptoms for the next 21 days. The public health department may contact you with additional instructions.” • Go to Q 5. <p><input type="checkbox"/> If born on or before 12/31/1956 and not severely immunocompromised²:</p> <ul style="list-style-type: none"> • “You are likely to be immune to measles because most people born before 1957 have already had measles. You don't need any additional interventions to protect you from measles at this time.” • Go to Q 5. <p><input type="checkbox"/> If ≥ 12 months of age and not severely immunocompromised²:</p>
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Script	Patient / Visitor Response	Information Gathered and Actions Taken
		<ul style="list-style-type: none"> • “You may be susceptible to measles unless you have already had measles or received measles vaccine.” • Go to Q 3.
<p>3. Do you have laboratory records showing you were previously infected with or have immunity to measles?</p>	<p><input type="checkbox"/> Yes, and able to provide records.</p> <p><input type="checkbox"/> No or don’t have records.</p>	<p><input type="checkbox"/> If yes:</p> <ul style="list-style-type: none"> • “You are likely to be immune to measles and don’t need additional interventions to protect you from measles at this time.” • Go to Q 5. <p><input type="checkbox"/> If no or doesn’t have records:</p> <ul style="list-style-type: none"> • Go to Q 4.

<p>4. Have you received the measles vaccine? This is commonly called MMR vaccine and is currently given in the US at 12 months and again at 4 years of age.</p> <p>4a. If yes, how many doses?</p> <p>FOR FEMALES: 4b. If no, are you currently pregnant?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No (0 doses) <input type="checkbox"/> Unsure if vaccinated</p> <p><input type="checkbox"/> 1 dose <input type="checkbox"/> 2 or more doses <input type="checkbox"/> Unsure if 1 or 2 doses</p> <p>FEMALES: <input type="checkbox"/> Pregnant <input type="checkbox"/> Not pregnant</p>	<p><input type="checkbox"/> If yes, 2 or more doses:</p> <ul style="list-style-type: none"> • “You are likely immune to measles and don’t require additional interventions to protect you from measles at this time.” • Go to Q5. <p><input type="checkbox"/> If yes, 1 dose or unsure if 1 or 2 doses:</p> <ul style="list-style-type: none"> • “You are likely immune to measles and may not require additional interventions to protect you from measles at this time. However, 2 doses are recommended for certain groups of people⁴, with the second dose being given at least 28 days after the first dose. We can provide information about who should receive 2 doses with additional information about measles at the end of the call.” • Refer to footnote 4 for information about groups for whom 2 doses of MMR are recommended. • Go to Q5. <p><input type="checkbox"/> If no doses or unsure if vaccinated AND contact is pregnant AND 6 days or less from exposure:</p> <ul style="list-style-type: none"> • “You may be susceptible to measles and post-exposure prophylaxis might be appropriate.” • Make arrangements for contact to be evaluated for IG IMMEDIATELY³. • Go to Q5. <p><input type="checkbox"/> If no doses or unsure if vaccinated AND contact is NOT pregnant AND less than 72 hours after exposure:</p> <ul style="list-style-type: none"> • “You may be susceptible to measles and post-exposure prophylaxis might be appropriate.” • Make arrangements for contact to be evaluated for MMR IMMEDIATELY³. • Go to Q5. <p><input type="checkbox"/> If no doses or unsure if vaccinated AND contact is NOT pregnant AND between 72 hours and 6 days after exposure:</p> <ul style="list-style-type: none"> • “You may be susceptible to measles and post-exposure prophylaxis might be appropriate.” • Make arrangements for contact to be evaluated for IG IMMEDIATELY³. • Go to Q5. <p><input type="checkbox"/> If no doses or unsure if vaccinated AND MORE than 6 days after exposure</p>
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Script	Patient / Visitor Response	Information Gathered and Actions Taken
		<ul style="list-style-type: none"> • “You are susceptible to measles but are outside of the time period when post-exposure prophylaxis would be effective. You will need to monitor yourself closely for symptoms for the next 21 days. The public health department may contact you with additional instructions.” • Go to Q 5.
<p>5. To make sure we notify anyone else who may have been exposed, were any friends or relatives with you while you were in our facility during this time?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> If no:</p> <ul style="list-style-type: none"> • Verify patient’s email or physical address to send or email further information about measles¹ <p>EMAIL: ADDRESS:</p> <ul style="list-style-type: none"> • Thank and go to Closing <p><input type="checkbox"/> If yes:</p> <ul style="list-style-type: none"> • Obtain contact information for anyone who was with the patient <p>PHONE:</p> <ul style="list-style-type: none"> • Verify patient’s email or physical address to send or email further information about measles¹ <p>EMAIL: ADDRESS:</p> <ul style="list-style-type: none"> • Thank and go to Closing • Repeat process for each person exposed

CLOSING

For those that HAVE symptoms of measles and were referred for evaluation (see Q 1):

- “We’ll be sending you additional information about measles, including how it spreads and how to protect others from exposure. When you arrive for the appointment we scheduled, please call the number we have provided before you enter the building so we can have someone meet you and escort you to a room for evaluation. If you don’t have one on already, they will also give you a facemask to wear. If you have any questions or need further assistance, please don’t hesitate to reach out to us at <Contact Information>. Your health and the health of those around you are our top priority.”

