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: ____/____/____

Detected by: ☐ 1=Spontaneous consultation 2=Institutional Search 3=Contact investigation 4=Community Case Search

5=Contact investigation 6=Community Report 8=Other 99=Unknown

Type of provider reporting: ☐ 1=Public 2=Private 8=Other, Specify _______________________________________

II PATIENT INFORMATION

Patient’s first and last names: ____________________________________________ Name of the mother or guardian: __________________________

Address: ________________________________________________________________________________ Telephone: _______________________

Landmarks to locate the house: _____________________________________________________________

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

Patient’s sex: ☐ 1=Male 2=Female

Patient’s Occupation: ____________________________________________ Date of Birth: _____/____/____

If date of birth is unknown, age: ____________________________

Type of locality:

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)

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

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

III VACCINATION HISTORY

Fever? ☐ 1=Yes 2=No 99=Unknown If Yes, temperature (°C): __________ 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 8=Other 99=Unknown

Cough? ☐ 1=Yes 2=No 99=Unknown

Conjunctivitis? ☐ 1=Yes 2=No 99=Unknown

Coryza? ☐ 1=Yes 2=No 99=Unknown

Koplik Spots? ☐ 1=Yes 2=No 99=Unknown

Lymphadenopathy? ☐ 1=Yes 2=No 99=Unknown

Arthralgia? ☐ 1=Yes 2=No 99=Unknown

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: _____/____/____

Hospital record number: ____________________________

Death? ☐ 1=Yes 2=No 99=Unknown

If Yes, Date of death: _____/____/____

Primary cause of death: ____________________________________________

Comments: __________________________________________________________________________________________
V SPECIMENS AND LABORATORY TESTING

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

<table>
<thead>
<tr>
<th>Specimen number*</th>
<th>Type of specimen**</th>
<th>Date specimen obtained (Day/Month/Year)</th>
<th>Laboratory Name</th>
<th>Date specimen was sent to lab (Day/Month/Year)</th>
<th># specimen ID in lab.</th>
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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)*

**VI INVESTIGATION**

- Were active case-searches conducted?  
  - Yes: Number of suspect cases detected during active case-search: ___
  - No: ___

- Was the patient in contact with any pregnant woman?  
  - Yes: Name(s): ___
  - No: ___

- Did the patient travel outside his/her province/state of residence 7-23 days before rash onset?  
  - Yes: Name(s): ___
  - No: ___

- Setting where infected?  
  - Household contact: ___
  - Community: ___
  - Health Center: ___
  - Unknown: ___
  - Others: ___

**VII RESPONSE MEASURES**

- Ring vaccination?  
  - Yes: Date started: ___/___/___  
  - No: Date ended: ___/___/___  
  - Unknown: ___

- Number of doses given during ring vaccination: ___

- Was rapid coverage monitoring done?  
  - Yes: ___
  - No: ___

- What % of vaccinated persons was found?: ___

**VIII CLASSIFICATION**

- Final classification: ___
  - Measles: ___
  - Rubella: ___
  - Discarded: ___

- Basis for confirmation: ___
  - Laboratory: ___
  - Epidemiological Link: ___
  - Clinical: ___

- Basis for discarding: ___
  - Measles/Rubella IgM-neg: ___
  - Vaccine Reaction: ___
  - Dengue: ___
  - Parvovirus B19: ___
  - Herpes 6: ___
  - Enterovirus: ___
  - Other Reaction: ___

- Country of importation: ___

- Contact of another case: ___
  - Yes: ___
  - No: ___
  - Unknown: ___

- Contact of (or epidemiologically-linked to) case number: ___

- Classified by: ___

- Date of final classification: ___/___/___