

Investigation Form – MEASLES / RUBELLA (Modified: January 23, 2008)

Complete this form for: Any person in whom a health care worker suspects measles or rubella infection or a patient with fever and rash. The health worker should attempt to collect epidemiological and clinical data, as well as a blood sample, on the first contact with the patient. This contact with the patient might be the only one.

I IDENTIFICATION OF THE REPORTING INSTITUTION

Initial Diagnosis: 1=Measles, 2=Rubella, 3=Dengue, 4=Other Rash illness, 8=Other Non-Rash illness, 99=Unknown

Case Number: _____	Health service name: _____
Country: _____	Health service telephone: _____
Province/State: _____	Reported by: _____
Municipality: _____	Date of consultation: ____/____/____ <small>Day Month Year</small>
Locality/Neighborhood: _____	Date of home visit: ____/____/____ <small>Day Month Year</small>
	Date Reported, Local: ____/____/____ <small>Day Month Year</small>
	Date Reported, National: ____/____/____ <small>Day Month Year</small>
Detected by: <input type="checkbox"/> 1=Spontaneous consultation 2=Laboratory 3=Institutional Search 4=Community Case Search	5=Contact investigation 6=Community Report 88=Other 99=Unknown
Type of provider reporting: <input type="checkbox"/> 1=Public 2=Private	88=Other, Specify _____

II PATIENT INFORMATION

Patient's first and last names: _____	Name of the mother or guardian: _____
Address: _____	Telephone: _____
Landmarks to locate the house: _____	Patient's Occupation: _____
Type of locality: <input type="checkbox"/> 1=Urban 2=Periurban 3=Rural	Work or school address: _____
Patient's sex: <input type="checkbox"/> 1=Male 2=Female	Date of Birth: ____/____/____ <small>Day Month Year</small>
	If date of birth is unknown, age: _____ <small>Years Months</small>

III VACCINATION HISTORY

Type of Vaccine*	Number of doses**	Date of last dose	Source of vaccination Information †
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

(*) 1=Measles, 2=Rubella, 3=Measles Rubella (MR), 4=Measles Mumps Rubella (MMR)

(**) 0=Zero dose, 1=One dose, 2=Two, 3=Three, etc., 99=Unknown

(†) 1=Vaccination card, 2=Health service record, 3=Verbal

IV CLINICAL DATA, FOLLOW-UP AND TREATMENT

Signs and Symptoms

Fever? <input type="checkbox"/> 1=Yes 2=No 99=Unknown	If Yes, temperature (°): _____	Date of fever onset: ____/____/____ <small>Day Month Year</small>
Rash? <input type="checkbox"/> 1=Yes 2=No 99=Unknown	If Yes, duration of the rash (in days): _____	Date of rash onset: ____/____/____ <small>Day Month Year</small>
		Type of rash: <input type="checkbox"/> 1=Maculopapular 2=Vesicular 88=Other 99=Unknown
Cough? <input type="checkbox"/>	Conjunctivitis? <input type="checkbox"/>	Coryza? <input type="checkbox"/>
		Koplik Spots? <input type="checkbox"/>
		Lymphadenopathy? <input type="checkbox"/>
		Arthralgia? <input type="checkbox"/>
Is the patient pregnant? <input type="checkbox"/> 1=Yes 2=No 99=Unknown	If Yes, Weeks of pregnancy (01-42): _____	Place where birth will likely take place: _____
Hospitalized? <input type="checkbox"/> 1=Yes 2=No 99=Unknown	If Yes, Hospital name: _____	Date of admission: ____/____/____ <small>Day Month Year</small>
Death? <input type="checkbox"/> 1=Yes 2=No 99=Unknown	If Yes, Date of death: ____/____/____ <small>Day Month Year</small>	Primary cause of death: _____

Comments: _____

V SPECIMENS AND LABORATORY TESTING

Obtain an adequate specimen for viral isolation. Throat swabs are the first choice.