For those that did NOT have symptoms of measles (see Q 1):

- **Not severely immunocompromised:** “As a reminder, you should monitor yourself for measles symptoms for 21⁵ days following the exposure and contact us if you develop any symptoms of measles during this time so we can arrange for you to be evaluated. Also, if you need to seek or schedule healthcare for any reason during this time period, please immediately tell the healthcare team you may have been exposed to measles as they might want to take additional infection control precautions. We’ll be sending you additional information about measles, including how it spreads and how to protect others from exposure. If you have any questions or need further assistance, please don’t hesitate to reach out to us at <Contact Information>. Your health and the health of those around you are our top priority.”
- **Severely immunocompromised:** “As a reminder, you should monitor yourself for measles symptoms for 21⁵ days following the exposure and contact us if you develop any symptoms of measles during this time so we can arrange for you to be evaluated. Also, if you need to seek or schedule healthcare for any reason during this time period, please immediately tell the healthcare team you may have been exposed to measles as they might want to take additional infection control precautions. We’ll be sending you additional information about measles, including how it spreads and how to protect others from exposure. We’d also advise contacting the physician who manages your <condition causing immunocompromise> to see if any additional actions are warranted based on this exposure and your medical history. If you have any questions or need further assistance, please don’t hesitate to reach out to us at <Contact Information>. Your health and the health of those around you are our top priority.”

INTERVENTIONS ARRANGED (check all that apply)

If patient is being referred to a healthcare facility (e.g., to administer post-exposure prophylaxis or to evaluate symptoms), ensure the healthcare facility is aware the patient is coming and may have been exposed to measles so appropriate infection prevention and control precautions can be implemented.

- ☐ Asked to call back at <date> and <time>
- ☐ Referred to provider
- ☐ Further information about measles¹ sent to postal address or emailed:
- ☐ MMR immunization arranged
- ☐ IG administration arranged
- ☐ No intervention
- ☐ Other:

(If applicable) Date information reported to public health:

NOTES / COMMENTS

COMPLETED BY

Print name:

Date:

Signature:

¹ Examples of fact sheets and other measles resources available at: [Be Ready for Measles Toolkit | Measles \(Rubeola\) | CDC](#) and [Questions About Measles | Measles \(Rubeola\) | CDC](#).

² Severely immunocompromised patients include, but are not limited to, patients with severe primary immunodeficiency; patients 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; patients on treatment for acute lymphocytic leukemia within and until at least 6 months after completion of immunosuppressive chemotherapy; and patients with a diagnosis of AIDS or HIV-infected persons with severe immunosuppression defined as CD4 percent <15% (all ages) or CD4 count <200 lymphocytes/mm³ (aged >5 years) and those who have not received MMR vaccine since receiving effective ART. Some experts include HIV-infected persons who lack recent confirmation of immunologic status or measles immunity. **The treating physician for the exposed individual should be consulted to determine if the patient is immunocompromised.**

³ The following patient groups are at risk for severe disease and complications from measles and should receive IG: infants aged <12 months, pregnant women without evidence of measles immunity, and severely immunocompromised persons. IGIM can be administered to other persons who do not have evidence of measles immunity, but priority should be given to persons exposed in settings with intense, prolonged, close contact (e.g., household, daycare, and classroom). Any nonimmune person exposed to measles who received IG should subsequently receive MMR vaccine, which should be administered no earlier than 6 months after IGIM administration or 8 months after IGIV administration, provided the person is then aged ≥12 months and the vaccine is not otherwise contraindicated. For infants aged 6 through 11 months, MMR vaccine can be administered in place of IG if administered within 72 hours of exposure.

⁴ Children are recommended to get a 2-dose series of MMR at age 12-15 months, age 4-6 years. 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. Adults who are recommended to receive 2 doses of MMR are summarized here: [Measles vaccine recommendations for non-pregnant adults aged 19 or older, by birth year in the United States](#).

⁵ Extend the monitoring period through the 28th day after their last exposure if IG was administered as post-exposure prophylaxis.

Adapted from: [Measles Communication Toolkit | Texas DSHS](#)