



Measles/Rubella Case Track Record
Suspected Diagnosis: Measles Rubella
FINAL STATUS: CONFIRMED PROBABLE RULED OUT /NOT A CASE
NBS PATIENT ID#:
NBS INVESTIGATION ID#:

Patient's Name: Address: City: County: Zip: Region: Phone: Parent/Guardian: Physician: Address: Reported by: Agency: Phone: Date reported: Investigated by: Agency: Phone: Email: Investigation start date: Date investigation completed:

DEMOGRAPHICS: DATE OF BIRTH: AGE: PLACE OF BIRTH: SEX: RACE: HISPANIC: If female, is patient currently pregnant? If yes, estimated date and location of delivery: Obstetrician's name, address, and phone #:

HOSPITALIZATION: Was the patient hospitalized for this illness? Did patient die from the illness? Hospitalized at: Admitted: Discharged: Duration of Stay: Yes, died on: No Unknown

RASH AND FEVER DATA: Please fill in this section for both measles and rubella. Rash - Onset Date: Duration: Days Where did rash start?: Is rash generalized?: Fever - Onset Date: If recorded, highest measured temp: *Please fill out either the measles OR rubella section

MEASLES CLINICAL DATA: Cough? Coryza? Conjunctivitis? Yes No Unk

MEASLES COMPLICATIONS: Otitis? Diarrhea? Pneumonia? Other? Encephalitis? Thrombocytopenia? If yes, please specify:

RUBELLA CLINICAL DATA: Arthralgia/Arthritis? Lymphadenopathy? Conjunctivitis? Yes No Unk

RUBELLA COMPLICATIONS: Encephalitis? Arthralgia/Arthritis? Thrombocytopenia? Other? If yes, please specify:

LABORATORY DATA: Was laboratory testing done? Yes No Unknown

LABORATORY: DSHS Other: _____ Phone: () _____

PCR: Date specimen collected: ____/____/____ Result: _____

Culture: Date specimen collected: ____/____/____ Result: _____

IgM: Date specimen collected: ____/____/____ Result: _____

IgG: Date of acute specimen: ____/____/____ Result: _____

Date of convalescent specimen: ____/____/____ Result: _____

VACCINATION HISTORY: CDC Objective: 90% of pertussis cases must have a vaccination history captured.

VACCINATED: Yes No Unknown

If yes, list dates 1 MMR: ____/____/____ 2 MMR: ____/____/____

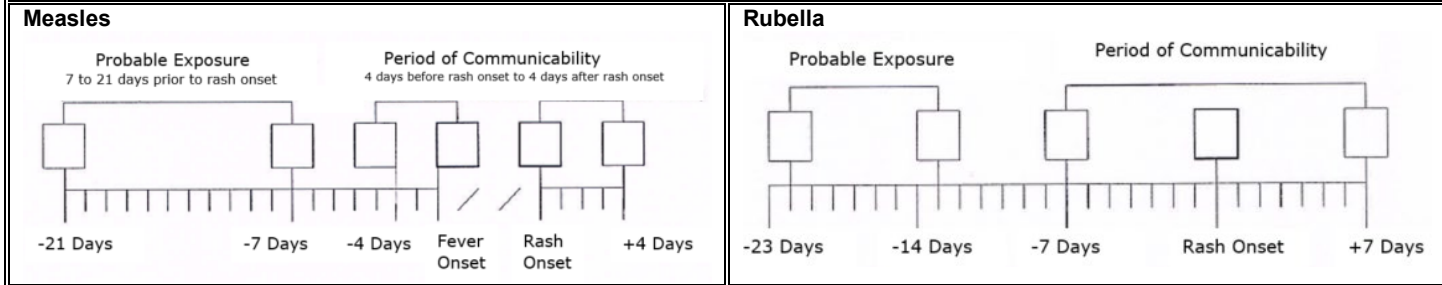
If no, indicate reason: Religious Exemption Medical Contraindication Evidence of Immunity Previous Disease - Lab Confirmed

Previous Disease - MD Diagnosed Under Age Parental Refusal Unknown Other: _____

If 2nd MMR not given, reason: Religious Exemption Medical Contraindication Evidence of Immunity Previous Disease - Lab Confirmed

Previous Disease - MD Diagnosed Under Age Parental Refusal Unknown Other: _____

INFECTION TIMELINE:
Enter onset of rash. Count backwards and forwards to enter dates for probable exposure and communicable periods.



