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| --- | --- | --- | --- | --- | --- |
| **CASE DETAILS** | | | | | |
| **Infectious Disease** | | **Measles** | **Period of Infectiousness** | **Date From** | **Date To** |
|  |  |
| **Location(s)** | | | **Date(s)** | **Time(s) From** | **Time(s) To** |
| **Area(s) attended and Time(s)** |  | |  |  |  |
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| **PATIENT CONTACTS** | | | | | | | |
| **Name** | | **DOB** | **Age** | **Address & Tel No.** | **Area(s) Attended** | **Date(s) Attended** | **Length of Time in Clinic** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |

**Also establish if the case had contact or attended specific locations (regardless of exposure, duration, size of room) with people who are Immunosuppressant.** National measles guidelines - GOV.UK (www.gov.uk)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **IMMUNOSUPPRESSED PATIENT CONTACTS** | | | | | | | |
| **Name** | | **DOB** | **Age** | **Address & Tel No.** | **Area(s) Attended** | **Date(s) Attended** | **Length of Time in Clinic** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |