MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
OFFICE OF SURVEILLANCE

RASH INVESTIGATION

CASE NO.

FINAL DIAGNOSIS

☐ MEASLES ☐ RUBELLA ☐ OTHER (SPECIFY)

DATE FIRST REPORTED TO HEALTH DEPARTMENT

NAME OF INVESTIGATOR | HEALTH DEPARTMENT | DATE CASE INVESTIGATION BEGAN

DEMOGRAPHICS

PATIENT NAME

PARENT'S NAME (IF NOT ADULT)

DOB | AGE | SEX

RACE
☐ NATIVE AMER/ALASKAN NATIVE ☐ WHITE
☐ ASIAN/PACIFIC ISLANDER ☐ OTHER
☐ AFRICAN AMERICAN ☐ UNKNOWN

ETHNICITY
☐ HISPANIC
☐ NOT HISPANIC
☐ UNKNOWN

ADDRESS | CITY

COUNTY | STATE | ZIP CODE

REPORTING INFORMATION

HOME PHONE | BUSINESS PHONE

REPORTED BY

SCHOOL/CHILD CARE/HEAD START

ADDRESS

FAMILY PHYSICIAN | TELEPHONE NUMBER

ADDRESS | TELEPHONE NUMBER | DATE OF REPORT

CLINICAL DATA

☐ IMPORTED ☐ INDIGENOUS (ACQUIRED IN USA REPORTING STATE)
☐ INTERNATIONAL (ACQUIRED OUTSIDE USA)
☐ OUT OF STATE (ACQUIRED IN USA OUTSIDE REPORTING STATE)
☐ UNKNOWN

CASE STATUS
☐ CONFIRMED ☐ SUSPECTED
☐ PROBABLE ☐ UNKNOWN

FEVER (HIGHEST RECORDED) | FEVER DURATION | FEVER ONSET (MONTH/DAY/YEAR) | RASH ONSET (MONTH/DAY/YEAR) | RASH DURATION (DAYS)

FIRST LOCATION OF RASH | SPREAD OF RASH | DRUGS BEFORE RASH (SPECIFY) ☐ YES ☐ NO

DESCRIBE THE RASH

☐ REDDISH
☐ DUSKY BROWN
☐ MARKED ITCHING
☐ COULD BE FELT
☐ DISTINCT AND EVENLY DISTRIBUTED
☐ SOME DISCRETE LESIONS, AND SOME AREAS BLOTCHY AND CONFLUENT
☐ WATERY VESICLES
☐ OTHER (SPECIFY) _____

SYMPTOMS

	YES	NO	UNKNOWN
Cough	☐	☐	☐
Runny Nose	☐	☐	☐
Watery or red eyes	☐	☐	☐
Did fever continue after rash onset?	☐	☐	☐
Photophobia	☐	☐	☐
Nausea and/or vomiting	☐	☐	☐
Was the patient very sick?	☐	☐	☐
Malaise	☐	☐	☐
Sore Throat	☐	☐	☐
Koplik spots before rash	☐	☐	☐
Date seen _____			
By whom _____			
Swollen lymph glands	☐	☐	☐
Behind the ear	☐	☐	☐
Back of neck	☐	☐	☐
Back of head	☐	☐	☐
Arthralgia/Arthritis	☐	☐	☐

COMPLICATIONS

	YES	NO	UNKNOWN
Diarrhea	☐	☐	☐
Pneumonia	☐	☐	☐
Encephalitis	☐	☐	☐
Otitis Media	☐	☐	☐
Hospitalization	☐	☐	☐

