

Measles Investigation Form



Patient name (last, first): _____ Date reported to Health Department: _____

Date investigation began: _____ Database entry date: _____

Interviewer name: _____ Interviewer phone/email: _____

Interview/Call Log:

Date: _____ **Response:** Left message Busy Wrong# Completed Other: _____ **Interviewer initials:** _____

Date: _____ **Response:** Left message Busy Wrong# Completed Other: _____ **Interviewer initials:** _____

Date: _____ **Response:** Left message Busy Wrong# Completed Other: _____ **Interviewer initials:** _____

Working Status:

a) Date: _____ **Status:** Suspected Probable Confirmed (Epi) Confirmed (Lab) Ruled out

Notes:

b) Date: _____ **Status:** Suspected Probable Confirmed (Epi) Confirmed (Lab) Ruled out

Notes:

c) Date: _____ **Status:** Suspected Probable Confirmed (Epi) Confirmed (Lab) Ruled out

Notes:

General Notes:

Note to Interviewer:

- Prior to beginning the interview, fill in the introductory script at the top of page #2 and the questions/sections in **bold/shaded** throughout the form.
- Say the scripted text that is in italics throughout the form to introduce the different sections.
- Use Mr., Mrs., or Ms. Last Name; preferable not to use their first name
- If they are still a suspect case pending results, do not say they have measles when leaving a message or on the phone
- If the patient is not the interviewee, replace 'your' with the patient's name throughout the interview

Final Investigative Findings

Final patient status: Ruled out Confirmed (Epi) Confirmed (Lab) Unknown

Case outbreak related? Yes No Unknown **If yes, outbreak name:**

Import status: International importation U.S. acquired

Import status – U.S. acquired: Import-linked case Imported-virus case Endemic case Unknown source case

Introductory Script: Measles Investigation

Hello, my name is [insert name], I am calling from the [Insert Health Department]. May I please speak to [Insert name of patient or parent]?

I am calling because [PICK ONE: 1. you were identified as someone who may have had contact with measles at [location]; 2. you are suspected of having measles; or 3. you have tested positive for measles]. We would like to ask you a few questions about your recent whereabouts and contacts, recent symptoms, and medical history. We would also like to ask about people you have had contact with to better understand the possible spread of the virus to others in your family and community.

We hope that your answers will help identify those with measles and stop the spread of the virus to keep everyone in the community safe. We estimate that these questions will take 20 minutes to answer. Your participation is voluntary. You do not have to answer any questions that make you uncomfortable, and you can stop at any time. The personal identifiable information you share with me today will be kept confidential and will not be shared outside of [Insert Health Department].

Would you like to continue with the questions?

INVESTIGATION BEGINS

We will now begin the interview with some general questions.

Demographic Information

1. May I ask your name: _____ 2.(If not patient) What is your relationship to the patient? _____
2. What is your: Address: _____ City: _____ County: _____
State: _____ Zip: _____ Telephone: _____ Country of usual residence: _____
3. What was your sex at birth? _____ Male Female No answer
4. What is your age? _____
5. What is your date of birth? _____
6. Would you describe yourself as Hispanic/Latino? _____ Yes No Unknown
7. How would you describe your race? Black/African American Asian/Pacific Islander
American Indian/Alaska Native White Other Unknown

Next, I will ask you about any symptoms or recent illness you might have had.

Clinical Information

8. Did you have (a): _____
 - a. Rash? _____ Yes No Unknown
 - a.1. When did you first notice the rash? _____
 - a.2. Was the rash generalized (all over)? _____ Yes No Unknown
 - a.3. How would you describe the rash? (e.g., where did it start? Was it itchy? What did the rash look like?) _____

a.4. Do you still have a rash?	Yes	No	Unknown
a.4.i. If no, how long did the rash last?	(days)		
b. Fever?	Yes	No	Unknown
b.1. When did the fever start?			
b.2. What was the highest temperature measured (circle reporting scale)?	°F or °C		
c. Cough?	Yes	No	Unknown
d. Stuffy or runny nose (coryza)?	Yes	No	Unknown
e. Swollen, red, itchy eyes (conjunctivitis)?	Yes	No	Unknown
f. Ear infection (otitis)?	Yes	No	Unknown
g. Pneumonia?	Yes	No	Unknown
h. Diarrhea?	Yes	No	Unknown
i. Vomiting?	Yes	No	Unknown
j. Dehydration?	Yes	No	Unknown
k. Low platelets (Thrombocytopenia)?	Yes	No	Unknown
l. Brain inflammation or swelling (Encephalitis)?	Yes	No	Unknown
m. Did you have any other symptoms or complications?	Yes	No	Unknown
m.1. If yes, describe other symptoms or complications:			
9. Did you visit a healthcare provider because of your illness?	Yes	No	Unknown
a. If yes, where were you consulted? (Check all that apply)	Clinic	Emergency	Department
b. If yes, when did you visit this health care provider?			
c. If yes, what is the name of the facility?			
10. Were you hospitalized because of your illness?	Yes	No	Unknown
a. If yes, what was the name of the hospital?			
b. If yes, what was the admission date?			
c. If yes, what was the discharge date?			
11. Did the patient die?	Yes	No	Unknown
a. If yes, what was the date of death?			

