Investigation Form – MEASLES / RUBELLA (Modified: December 3, 2019)

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: _____

Country: _____

Province/State: _____

Municipality: _____

Locality/Neighborhood: _____

Health service name: _____

Health service telephone: _____

Reported by: _____

Date of consultation: ____/____/____ (Day Month Year)

Date Reported, Local: ____/____/____ (Day Month Year)

Date of home visit: ____/____/____ (Day Month Year)

Date Reported, National: ____/____/____ (Day Month Year)

Detected by: ☐ **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: ☐ **1=Public, 2=Private** **88=Other, Specify** _____

II PATIENT INFORMATION

Patient's first and last names: _____

Name of the mother or guardian: _____ **Nationality** _____

Address: _____ **Telephone:** _____

Landmarks to locate the house: _____

Patient's Occupation: _____

Type of locality: ☐ **1=Urban, 2=Periurban, 3=Rural**

Work or school address: _____

Patient's sex: ☐ **1=Male, 2=Female**

Patient's Date of Birth: ____/____/____ (Day Month Year)

If date of birth is unknown, age: _____ **Years** _____ **Months**

III VACCINATION HISTORY

Vaccinated against Measles/Rubella ☐ **1=Yes, 2=No, 99=Unknown**

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? ☐ **1=Yes, 2=No, 99=Unknown** — If Yes, temperature (°): _____ — **Date of fever onset:** ____/____/____ (Day Month Year)

Rash? ☐ **1=Yes, 2=No, 99=Unknown** — If Yes, duration of the rash (in days): _____ — Date of rash onset: ____/____/____ (Day Month Year) — Type of rash: ☐ **1=Maculopapular, 2=Vesicular, 88=Other, 99=Unknown**

1=Yes 2=No 99=Unknown

Cough? ☐ Conjunctivitis? ☐ Coryza? ☐ Koplik Spots? ☐ Lymphadenopathy? ☐ **Arthralgia?** ☐

Is the patient pregnant? ☐ **1=Yes, 2=No, 99=Unknown** — If Yes, **Weeks of pregnancy (01-42):** _____ **Place where birth will likely take place:** _____

Hospitalized? ☐ **1=Yes, 2=No, 99=Unknown** — If Yes, **Hospital name:** _____ Date of admission: ____/____/____ (Day Month Year) **Hospital record number:** _____

Death? ☐ **1=Yes, 2=No, 99=Unknown** — If Yes, Date of death: ____/____/____ (Day Month Year) **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?	☐ **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?	☐ **1=Yes 2=No 99=Unknown**	If Yes,	**Name(s):** _____
Are there other cases present in the case's municipality of residence?	☐ **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?	☐ **1=Yes 2=No 99=Unknown**	If Yes,: 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?	☐ **1=Yes 2=No 99=Unknown**	If Yes,	Date started: ____/____/____ (Day Month Year) **Date Ended:** ____/____/____ (Day Month Year) **Number of doses given during ring vaccination:** _____
Was rapid coverage monitoring done?	☐ **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?	☐ **1=Yes 2=No 99=Unknown**	If Yes,	Date of the last day of contact follow-up: ____/____/____ (Day Month Year)

VIII CLASSIFICATION

FINAL CLASSIFICATION: ☐ **1=Measles 2=Rubella 3=Discarded**	Basis for Confirmation: ☐ **1=Laboratory 2=Epidemiological Link 3=Clinical**	Basis for Discarding: ☐ **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: ☐ **1=Imported 2=Import-Related 3=Unknown source 4=Endemic**	If Imported or Import-related	**Country of importation:** _____	
Contact of another case? ☐ **1=Yes 2=No 99=Unknown**	**Contact of (or epidemiologically-linked to) case number:** _____		
Classified by _____		Date of final classification: ____/____/____ (Day Month Year)	