Measles Outbreak Investigation Line Listing Form

Infectious Disease Epidemiology Program (IDEP), WV Department of Health and Human Resources (WVDHHR)

Site Name & address_____

Contact Person Name & ph. #:_____Date first reported_____ health department_____

Please fax completed outbreak line listing form to IDEP 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*