Next, I have a couple questions about your health.

Past Medical History

12.(If female) Are you pregnant? Yes No Unknown

13.Do you have a weakened immune system? Yes No Unknown

a. If yes, can you describe or name the condition(s) or medication(s) that make you have a weakened immune system?

Next, I would like to continue with questions about your potential contact with measles.

Epidemiologic Investigation

Note to Interviewer: Annotate the travel details and exposure details from questions 14 and 15 in the tables on page 5 and 6 on the corresponding day, and then proceed chronologically starting with day -21.

14. Have you traveled outside of the U.S. in the past 21-days? Yes No Unknown

a. If yes:

a.1. When did you depart from the U.S.?

a.2. What countries did you visit?

a.3. When did you return to the U.S.?

15. Before your rash appeared, were you in contact with someone known to have measles or with similar symptoms to you (e.g., rash and fever)? Yes No Unknown

a. If yes:

a.1. Where did the contact with this person occur? Day Care School Doctor's Office Hospital Ward
Hospital ER Hospital Outpatient Home Work College Military Correctional Facility
Place of Worship International Travel Unknown
Other? If other, can you describe?

a.2. What is the name of the location?

a.3. When did the contact occur (list date(s): one time=first date only; multiple=first and last date)?

a.4. Are there any other details that you want to share about this contact?

a.5. If source case of this patient is known (i.e., if there is a known direct epidemiological link), please add the specific source Case ID:

Note to Interviewer: If the patient was exposed to measles outside of the U.S. (international importation) OR if the direct source case of this person's measles infection is known (see Q15 a.5), you can skip the Exposure Period Table below and ONLY need to fill out the table for the Infectious Period Table (4 days before and 4 days after rash onset).

Note to Interviewer: For businesses with multiple sites, please specify which location.

Next, to try to identify where you might have been infected with measles, I would like to ask about locations you have visited and people you have interacted with each day starting 21 days before your rash appeared to 5 days before the rash appeared.

Exposure Period Table

Day	Date	Locations Visited/Times at Each Location	Number of People or Approximate (large pub. loc. = unk)	Public Transportation Used and Details (e.g., ride share, plane, bus)
-21				
-20				
-19				
-18				
-17				
-16				
-15				
-14				
-13				
-12				
-11				
-10				
-9				
-8				
-7				
-6				
-5				

Next, to help prevent further spread of the virus, I would like to ask about locations you have visited and people you have interacted with during the time you may have been contagious (4 days before and 4 days after the rash appeared).

Infectious Period table

-4				
-3				
-2				
-1				
0 Rash Onset				
1				
2				
3				
4				

Next, to help identify the potential spread of the virus in your home, I would like to ask you about those who live in your household.

Name	Relation to Patient	DOB	Age	Symptoms	MMR Vaccination Status	Number of Vaccine Doses (0 if none)	Date of Dose 1	Date of Dose 2
					Yes No Unknown			
					Yes No Unknown			
					Yes No Unknown			
					Yes No Unknown			

Note to Interviewer: If the vaccine information and laboratory information is known before the interview (e.g., from prior review of the immunization registry and laboratory results), this is the end of the interview. Skip to the end to thank the interviewee for participation.

Vaccination Status

Note to Interviewer: If vaccination information is unavailable, proceed with asking the vaccine questions to the patient. The patient will need to send proof of measles vaccination.

16. Have you received a measles-containing vaccine? Yes No Unknown

a. How many doses (If never received measles-containing vaccine, put 0)?

b. What date(s) was/were the measles-containing vaccine given?

b.1. Dose 1 Date

b.2. Dose 2 Date

b.3. Dose 3 Date

17. Did the patient receive postexposure prophylaxis (PEP)? Yes No Unknown

a. If yes, what type of PEP did they receive? Vaccine Immunoglobulin (IG) Unknown

a.1. If vaccine or IG received:

Date when PEP was received?

Was PEP given within 3 days (for vaccine) or 6 days (for IG) of the first measles exposure (reference Question 15 a.3)? Yes No Unknown

a.2. If IG given, how was it administered? Intramuscular (IM) Intravenous (IV) Unknown

Laboratory Information

18. Was measles testing performed? Yes No Unknown

Note to Interviewer: For newly identified patients, please ask if patient will give permission to have specimen collected to verify measles disease. The patient will be informed about the results of the test and all information will be strictly confidential.

Permission Granted: Yes No

19. Fill in testing information:

Test Type	Test Result	Date Specimen Collected	Performing Laboratory (e.g., commercial, state, APHL ref lab, CDC)
PCR	Pos Neg Indet Pend		
IgM	Pos Neg Indet Pend		
IgG acute	Pos Neg Indet Pend		
IgG conval	Pos Neg Indet Pend		
Genotype	Pos Neg Indet Pend		
MeVA	Pos Neg Indet Pend		
	Pos Neg Indet Pend		
-			

END OF INVESTIGATION

That concludes the questions we have for today, thank you for your participation. Do you have any questions? If you have any questions in the future, please contact [State Health Department] at [Phone Number]. Any pending updates on lab results or measles status will be communicated by [State Health Department] when they become available. Thank you again and have a nice day.