



Measles Report Form

INTERVIEW

EpiTrax # _____ Interviewer Name: _____

Number of Call Attempts: _____ Date of Interview (must enter MM/DD/YYYY): _____

Follow-up Status: Interviewed Refused Interview Lost to Follow-Up*
Respondent was: Self Parent Spouse Other, *Specify*: _____

*At least three attempts at different times of the day should be made before the considered lost to follow-up.

DEMOGRAPHICS

Birth Gender: Male Female
Date of Birth: _____
Age: _____

Hispanic/Latino Origin: Yes No Unknown

How would you describe your race?
 White
 Black/African American
 American Indian/Alaska Native
 Asian
 Native Hawaiian/Other Pacific Islander
 Other _____
 Unknown

CLINICAL

What date did you start to have symptoms of illness? Onset Date: _____
Date Diagnosed: _____
Date Diagnosed - Presumptive: _____

Were you hospitalized? Yes No Unknown
Hospital Name: _____
Admission Date: _____ Discharge Date: _____

Died? Yes No Unknown
If yes, date of death: _____

Are you pregnant?

Yes No Unknown

If yes, expected delivery date: _____

LABORATORY

Was laboratory testing done for measles?

Yes No Unknown

IgM results:

Positive Negative Indeterminate

Pending Not Done Unknown

Date IgM specimen collected: _____

IgG results:

Significant Rise

No Significant Rise

Indeterminate

Pending

Not Done

Unknown

Date of acute specimen: _____

Date of convalescent specimen: _____

Other lab results, _____:

Positive Negative Indeterminate

Pending Not Done Unknown

Was the case laboratory confirmed?

Positive IGM, IGG, or other lab

Not confirmed

EPIDEMIOLOGICAL

Occupation: _____

Is the patient a:

Healthcare Worker?

Yes
 No
 Unknown

Facility Name: _____

Address: _____

Telephone #: _____

Group Living?

Yes
 No
 Unknown

Facility Name: _____

Address: _____

Telephone #: _____

Day Care Attendee? Yes No Unknown Facility Name: _____
Address: _____
Telephone #: _____

Day Care Employee? Yes No Unknown Facility Name: _____
Address: _____
Telephone #: _____

School Attendee? Yes No Unknown Facility Name: _____
Address: _____
Telephone #: _____

School Employee? Yes No Unknown Facility Name: _____
Address: _____
Telephone #: _____

If associated with a school, please record details on teacher and grade: _____

If Yes to any above, did you work or attend while ill? Yes No Unknown

If Yes, Dates Worked or Attended/Notes: _____

Imported from: Indigenous Outside U.S. Outside of County Out of State Unknown

INVESTIGATION

A. Symptoms & Signs

Did you have any rash? Yes No Unknown Onset date of rash: _____

Rash duration: _____ (days)

If yes, was the rash generalized? Yes No Unknown

Origin of rash: Face/head Arms Legs
 Trunk Inside mouth Other
 Unknown

Direction of rash? Down the body Radially from origin
 Random spread Unknown
 Other, _____

Fever? Yes No Unknown If yes, highest measured temperature (°F) ____
Cough? Yes No Unknown
Coryza? Yes No Unknown
Conjunctivitis? Yes No Unknown

B. Complications

Otitis Media? Yes No Unknown
Diarrhea? Yes No Unknown
Pneumonia? Yes No Unknown
Encephalitis? Yes No Unknown
Thrombocytopenia? Yes No Unknown
Other Complications? Yes No Unknown If yes, specify: _____

C. Vaccination History

Vaccinated? Yes No Unknown

Number of doses **before** first (1st) birthday?
 0 1 2 Unknown

Number of doses received **on or after** first (1st) birthday?
 0 1 2 3 Unknown

If vaccinated **before** first (1st) birthday, but no doses given on or after first (1st) birthday, what was the reason?

- | | |
|---|--|
| <input type="checkbox"/> Religious exemption | <input type="checkbox"/> Medical contraindication |
| <input type="checkbox"/> Philosophical objection | <input type="checkbox"/> Laboratory confirmation of previous disease |
| <input type="checkbox"/> MD diagnosis of previous disease | <input type="checkbox"/> Underage for vaccine |
| <input type="checkbox"/> Parental refusal | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other, specify: _____ | |

If received one dose **after** first (1st) birthday, but never received second dose after first (1st) birthday, what was the reason?

- | | |
|---|--|
| <input type="checkbox"/> Religious exemption | <input type="checkbox"/> Medical contraindication |
| <input type="checkbox"/> Philosophical exemption | <input type="checkbox"/> Laboratory confirmation of previous disease |
| <input type="checkbox"/> MD diagnosis of previous disease | <input type="checkbox"/> Underage for vaccine |
| <input type="checkbox"/> Parental refusal | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other, specify: _____ | |

Vaccination Record:

Vaccination Date #1: _____ Vaccination Date #2: _____
Vaccination Date #3: _____ Vaccination Date #4: _____

C. Exposure – Risk Factors

- Prior to onset of rash, was this case epi-linked to another confirmed or probable case? Yes No Unknown
- Is this case linked to an internationally imported case either directly or within same chain of transmission? Yes No Unknown
- Transmission setting – where did this case acquire measles?

<input type="checkbox"/> Day Care	<input type="checkbox"/> School
<input type="checkbox"/> Doctor's Office	<input type="checkbox"/> Hospital Ward
<input type="checkbox"/> Hospital ER	<input type="checkbox"/> Hospital Outpatient Clinic
<input type="checkbox"/> Home	<input type="checkbox"/> Work
<input type="checkbox"/> College	<input type="checkbox"/> Military
<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Church
<input type="checkbox"/> International Travel	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other, specify: _____	

• Was the patient age and setting verified? Yes No Unknown

• What was the source of infection? Specify: _____

E. Exposure – Travel Questions

Did you travel outside of the USA in the 18 days prior to onset of illness? Yes No Unknown

Location traveled to (i.e., City/Country Resort Information) and Dates traveled: _____

Traveled outside of Kansas, but inside USA? Yes No Unknown

Location traveled to (i.e., City and State Hotel Information) and Dates traveled: _____

Traveled outside of county, but inside Kansas? Yes No Unknown

Cities traveled to in Kansas and Dates: _____
