

Investigation Form – MEASLES / RUBELLA

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

Case Number: _____	Health Service Name: _____
Country: _____	Health Service Telephone: _____
Province/State: _____	Reported by: _____
Municipality: _____	Date Reported, Local: ____/____/____ Day Month Year
Locality/Neighborhood: _____	National: ____/____/____ Day Month Year
	Date of consultation: ____/____/____ Day Month Year
	Date of home visit: ____/____/____ Day Month Year
Detected by: <input type="checkbox"/> 1=Spontaneous consultation 2=Laboratory 3=Institutional Search 4=Community Case Search	<input type="checkbox"/> 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	Patient's Date of Birth: ____/____/____
	If date of birth unavailable, age: _____ Years _____ Months

III VACCINATION HISTORY

Number of doses of measles-containing vaccine: <input type="checkbox"/> 0=Zero dose 1=One dose 2=Two or more doses 99=Unknown	Number of doses of rubella-containing vaccine: <input type="checkbox"/> 0=Zero dose 1=One dose 2=Two or more doses 99=Unknown
Date of last dose of measles-containing vaccine: ____/____/____ Day Month Year	Date of last dose of rubella-containing vaccine: ____/____/____ Day Month Year
Source of vaccination Information: <input type="checkbox"/> 1=Vaccination card 2=Health service record 3=Verbal	Type of Vaccine: <input type="checkbox"/> 1=Measles Containing 2=Rubella Containing 3=Measles Rubella (MR) 4=Measles Mumps Rubella (MMR)

IV CLINICAL DATA, FOLLOW-UP AND TREATMENT

Initial Diagnosis: <input type="checkbox"/> 1=Measles 2=Rubella	<input type="checkbox"/> 3=Dengue 4=Other Rash illness	<input type="checkbox"/> 8=Other Non-Rash illness 99=Unknown
Signs and Symptoms		
Fever? <input type="checkbox"/> 1=Yes 2=No 99=Unknown	If Yes, temperature (°): _____	Date of fever onset: ____/____/____ Day Month Year
Rash? <input type="checkbox"/> 1=Yes 2=No 99=Unknown	If Yes, duration of the rash (in days): _____	Date of rash onset: ____/____/____ Day Month Year
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"/>
1=Yes 2=No 99=Unknown		
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: ____/____/____ Day Month Year
Status <input type="checkbox"/> 1=Recovered 2=Transferred to: 3=Death	If patient died, Date of death: ____/____/____ Day Month Year	Primary cause of death: _____

Comments: _____

V 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 rubella 2=Yes, with measles 3=Yes, with both 4=No	
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,:
		Cities/Countries _____ Date of departure (Day/Month/Year) ____/____/____ Date of return (Day/Month/Year) ____/____/____
		_____ / / _____ / / _____ / /
Setting where infected? (Household contact, Community, Health Center, Unknown, Others) _____		

VI SPECIMENS AND LABORATORY TESTING

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

Specimen			Laboratory test							
Type of specimen*	Specimen number**	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: _____

Comments: _____

- (*) 1=Serum, 2=Nasopharyngeal aspirate/swab, 3=Throat swab, 4=Urine, 88=Other
 (**) 1=First Sample, 2=Second Sample, 3=Third Sample (if appropriate)
 (†) 1=IgM EIA/Indirect, 2=IgM EIA/Capture, 3=Virus Isolation, 4=PCR, 5=IgM IF, 6=IgG IF, 7=HI
 (‡) 1=Measles, 2=Rubella, 3=Dengue, 4=Parvovirus B19, 5=Herpes 6, 6=Enterovirus, 88=Other
 (§) 1=Positive, 2=Negative, 3=Inadequate specimen, 4=Equivocal (indeterminate), 99=Unknown (result not available)

VII RESPONSE MEASURES

Ring vaccination?	<input type="checkbox"/> 1=Yes 2=No 99=Unknown	If Yes, Date started: ____/____/____ Date Ended: ____/____/____ Day Month Year Day Month Year
Was rapid coverage monitoring done?	<input type="checkbox"/> 1=Yes 2=No 99=Unknown	If Yes, Number of doses given during ring vaccination: _____ 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 Yes, (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	