## Annexure 2.2 Measles Outbreak Investigation: Contact Tracing Forms

MR 0B FORM-2

Measles outbreak investigation: CONTACT TRACKING FORMS

District: …………………………………………………… Gewog (Block): …………………………………………….

Supervisor name: ……………………………………… Investigation name: ………………………………………

Outbreak ID:MR/BTN: ……………………………… Survey dates: ………………………………………………

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| **CONTACTS four days before to four days after the rash onset** | | | | |  | **ONLY SUSPECTED CASES (Onset between) …………. &……….** | | | | |
| **(1)** | **(2)** | **(3)** | **(4)** |  | **(5)** | **(6)** | **(7)** | **(8)** | **(9)** | **(10)** |
| **Name** | **Age** | **Sex (M/F)** | **Total number of measles vaccine doses** | **Date of last dose** | **Suspected measles case (fever, rash,3 C’s) Yes/No** | **Date of rash onset** | **Samples taken (serum, throat, swab)** | **Places visited four days before to four days after rash onset** | **Date(s) of investigation of places described in column 10** | **Geo-Coordinates if available** |
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MR OB FORM-2

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| **Exposure to suspected cases 7-21 days before the onset of rash (dated between ……………. & ……………………..)** | | | | | | | | | | |
| **(1)** | **(2)** | **(3)** | **(4)** |  | **(5)** | **(6)** | **(7)** | **(8)** | **(9)** | **(10)** |
| **Name and address** | **Birth date/ age in years** | **Sex (M/F)** | **Total number of measles vaccine doses** | **Date of last dose** | **Suspected measles case (fever, rash,3 C’s) Yes/No** | **Date of rash onset** | **Samples taken (serum, throat, swab)** | **Places visited 7-21 days before rash onset (possible exposure sites)** | **Date(s) of investigation of places describe in column 8** | **Geo-Coordinates of the contact, if available** |
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Remarks