**MEASLES NOTIFICATION LETTER TEMPLATE FOR INDIVIDUALS EXPOSED IN A HEALTHCARE SETTING**

[Date]

Dear [Patient Name]:

This letter is to inform you that a case of measles was reported in a patient of [Healthcare Facility]. **Individuals who were at [Healthcare Facility – specify setting] on [Date(s)] may have been exposed to measles. You were identified as a patient in the facility at this time. You and anyone who may have been with you in the healthcare facility should answer the questions below to assess their risk of measles.**

**All individuals who were at [Healthcare Facility – specify setting] on [ date(s)] should assess their risk of measles:**

1. ARE you are pregnant or severely immunocompromised?

Examples of people who are severely immunocompromised include those who have had a bone marrow transplant, are receiving chemotherapy, or have HIV infection.

If you are pregnant or immunocompromised:

* Contact [Local health jurisdiction] at [phone number] so that it can be determined if you are immune to measles.
* You may also want to contact your obstetrician or physician to let him or her know that you may have been exposed to measles.

If you are unsure whether you are immunocompromised, please contact your physician or [Local health jurisdiction] at [phone number].

1. are YOU A healthcare worker or DO YOU work with infants or unimmunized children, pregnant women or immunocompromised people?
* Contact the [Local health jurisdiction] at [phone number] so that it can be determined if you are immune to measles.
1. **IF YOU ANSWERED NO TO QUESTIONS 1 & 2** please answer the following questions to see if you are likely to be immune to measles. If you can answer **YES** to **ANY** of these questions, you are likely protected from getting measles (immune), but should still watch for symptoms.
* Have you received at least one dose of measles vaccine in the past? This vaccine is called MMR (measles-mumps-rubella) vaccine – check your immunization records, if available, or contact a parent, if possible.
* Were you born after 1970, and attended US public elementary schools and did not have a personal beliefs or medical exemption to immunization?
* Were you born before 1957?
* Have you had a blood test showing that you are immune to measles?
* Have you had measles in the past?
* Did you receive a green card on or after 1996?
* Were you ever active duty military?

If you answered **NO** to **ALL** of these questions, you may be at risk for getting measles (susceptible) from this or future exposures.

* Contact your healthcare provider to get the measles vaccine.
* Contact the [Local health jurisdiction] at [phone number] so that it can be determined if additional steps are needed to determine if you are immune to measles.
* Watch for symptoms. If you develop a fever and a rash before [Date], contact your healthcare provider and notify them of your possible exposure to measles.

Measles is very contagious and is spread through the air. Individuals who are not immune are at risk of getting disease and spreading it to their friends, family members and others in the community. The incubation period for measles can be up to 21 days after exposure. **You should watch for symptoms though [date].**

Measles usually begins with fever (as high as 105°F), cough, runny nose, and red eyes. These symptoms are followed by a rash that spreads from head to trunk to lower extremities. **If you are experiencing these symptoms, stay home and away from other people and call [LHD] immediately at ([LHD contact]).** If you require medical attention please call the healthcare facility you will be seen at before you arrive so that measures can be taken to prevent spread of measles.

If you are unsure about your risk for measles after answering these questions please contact [Local health jurisdiction] at [phone number] to discuss your risk.

Sincerely,

[Health Officer Name]

[County] Health Officer