Date _____

Other _____

_____

_____

	YES	NO	UNKNOWN
Physician Visit	☐	☐	☐

DATE OF VISIT | PHYSICIAN NAME

PHYSICIAN ADDRESS

	YES	NO	UNKNOWN
Atypical Measles	☐	☐	☐
Death	☐	☐	☐

DATE OF DEATH | CAUSE OF DEATH

LABORATORY

WAS TESTING FOR RUBELLA OR MEASLES DONE?
☐ YES ☐ NO ☐ UNKNOWN

PLEASE SPECIFY DISEASE
☐ MEASLES ☐ RUBELLA

DATE IgM SPECIMEN TAKEN
MONTH DAY YEAR

IgM RESULT
☐ POSITIVE ☐ INDETERMINANT ☐ NOT DONE
☐ NEGATIVE ☐ PENDING ☐ UNKNOWN

DATE IgG ACUTE SPECIMEN TAKEN
MONTH DAY YEAR

IgG RESULT
☐ SIGNIFICANT RISE IN IgG ☐ INDETERMINANT ☐ NOT DONE
☐ NO SIGNIFICANT RISE IN IgG ☐ PENDING ☐ UNKNOWN

DATE IgG CONVALESCENT SPECIMEN TAKEN
MONTH DAY YEAR

SPECIFY OTHER LAB METHOD

OTHER RESULTS
☐ POSITIVE ☐ INDETERMINANT ☐ NOT DONE
☐ NEGATIVE ☐ PENDING ☐ UNKNOWN

WAS CASE LABORATORY CONFIRMED?
☐ YES ☐ NO ☐ UNKNOWN

VACCINE HISTORY

HAD CASE EVER RECEIVED MEASLES/RUBELLA-CONTAINING VACCINE?
☐ YES ☐ NO ☐ UNKNOWN

VACCINATION DATE (MONTH/DAY/YEAR)	
1.	3.
2.	4.

IF CASE WAS NOT VACCINATED, WHAT WAS THE REASON?
☐ RELIGIOUS EXEMPTION ☐ LABORATORY EVIDENCE OF PREVIOUS DISEASE ☐ PARENTAL REFUSAL
☐ MEDICAL CONTRAINDICATION ☐ PHYSICIAN DIAGNOSIS OF PREVIOUS DISEASE ☐ OTHER
☐ PHILOSOPHICAL EXEMPTION ☐ UNDER AGE FOR VACCINATION ☐ UNKNOWN

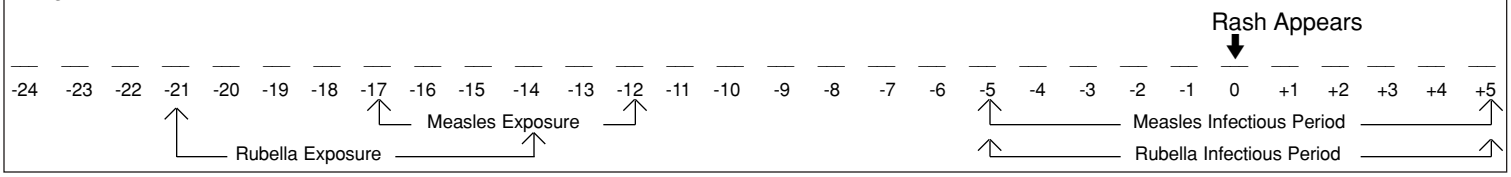
NUMBER OF DOSES RECEIVED BEFORE FIRST BIRTHDAY

NUMBER OF DOSES RECEIVED ON OR AFTER FIRST BIRTHDAY

IF VACCINATED BEFORE FIRST BIRTHDAY, BUT NO DOSES GIVEN ON OR AFTER FIRST BIRTHDAY, WHAT WAS REASON?
☐ RELIGIOUS EXEMPTION ☐ LABORATORY EVIDENCE OF PREVIOUS DISEASE ☐ PARENTAL REFUSAL
☐ MEDICAL CONTRAINDICATION ☐ PHYSICIAN DIAGNOSIS OF PREVIOUS DISEASE ☐ OTHER
☐ PHILOSOPHICAL EXEMPTION ☐ UNDER AGE FOR VACCINATION ☐ UNKNOWN

IF RECEIVED ONE DOSE AFTER FIRST BIRTHDAY, BUT NEVER RECEIVED SECOND DOSE AFTER FIRST BIRTHDAY, WHAT WAS REASON?
☐ RELIGIOUS EXEMPTION ☐ LABORATORY EVIDENCE OF PREVIOUS DISEASE ☐ PARENTAL REFUSAL
☐ MEDICAL CONTRAINDICATION ☐ PHYSICIAN DIAGNOSIS OF PREVIOUS DISEASE ☐ OTHER
☐ PHILOSOPHICAL EXEMPTION ☐ UNDER AGE FOR VACCINATION ☐ UNKNOWN

EPI INFECTIOUS CHART (To Assist in Case Determination)



SOURCE OF INFECTION

ONSET OF RASH	EXPOSURE PERIOD (ENTER DATES) TO

	YES	NO	UNKNOWN
Was there any known exposure to measles, rubella, or similar illness during the exposure period?	☐	☐	☐
Was there travel outside of the local community during the exposure period?	☐	☐	☐
Was there any attendance at any group meetings or gatherings during the exposure period?	☐	☐	☐

If yes to any questions, give details in the contact section.

