**Sample script: for measles waiting room contacts**

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| **Script** | **Response** | **Health action & record** |
|  **Preamble**“Hello, this is **<name>** calling from**<practice name>.** May I speak to **<title> <name>** please?This is an urgent matter – are you able to speak now?**<Dr / name>** has provided me with your contact details.I’m calling because you may have been exposed to someone with measles while you were at **<place>** on **<date>**.Can you confirm that you were at**<place>** between the hours of **<time\_1>** and **<time\_2>** on **<date>**?”“Measles is a highly contagious viral illness which can be very severe and have serious complications.Someone else who was at **<place>** on **<date>** has recently been diagnosed with measles. There may be the chance to stop you developing measles if you are at risk.To assess if you are likely to be at risk of the infection, I need to ask you a number of questions.” | □ Yes . . . fill in health action and record, then proceed to question 1□No . . . thank and end interview | Medical record number |  |
| Surname |  |
| First name |  |
| Date of birth |  |
| Age |  |
| Place of exposure e.g. waiting/consult room |  |
| Date of exposure |  |
| Time of exposure | from: to: |
| Duration of exposure | mins / hrs |
| **1.***Only ask questions in this box if telephoning after the minimum incubation period (i.e. exposure date +7 days):*“Do you have a fever or high temperature?”“Do you have red, sore or runny eyes?”“Do you have a new cough?”“Do you have a new rash?” | Fever□ Yes□NoConjunctivitis (red, sore or runny eyes)□ Yes□NoCough□ Yes□NoRash□ Yes□No | If fever and at least one other symptom:“You may have measles and should be seen by a doctor.”Arrange urgent consultation with the doctor. **Do not allow patient to wait in waiting room. Request that the patient telephones the practice prior to arrival** to ensure that precautions are taken to prevent the spread of infection to other patients and staffOtherwise, go to question 2 |
| **2.**Have you been told by a doctor that you have a weakened immune system? Examples of people with a weakened immune system are people on certain types of chemotherapy for cancer and people on high dose steroid therapy such as for severe asthma  | □Immunosuppressed (i.e. weakened immune system) | “People with a weakened immune system may be at risk of measles even if they are previously immunised against measles.”“It is important that you are promptly seen by a doctor to determine if any action can be taken to stop you developing measles. Can I arrange an urgent consultation with the doctor?”Go to question 5 |

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|  | □Not immunosuppressed (i.e. normal immune system) | Go to question 3 |
| **3.**“What year were you born in?”“In what country were you born?” | □Born before 1966 in Australia | “Because you were born earlier than 1966 when measles was common in Australia, you are likely to have already had measles and are unlikely to have measles again. However, if you develop fever, cough, runny nose, sore red eyes or a rash you should telephone the **<general practice name>** for an appointment and inform the receptionist you may have measles.” Obtain postal address or email address and send or email ‘Letter to contacts’ and ‘Measles factsheet’Go to question 5 |
| □Born in Australia since 01/01/1966□Born overseas | “You may be susceptible to measles unless you have received two doses1 of measles vaccine.”Go to question 4 |

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| **4.**Have you received two doses of measles vaccine?This is commonly called MMR vaccine.MMR vaccine is given at 12 months of age.MMRV vaccine was added to the National Immunisation Program Schedule from 1 July 2013 and is given at 18 months of age. Children older than 18 months on 1 July 2013 will be given MMR vaccine at 4 years of age. | □2 doses | “You are likely to be immune to measles. However, if you develop fever, cough, runny nose, sore red eyes or a rash you should telephone the **<general practice name>** for an appointment and inform the receptionist you may have measles.”Obtain postal address or email address and send or email ‘Letter to contacts’ and ‘Measles factsheet’Go to question 5 |
| □0 doses□1 dose□unsure | “You may be at risk of developing measles.”If exposure has occurred within 144 hours (6 days), assess suitability for measles vaccination or normal human immunoglobulin (NHIG) based on:o time since exposure,o MMR vaccination history ando pregnancy(see Flow chart and Tables 1 & 2) If suitable for measles vaccination or NHIG organise an appointment with the doctor (preferably for today)Obtain postal address or email address and send or email ‘Letter to contacts’ and ‘Measles factsheet’“If you develop fever, cough, runny nose, sore red eyes or a rash you could have measles and so should telephone the **<general practice name>** for an appointment and inform the receptionist you may have measles. If you develop these symptoms, except for the doctor’s visit, you should stay at home and avoid contact with anybody who could get measles.”Go to question 5 |

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| **5.**“Did anyone else come to the consultation or the waiting room with you, such as friends or family members?” | □No | Leave respondent with Practice phone number Thank and end interview |
| □YesName(s) Contact number(s)If the accompanying person(s) was a child(children) of the person you are currently interviewing, ask questions 1 to 4 for each accompanying child. Leave respondent with Practice phone number Thank and end interview Repeat process for each person exposed. |

1 Unless aged under 4 years, where one dose is sufficient

Adapted from: MEASLES NATIONAL GUIDELINES FOR PUBLIC HEALTH UNITS, SoNG Verison 1.0,19 February 2009 Available at: [http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-measles.htm](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-measles.htm%20)

***INTERVENTIONS ARRANGED*** (tick all that apply)

□Advice only

□Clinical review arranged

□Measles Fact sheet sent to postal address or emailed:

□MMR immunisation arranged

□NHIG administration arranged

□No intervention

□Other:

***NOTES / COMMENTS***

Completed by: Print name Signature

Date: