# MEASLES INVESTIGATION FORM

## Case details

NDD no. _____

Surname _____ Given name _____ Sex M F

DOB __/__/__ Age ____ yrs/mth

Address _____

Suburb _____ Postcode _____ Telephone _____

Other contact _____ Telephone _____

Occupation/school _____ Telephone _____

Indigenous ☐ Aboriginal ☐ Torres St Islander ☐ Neither

COB ☐ Australia ☐ Other: *specify* _____

Language ☐ English ☐ Other: *specify* _____

## Disease

**Symptomatic** Y N Onset date __/__/__

Rash Y N Rash onset __/__/__ Duration ____ days

No. order of rash appearance: ☐ head ☐ trunk ☐ extremities ☐ 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 _____

_____

_____

_____

_____

## Laboratory

Lab name _____ Lab no.

Lab confirmed Y N

Organism Measles virus

Suborganism _____

Specimen ☐ serum _____ ☐ other _____

ID method ☐ serology _____ ☐ culture _____ ☐ PCR _____ ☐ IF _____

Spec. dates __/__/__ __/__/__

☐ IgM + ☐ IgG rise

☐ IgM - ____ to ____

**Definition** ☐ suspect ☐ probable ☐ confirmed

## Notification

First notifier _____ Telephone _____ Fax _____

Notifier type (No. in order of receipt) ___ Lab ___ Doctor ___ Hospital (not lab) ___ Other _____

Notified date __/__/__ Received date __/__/__

Treating doctor _____ Telephone _____ Postcode _____

Address _____ Fax _____

## Outcome

Hospitalised Y N Admitted date __/__/__ Discharge date __/__/__

Hospital/s _____ MRN _____

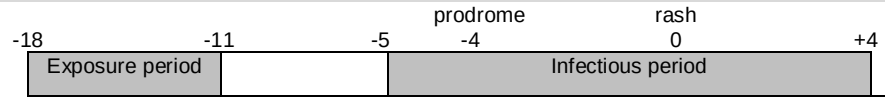
Hosp doctor _____ Telephone _____ Address _____

Deceased Y N Death date __/__/__ Cause of death Y N U

**Case** _____

## Risk factors

***Infection timeline***




Dates __/__ __/__ __/__ __/__ __/__ __/__

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

| | | | | |
|---|---|---|---|---|
| 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 | _____ |

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)