Measles and Rubella Case Investigation Form

Health Protection Agency, Maldives

Part A: To be filled in by Clinicians reporting the case

This form should be completed for each case of fever and maculopapular rash on first contact

Reporting Institution:	**Case ID (HPA)** MAV- __ __- MR – 17 - __ __ __
Date of investigation: ___/____/_____	**Date of notification PHU/HPA:** ___/____/____

Patient National ID card Number Foreigners Passport number	**Date of Birth:** ___/____/_____ **,Age:** (yy/mm)	**Sex:** ☐ Male ☐ Female Pregnant: Yes ☐ No☐ NA☐ If Yes, No of weeks……..

Name of the patient: **Father's name:**	**Contact Number:**
Address:	**Atoll:** **Island:**

Criteria for suspected Measles/Rubella case:

1. Fever ☐Yes ☐No ☐Unknown
2. Date of onset of fever: ___/____/____
3. Maculopapular rash onset date ___/____/_____

Other findings if any;

1. Cough ☐Yes ☐No ☐Unknown
2. Coryza ☐Yes ☐No ☐Unknown
3. Conjunctivitis ☐Yes ☐No ☐Unknown
4. Adenopathy ☐Yes ☐No ☐Unknown
5. Arthralgia ☐Yes ☐No ☐Unknown

Any other _____

Vaccination History (by card/history):

Measles containing vaccine (MCV) ☐ Yes: ☐No: reason:_____ No of doses _____, Date of last ose:_____ **Vitamin A:** _____	**Rubella containing vaccine (MMR)** ☐ Yes: ☐No: reason:_____ No of doses _____, Date of last dose:_____ **Vitamin A:** _____
Travel History (7-21 days before the onset of rash): ☐Yes ☐No. If yes, place/country visited ……. from…….. ……. to ……..	**Hospitalization:** Yes☐ No☐ If Yes, Name of hospital…….. DOA……. DOD …….. **Final Status:**☐ Recovered ☐ Referred ☐ Died ☐Unknown

Case notified by: Name of the Notifier: **Position :**

Signature: **Date:**

Part B: To be filled by peripheral and IGMH laboratory

Serum Sample collection	**IGMH Lab ID: _____**	**Virology Sample collection**	**IGMH Lab ID: _____**
Specimen collected	☐Serum ☐No	Specimen collected	☐Throat swab ☐No
Collected at		Collected at	
Date of collection		Data of collection	
Date sent to IGMH lab		Date Sent to IGMH lab	
Date Received by IGMH lab		Date Received by IGMH lab	
Adequate sample	☐Yes ☐No	Adequate sample	☐Yes ☐No
Date of result		**Date of result**	

Result (IgM):

☐Measles
☐Negative ☐Positive
☐ Equivocal
☐Pending ☐not tested

☐Rubella
☐Negative ☐Positive
☐ Equivocal
☐Pending ☐not tested

Result :
☐Measles ☐Negative ☐Positive
☐Rubella ☐Negative ☐Positive

Genotype Result	**☐Measles ☐Rubella**
Date of result sent to HPA	

Part C: To be filled by Health Protection Agency

Final Classification:
☐ Confirmed Measles ☐ Confirmed Rubella ☐ Discarded

Basis for classification:
☐Laboratory ☐Epidemiological Linked ☐ Clinical

Source of infection:
☐Endemic ☐ Imported ☐Import-related ☐Unknown

Reason for discard…….

FOLLOW UP for confirmed cases:

Contact tracing done? ☐Yes ☐No If yes, number of additional suspected cases detected: _____

Active case search done? ☐ Yes ☐No If yes, number of additional suspected cases detected: _____

Outcome at 30 days follow-up for confirmed cases: ☐Alive ☐Died ☐ Lost to follow-up

Contact Health Protection Agency Surveillance 3014496 or 3014333