

# MEASLES INVESTIGATION FORM

<b>Case details</b>				NDD no. _____	
Surname	_____	Given name	_____	Sex	M F
DOB	__/__/__	Age	____ yrs/mth		
Address	_____				
Suburb	_____	Postcode	_____	Telephone	_____
Other contact	_____				Telephone _____
Occupation/school	_____				Telephone _____
Indigenous	<input type="checkbox"/> Aboriginal	COB	<input type="checkbox"/> Australia	Language	<input type="checkbox"/> English
	<input type="checkbox"/> Torres St Islander		<input type="checkbox"/> Other: <i>specify</i>		<input type="checkbox"/> Other: <i>specify</i>
	<input type="checkbox"/> Neither		_____		_____

<b>Disease</b>					
<b>Symptomatic</b>	Y N	Onset date	__/__/__		
Rash	Y N	Rash onset	__/__/__	Duration	____ days
No. order of rash appearance:		<input type="checkbox"/> head	<input type="checkbox"/> trunk	<input type="checkbox"/> extremities	<input type="checkbox"/> other
Fever	Y N	At rash onset?	Y N	Max temp	____ deg C
Cough	Y N	Coryza	Y N	Conjunctivitis	Y N
Koplik spots	Y N	Epi link to case	Y N	Linked case	
				NDD no.	_____
On medicine	Y N	Specify	_____		
Notes	_____				
	_____				
	_____				
	_____				

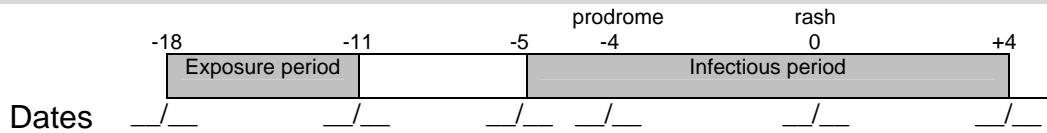
<b>Laboratory</b>					
Lab name	_____			Lab no.	_____
Lab confirmed	Y N	Specimen	<input type="checkbox"/> serum _____	Spec. dates	__/__/__
Organism	Measles virus		<input type="checkbox"/> other _____		__/__/__
Suborganism	_____	ID method	<input type="checkbox"/> serology _____	<input type="checkbox"/> IgM +	<input type="checkbox"/> IgM -
			<input type="checkbox"/> culture _____	<input type="checkbox"/> IgG rise	____ to _____
			<input type="checkbox"/> PCR _____		
			<input type="checkbox"/> IF _____		
<b>Definition</b>	<input type="checkbox"/> suspect	<input type="checkbox"/> probable	<input type="checkbox"/> confirmed		

<b>Notification</b>					
First notifier	_____	Telephone	_____	Fax	_____
Notifier type	<input type="checkbox"/> Lab	Notified date	__/__/__	Received date	__/__/__
No. in order of receipt	<input type="checkbox"/> Doctor				
	<input type="checkbox"/> Hospital (not lab)				
	<input type="checkbox"/> Other _____				
Treating doctor	_____	Telephone	_____	Postcode	_____
Address	_____			Fax	_____

<b>Outcome</b>					
Hospitalised	Y N	Admitted date	__/__/__	Discharge date	__/__/__
Hospital/s	_____			MRN	_____
Hosp doctor	_____	Telephone	_____	Address	_____
Deceased	Y N	Death date	__/__/__	Cause of death	Y N U

**Risk factors**

**Infection timeline**



**Exposures in 7 -18 days before rash onset:**

- An outbreak Y N U
- Another notified case Y N U
- Possible case (not notified) Y N U
- Attends preschool Y N U
- Visit doctor/clinic Y N U
- Visit hospital Y N U
- Travel out of Area Y N U
- Travel overseas Y N U

Specify

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Most likely source of infection? \_\_\_\_\_

**Vaccinated against measles**

Y N U

Dose

Date

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

Verified by

ACIR  other

ACIR  other

\_\_\_\_\_

If not vaccinated, why not?

- history of measles
- age < 12 months
- forgot
- chose not to
- other

**Contact management (persons exposed 5 days before to 4 days after rash onset)**

Case advised about reducing spread to others Y N

Close contacts	Relationship	Age/DOB	Telephone	Assessment	Intervention
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Notes

- No. susceptible contacts ID'ed \_\_\_\_\_
- No. advised to have MMR \_\_\_\_\_
- No. advised to have NIGH \_\_\_\_\_
- No. excluded from school/CCC \_\_\_\_\_
- Evidence of spread from case Y N U

**Notes**

**Administration**

Completed by \_\_\_\_\_ Date finalised \_\_\_/\_\_\_/\_\_\_ PHU \_\_\_\_\_

Note: Answers to the blue items and awareness of the measles activity in the areas to which the case travelled helps assess the likelihood that the case has measles (refer to the case definition)