ACTIVITY HISTORY FOR 18 DAYS BEFORE RASH ONSET AND 7 DAYS AFTER RASH ONSET

	DATE		DATE
☐ CHURCH		☐ SCHOOL (SPECIFY)	
☐ GROUP MEETINGS			
☐ BABYSITTER		☐ OTHER (SPECIFY)	
☐ FAMILY GATHERING			

EPIDEMIOLOGY INFORMATION

TRANSMISSION SETTING (WHERE DID THIS CASE ACQUIRE MEASLES?)

☐ CHILD CARE	☐ HOSPITAL WARD	☐ HOME	☐ COLLEGE	☐ CHURCH
☐ SCHOOL	☐ HOSPITAL ER	☐ WORK	☐ MILITARY	☐ INTERNATIONAL TRAVEL
☐ DOCTOR'S OFFICE	☐ HOSPITAL OUTPATIENT CLINIC	☐ UNKNOWN	☐ CORRECTIONAL FACILITY	☐ OTHER

IF TRANSMISSION SETTING NOT AMONG THOSE LISTED AND KNOWN, WHAT WAS TRANSMISSION SETTING?

OUTBREAK RELATED	IF YES, OUTBREAK NAME (NAME OF OUTBREAK THIS CASE IS ASSOCIATED WITH)
☐ YES ☐ NO ☐ UNKNOWN	

SOURCE OF EXPOSURE FOR CURRENT CASE

EPI-LINKED TO ANOTHER CONFIRMED OR PROBABLE CASE	IS CASE TRACEABLE WITHIN 2 GENERATIONS TO AN INTERNATIONAL IMPORTATION?
☐ YES ☐ NO ☐ UNKNOWN	☐ YES ☐ NO ☐ UNKNOWN

PRIMARY AND HOUSEHOLD CONTACTS (INCLUDES CONTACTS/FRIENDS WITH SIMILAR ILLNESS)

NAME	ADDRESS	RELATION	PHONE	AGE	VACCINE TYPE AND DATE	FOLLOW-UP CALL DATE	DATE OF EXPOSURE

DID YOU RECOMMEND MEASLES VACCINE FOR SUSCEPTIBLE CONTACT?
☐ YES ☐ NO IF NO, WHY?

DID YOU CALL SURROUNDING SCHOOLS/CHILD CARES/HEAD STARTS TO ALERT THEM AND TO FIND OTHER CASES?
☐ YES ☐ NO IF NO, WHY?

DID YOU NOTIFY LOCAL PHYSICIANS TO ALERT THEM AND TO REQUEST PROMPT REPORTS OF ADDITIONAL CASES?
☐ YES ☐ NO IF NO, WHY?

DID YOU REQUEST PUBLICITY FROM THE MEDIA?
☐ YES ☐ NO IF NO, WHY?

RUBELLA FORM FOR PREGNANT WOMEN

WAS THE CASE A PREGNANT WOMAN?

☐ YES ☐ NO ☐ UNKNOWN

NUMBER OF WEEKS GESTATION (OR TRIMESTER) AT ONSET OF ILLNESS

PRIOR EVIDENCE OF SEROLOGICAL IMMUNITY — YEAR OF TEST OR AGE OF PATIENT AT TIME OF TEST

☐ YES ☐ NO ☐ UNKNOWN

WAS PREVIOUS RUBELLA SEROLOGICALLY CONFIRMED? — YEAR OF DISEASE OR AGE OF PATIENT AT TIME OF DISEASE

☐ YES ☐ NO ☐ UNKNOWN

NOTES

Age	Age of patient at rash onset in number of years, months, weeks, or days.
Outbreak (Measles)(Rubella)	≥ 3 cases (with at least one laboratory confirmed case) clustered in space and time.
Death	If patient died from measles or rubella, verification with the physician is recommended.
Source of exposure	A source case must be either a confirmed or probable case and have had face to face contact with a subsequent generation case. Exposure must have occurred 7 to 18 days before rash onset of the new case, and between 4 days before rash onset and 7 days after rash of the source case.
Epi-linked	An epi-linked case is either a source case or same generation case. Epi-linkage is characterized by direct face to face contact. For same generation cases that are epi-linked a common exposure is likely.

COMMENTS

DATE CASE FIRST REPORTED TO STATE	FORM COMPLETED BY	TELEPHONE	DATE FORM COMPLETED
MONTH DATE YEAR		( )	MONTH DATE YEAR