Annex A2. Measles/Rubella Investigation Form (PAHO measles elimination field guide, 2 pages)

[Name of institution]

Notification and Investigation Form – MEASLES / RUBELLA

Case number ______ Service ______

State/Province ______ District ______

Municipality ______ Neighborhood/Landmarks ______

Informant ______ Telephone ______

I CASE IDENTIFICATION

First and last name ______

Address ______

Telephone ______ Mother's name ______

Sex ☐ male ☐ female Date of birth ___ Day ___ Month ___ Year Father's name ______

If date of birth unavailable, age Years ______ Months ______ Days ______

II BACKGROUND

Notification date ___ Day ___ Month ___ Year Home visit date ___ Day ___ Month ___ Year

Case was detected in ☐ Hospital ☐ Practice/health unit ☐ Laboratory Sector where case detected ☐ Public ☐ Private

Case identified by: ☐ Spontaneous consultation (passive) ☐ Institutional search ☐ Community case-search ☐ Laboratory submission ☐ Investigation of contacts ☐ Others

Contact with confirmed case ☐ Yes ☐ No ☐ Unk If contact with confirmed case, case # ______

Number of doses of measles-containing vaccine ☐ 0 ☐ 1 ☐ ≥ 2 ☐ Unk Date of last dose of vaccine ___ Day ___ Month ___ Year

Number of doses of rubella-containing vaccine ☐ 0 ☐ ≥ 1 ☐ Unk Date of last dose of rubella-containing vaccine ___ Day ___ Month ___ Year

Vaccination information obtained by: ☐ Vaccination card ☐ Health services ☐ Parents or another adult (child) ☐ Self (adult)

III CLINICAL DATA, FOLLOW-UP, AND TREATMENT

Patient suspected of ☐ Measles ☐ Rubella

Signs and symptoms

Fever (grade ______) ☐ Yes ☐ No ☐ Unk

Rash (duration ______ days) ☐ Yes ☐ No ☐ Unk

Cough ☐ Yes ☐ No ☐ Unk

Conjunctivitis ☐ Yes ☐ No ☐ Unk

Coryza ☐ Yes ☐ No ☐ Unk

Adenopathy (place ______) ☐ Yes ☐ No ☐ Unk

Arthralgia (joints ______) ☐ Yes ☐ No ☐ Unk

Complications

Date of fever onset ___ Day ___ Month ___ Year

Date of rash onset ___ Day ___ Month ___ Year

Rash type ☐ Maculopapular ☐ Other rash type ☐ Vesicular ☐ Unknown

Pregnant ☐ Yes, weeks ______ ☐ No ☐ Unk

Contact with pregnant women (if yes, ______ gestation weeks) ☐ Yes ☐ No ☐ Unk

Hospitalization ☐ Yes ☐ No ☐ Unk Admission date ___ Day ___ Month Registry/history # ______

Name of hospital ______ Date of discharge/death ___ Day ___ Month

Final status ☐ Recovered ☐ Transferred to ______ ☐ Dead ☐ Unknown

IV SAMPLES AND LABORATORY ANALYSIS

	SAMPLE 1	SAMPLE 2	SAMPLE 3	SAMPLE 4
Type of sample	☐ Nasopharyngeal aspirate/swab ☐ Throat swab ☐ Serum ☐ Urine ☐ Other: ________	☐ Nasopharyngeal aspirate/swab ☐ Throat swab ☐ Serum ☐ Urine ☐ Other: ________	☐ Nasopharyngeal aspirate/swab ☐ Throat swab ☐ Serum ☐ Urine ☐ Other: ________	☐ Nasopharyngeal aspirate/swab ☐ Throat swab ☐ Serum ☐ Urine ☐ Other: ________
Identification #				
Date taken	Day / Month / Year	Day / Month / Year	Day / Month / Year	Day / Month / Year
Date sent				
FOR LABORATORY USE				
Date received	Day / Month / Year	Day / Month / Year	Day / Month / Year	Day / Month / Year
Laboratory name				
Id # in laboratory				
Type of test	☐ IgM EIA capture ☐ IgM EIA indirect ☐ IgG EIA ☐ Viral isolation ☐ PCR ☐ Other test _____	☐ IgM EIA capture ☐ IgM EIA indirect ☐ IgG EIA ☐ Viral isolation ☐ PCR ☐ Other test _____	☐ IgM EIA capture ☐ IgM EIA indirect ☐ IgG EIA ☐ Viral isolation ☐ PCR ☐ Other test _____	☐ IgM EIA capture ☐ IgM EIA indirect ☐ IgG EIA ☐ Viral isolation ☐ PCR ☐ Other test _____
Antigen tested	☐ Measles ☐ Rubella ☐ Dengue ☐ Other Ag _____	☐ Measles ☐ Rubella ☐ Dengue ☐ Other Ag _____	☐ Measles ☐ Rubella ☐ Dengue ☐ Other Ag _____	☐ Measles ☐ Rubella ☐ Dengue ☐ Other Ag _____
Results	☐ Positive ☐ Negative ☐ Indeterminate ☐ Inadequate sample ☐ Not processed	☐ Positive ☐ Negative ☐ Indeterminate ☐ Inadequate sample ☐ Not processed	☐ Positive ☐ Negative ☐ Indeterminate ☐ Inadequate sample ☐ Not processed	☐ Positive ☐ Negative ☐ Indeterminate ☐ Inadequate sample ☐ Not processed
Result dates	Day / Month / Year	Day / Month / Year	Day / Month / Year	Day / Month / Year
Comments				

V INVESTIGATION

Active case-search from this suspected case	☐ Yes ☐ No ☐ Unk	Further suspected cases found in active case-search ☐ Yes, how many? ____________ ☐ No ☐ Unk
Travel abroad 7–23 days before rash onset	☐ Yes, country ______________________ ☐ No ☐ Unknown	
Date travel started	Day / Month / Year	Date travel ended: Day / Month / Year

VI CLASSIFICATION

Final classification	☐ Confirmed as measles	☐ Confirmed as rubella	☐ Discarded
Basis for classification	☐ Laboratory results	☐ Epidemiological link	☐ Clinical presentation
Basis for discarding	☐ Measles/rubella IgM-neg. ☐ Positive for dengue	☐ Other diagnosis: ____________________	☐ Vaccine reaction ☐ Unknown
For confirmed cases, source of infection	☐ Imported	☐ Import-related	☐ Unknown source
Classified by (Name)		Date classified	Day / Month / Year

Investigator		Telephone	
Institution			
Signature		Date	