## **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:						

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	Suspecte d measles case (fever, rash,3 C's) Yes/No	Date of rash onset	Sample s taken (serum, throat, swab)	Places visited four days before to four days after rash onset	Date(s) of investigat ion of places described in column 10	Geo- Coordina tes if available

## MR OB FORM-2

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