**○○○(縣市)政府麻疹個案接觸者健康監測通知書**

**○○○** (County/City) Government Health Monitoring Notice for Measles ontacts

108.05.31

麻疹的傳染力很強，可經由空氣、飛沫傳播或接觸病人鼻咽分泌物而感染，病人散布於空氣中的麻疹病毒，在2個小時內仍有傳染力，**因此，在麻疹個案可傳染期間，若曾與其同處在一個封閉空間，無論時間長短，都算與個案有接觸，而可能被感染，並有將疾病傳播出去的風險。**為了維護您自己及親友、同事的健康，**請在與麻疹個案最後1次接觸日起往後推算18天內，確實做好以下的健康監測及防護措施︰**

Measles is highly contagious and can be transmitted through air, droplets or the contact with nasopharyngeal secretions of patients. The measles virus scattered from the patients in the air is still contagious within 2 hours. **Therefore, a person being with a measles case in a closed space within his/her infectious period, regardless of the length of time, will be considered as a contact who may be infected and may spread the disease.** To maintain the health of yourself, your family, friends, and colleagues, **please follow the following health monitoring and protection measures for 18 days from the day of the last contact with the measles case:**

1.避免接觸小於1歲嬰兒、尚未完成麻疹、腮腺炎、德國麻疹混合疫苗(MMR)接種之幼童、孕婦或免疫不全病人。

1. Avoid contact with pregnant women, infants under 1 year old, children who have not completed the measles, mumps, and rubella vaccine (MMR), or immunocompromised persons.

**2.如您是就醫接觸者，且就醫時有陪病家屬或朋友，因其也可能已暴露麻疹病毒，請主動告知衛生單位，並提醒其遵循本通知書所列注意事項，做好健康監測及防護措施。**

**2. If you were exposed to measles when visiting a hospital, please inform health authority of other family members accompanying you, for they might have also been exposed to measles. Remind those family members to follow the instructions listed in this notice and take health monitoring and protection measures.**

3.健康監測期間如果沒有任何不適或疑似症狀，仍可正常生活，**但應避免出入公共場所，並儘量佩戴口罩。**

**3.** If you do not experience any discomfort or suspected symptoms during the health monitoring period, you can maintain normal routine, **but you should avoid going to public places and wear masks when possible.**

4.健康監測期間內，每日早晚各量體溫1次，並詳實記錄體溫、活動史及是否出現疑似症狀（如所附記錄表）。

4. During the health monitoring period, the body temperature should be measured once in the morning and once in the evening every day. The body temperature, activity history and any suspected symptoms need to be recorded in detail (as shown in the attached record sheet).

5.□ a.若您不具麻疹免疫力且工作場所會增加麻疹傳播風險時，例如1)頻繁接觸國內外旅行者；2)照顧未接種過MMR的嬰幼兒；3)接觸病人等。一旦列為接觸者，除避免出入公共場所外，**應暫停接觸他人之活動與工作，以降低可能傳染疾病的風險**，可經醫師評估後，儘速追加或補接種MMR。（具麻疹免疫力條件：有2劑MMR接種紀錄且最後一劑疫苗接種距今未超過15年，或經檢驗具麻疹IgG抗體，且檢驗日期距今<5年）。

□ b.**未接種過MMR疫苗或未接受麻疹暴露後預防措施之嬰幼兒、孕婦或免疫不全病人**，建議在家休息並避免出入公共場所。

5. □ a. If you do not have measles immunity and work in high-risk premises where you: 1) have frequent contact with domestic and foreign travelers; 2) care for infants who have not been vaccinated with MMR; 3) are exposed to patients; once being listed as a contact, in addition to avoiding access to public places, you should **minimize contact with other persons to reduce the risk of transmission**. You should also receive the MMR vaccine as soon as possible after the doctor's assessment. (Immunity requirement against measles: MMR vaccination record with 2 doses and the last dose shall be within the past 15 years, or having measles Ig G antibody after being tested within the past 5 years).

□ b. **Infants, pregnant women or immunocompromised persons who have not been vaccinated with MMR or who have not received post-exposure prophylaxis**, are advised to stay at home and avoid going to public places.