SOURCE OF INFECTION: No exposure identified Close contact with a known or suspected case: NBS Pt ID: _____

Where did this case acquire measles or rubella? Day-care School College Work Home Dr. Office Hospital ER

Hospital Inpatient Hospital Outpatient Military Jail Church Travel Unknown Other: _____

Has any travel occurred within the exposure period? Yes No Unknown

If yes, list destination: _____ Travel Return Date: ____/____/____ Length of time in the U.S. since last travel: _____

Importation Class: Indigenous International Out-of-state Unknown If imported, from what country/state: _____

<https://wwwn.cdc.gov/nndss/conditions/measles/case-definition/2013/>

Is case traceable within 2 generations to international import? Yes No Unknown

Is case part of an outbreak? Yes No Unknown If yes, list outbreak name: _____

HOUSEHOLD CONTACTS: Were control activities initiated?: Yes No Unknown If no, explain: _____

| Name | Relation to Case | Age | Measles/Rubella History | Vaccination History |
|-------|------------------|-------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown |
| _____ | _____ | _____ | <input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown |
| _____ | _____ | _____ | <input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown |
| _____ | _____ | _____ | <input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown |
| _____ | _____ | _____ | <input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown |

POSSIBLE SPREAD CONTACTS:

| Name | Relation to Case | Age | Measles/Rubella History | Vaccination History |
|-------|------------------|-------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown |
| _____ | _____ | _____ | <input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown |
| _____ | _____ | _____ | <input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown |
| _____ | _____ | _____ | <input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown |
| _____ | _____ | _____ | <input type="checkbox"/> Yes-_____ <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> 2 MMR <input type="checkbox"/> 1 MMR <input type="checkbox"/> None <input type="checkbox"/> Unknown |

CDC Objective: 85% of vaccine preventable cases must be investigated and reported to the CDC within 30 days of initial report.

Investigator's Name: _____ Agency Name: _____

Phone :() _____ Date Investigation Initiated: ____/____/____ Date Investigation Completed: ____/____/____

COMMENTS:

Measles Case Infection Timeline:

The incubation period will help identify sources of infection. The infectious period will identify exposed contacts and sites of transmission.

| | Date | Day | Locations and Times | Notes/Contacts |
|--------------------------|------|-----|---------------------|----------------|
| Incubation period | | -21 | | |
| | | -20 | | |
| | | -19 | | |
| | | -18 | | |
| | | -17 | | |
| | | -16 | | |
| | | -15 | | |
| | | -14 | | |
| | | -13 | | |
| | | -12 | | |
| | | -11 | | |
| | | -10 | | |
| | | -9 | | |
| | | -8 | | |
| | -7 | | | |
| Infectious period | | -5 | | |
| | | -4 | | |
| | | -3 | | |
| | | -2 | | |
| | | -1 | | |
| Rash Onset | | 0 | | |
| Infectious period | | 1 | | |
| | | 2 | | |
| | | 3 | | |
| | | 4 | | |

Rubella Case Infection Timeline:

The incubation period will help identify sources of infection. The infectious period will identify exposed contacts and sites of transmission.

| | Date | Day | Locations and Times | Notes/Contacts |
|--------------------------|------|-----|---------------------|----------------|
| Incubation period | | -23 | | |
| | | -22 | | |
| | | -21 | | |
| | | -20 | | |
| | | -19 | | |
| | | -18 | | |
| | | -17 | | |
| | | -16 | | |
| | | -15 | | |
| | | -14 | | |
| | | -13 | | |
| | -12 | | | |
| Infectious period | | -7 | | |
| | | -6 | | |
| | | -5 | | |
| | | -4 | | |
| | | -3 | | |
| | | -2 | | |
| | | -1 | | |
| Rash Onset | | 0 | | |
| Infectious period | | 1 | | |
| | | 2 | | |
| | | 3 | | |
| | | 4 | | |
| | | 5 | | |
| | | 6 | | |
| | | 7 | | |