Specimen			Laboratory test							
Specimen number*	Type of specimen**	Date specimen obtained (Day/Month/Year)	Laboratory Name	Date specimen was sent to lab (Day/Month/Year)	Date Received (Day/Month/Year)	# specimen ID in lab.	Type of test †	Antigen ‡	Result §	Date of Results (Day/Month/Year)
		/ /		/ /	/ /					/ /
		/ /		/ /	/ /					/ /
		/ /		/ /	/ /					/ /
		/ /		/ /	/ /					/ /

If virus was detected, specify viral genotype: (Measles: A, B1, B2, B3, C1, C2, D1, D2, D3, D4, D5, D6, D7, D8, D9, D10, E, F, G1, G2, G3, H1, H2. Rubella: 1a, 1B, 1C, 1D, 1E, 1F, 1g, 2A, 2B, 2c) _____

Comments: _____

(*) 1=First Sample, 2=Second Sample, 3=Third Sample (if appropriate)

(**) 1=Serum, 2=Nasopharyngeal aspirate/swab, 3=Throat swab, 4=Urine, 5=Cerebrospinal Fluid, 88=Other

(†) 1=IgM EIA/Indirect, 2=IgM EIA/Capture, 3=Virus Isolation, 4=PCR, 5=IgM IF, 6=IgG EIA/Capture, 7=IgG IF, 8=HI

(‡) 1=Measles, 2=Rubella, 3=Dengue, 4=Parvovirus B19, 5=Herpes 6, 6=Enterovirus, 88=Other

(§) 0=Negative, 1=Positive, 2=Inadequate specimen, 3=Equivocal (indeterminate), 99=Unknown (result not available)

VI INVESTIGATION

Were active case-searches conducted? <input type="checkbox"/>	1=Yes 2=No 99=Unknown	If Yes, Number of suspect cases detected during active case-search: _____									
Was the patient in contact with any pregnant woman? <input type="checkbox"/>	1=Yes 2=No 99=Unknown	If Yes, Name(s): _____									
Are there other cases present in the case's municipality of residence? <input type="checkbox"/>	1=Yes, with measles 2=Yes, with rubella 3=Yes, with both 4=No 99=Unknown										
Did the patient travel outside his/her province/state of residence 7-23 days before rash onset? <input type="checkbox"/>	1=Yes 2=No 99=Unknown	If Yes: _____ <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Cities/Countries</td> <td style="text-align: center;">Date of arrival (Day/Month/Year)</td> <td style="text-align: center;">Date of departure (Day/Month/Year)</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> </tr> </table>	Cities/Countries	Date of arrival (Day/Month/Year)	Date of departure (Day/Month/Year)	_____	/ /	/ /	_____	/ /	/ /
Cities/Countries	Date of arrival (Day/Month/Year)	Date of departure (Day/Month/Year)									
_____	/ /	/ /									
_____	/ /	/ /									
Setting where infected? 1=Household contact, 2=Community, 3=Health Center, 99=Unknown, 88=Others											

VII RESPONSE MEASURES

Ring vaccination? <input type="checkbox"/>	1=Yes 2=No 99=Unknown	If Yes, Date started: _____/_____/_____ Date Ended: _____/_____/_____ Number of doses given during ring vaccination: _____
Was rapid coverage monitoring done? <input type="checkbox"/>	1=Yes 2=No 99=Unknown	If Yes, What % of vaccinated persons was found?: _____
Were the contacts followed for up to 30 days after the date of the rash onset of the case? <input type="checkbox"/>	1=Yes 2=No 99=Unknown	If Yes, Date of the last day of contact follow-up: _____/_____/_____ Day Month Year

VIII CLASSIFICATION

FINAL CLASSIFICATION: <input type="checkbox"/>	1=Measles 2=Rubella 3=Discarded	Basis for Confirmation: <input type="checkbox"/>	1=Laboratory 2=Epidemiological Link 3=Clinical	Basis for Discarding: <input type="checkbox"/>	1=Measles/Rubella IgM-neg 2=Vaccine Reaction 3=Dengue 4=Parvovirus B19 5=Herpes 6 6=Allergic Reaction 88=Other Diagnosis (specify) _____
For confirmed cases, Source of infection: <input type="checkbox"/>	1=Imported 2=Import-Related 3=Unknown source 4=Indigenous	If Imported or Import-related	Country of importation: _____		
Contact of another case? <input type="checkbox"/>	1=Yes 2=No 99=Unknown	Contact of (or epidemiologically-linked to) case number: _____			
Classified by _____			Date of final classification: _____/_____/_____ Day Month Year		