6.由於麻疹的初期症狀與感冒相似，如**發燒、出疹**、咳嗽、鼻炎、結膜炎(畏光、流淚水或眼睛發紅)等，因此當有疑似症狀時，**切勿輕忽或自行就醫，應進行自我隔離，並撥打以下電話通知**  (衛生單位名稱)，如有就醫需求，應由衛生單位通知醫院預先規劃好動線，再行前往就醫，避免接觸到其他等候看診的人。就醫時，請主動出示本通知單，並全程佩戴口罩。

6. The early symptoms of measles are similar to those of a cold, such as fever, rash, cough, rhinitis, and conjunctivitis (photophobia, tearing up, or red eyes). Please do not ignore suspected symptoms or seek medical attention on your own. Rather, you shall carry out self-quarantine and notify \_\_\_\_\_\_\_\_\_\_ (name of the competent health authority) to assist you in seeking medical attention in order to avoid further spread of the disease. Please remember to put on a mask and present this Notice to the medical staff when seeking medical attention.

7.如未確實遵守各項自主健康管理規定，係違反「傳染病防治法」第48條，依同法第67條可處新臺幣6萬至30萬元不等罰鍰。

7. If the requirements for self-health management are not followed correctly, the persons concerned will be violating the regulations of Article 48 of the Communicable Disease Control Act, and are liable by Article 67 of the same Act to a fine of NT$60,000 - NT$300,000.

8.對本通知如有不服，應於本通知單送達之次日起30日內，依訴願法第58條第1項規定，繕具訴願書經原行政處分機關向訴願管轄機關提起訴願。

8. If you disagree with this Notice, please prepare a petition and submit to the competent authority via the original administrative disciplinary body in accordance with the provisions of Paragraph 1 of Article 58 of the Administrative Appeal Act, within 30 days from the next day of the receipt of this notice.

|  |  |
| --- | --- |
| **接觸者姓名︰**  **Name of the contact:** | **聯絡電話︰**  **Tel:** |
| **聯絡地址︰**  **Address:** | |
| **最後一次接觸日︰\_\_年\_\_月\_\_日**  **The last contact:**\_  \_\_\_\_/\_\_\_/\_\_\_ (YYYY/MM/DD) | **監測期間︰\_\_年\_\_月\_\_日至\_\_年\_\_月\_\_日**  **Monitoring period :**  \_\_\_\_/\_\_\_/\_\_\_ (YYYY/MM/DD) to \_\_\_\_/\_\_\_/\_\_\_ (YYYY/MM/DD) |
| **衛生單位防疫人員︰**  **Health officer:** | **聯絡電話︰**  **Tel :** |

**麻疹個案接觸者健康監測記錄表**

108.05.31

Health Monitoring Record for Measles Contacts

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| --- | --- | --- | --- | --- |
| 最後  接觸起  Days from the last contact | 日期  Date | 體溫  早/晚  Body Temperature  Morning/  Evening | 症狀  (發燒、出疹、設施關係者﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽﷽咳嗽、鼻炎、結膜炎等)  Symptoms  (fever, rash, cough, rhinitis, conjunctivitis, etc.) | 活動史  (前往地點等)  Activity History  (places visited) |
| 0天  0 day | / | / | □無 No  □有 Yes ( ) |  |
| 1天 | / | / | □無  □有 ( ) |  |
| 2天 | / | / | □無  □有 ( ) |  |
| 3天 | / | / | □無  □有 ( ) |  |
| 4天 | / | / | □無  □有 ( ) |  |
| 5天 | / | / | □無  □有 ( ) |  |
| 6天 | / | / | □無  □有 ( ) |  |
| 7天 | / | / | □無  □有 ( ) |  |
| 8天 | / | / | □無  □有 ( ) |  |
| 9天 | / | / | □無  □有 ( ) |  |
| 10天 | / | / | □無  □有 ( ) |  |
| 11天 | / | / | □無  □有 ( ) |  |
| 12天 | / | / | □無  □有 ( ) |  |
| 13天 | / | / | □無  □有 ( ) |  |
| 14天 | / | / | □無  □有 ( ) |  |
| 15天 | / | / | □無  □有 ( ) |  |
| 16天 | / | / | □無  □有 ( ) |  |
| 17天 | / | / | □無  □有 ( ) |  |
| 18天 | / | / | □無  □有 ( ) |  |