# Measles Report Form

**INTERVIEW**

<table>
<thead>
<tr>
<th>EpiTrax #</th>
<th>Interviewer Name:</th>
</tr>
</thead>
</table>

**Number of Call Attempts:**

<table>
<thead>
<tr>
<th>Follow-up Status:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed</td>
<td>□</td>
</tr>
<tr>
<td>Refused Interview</td>
<td>□</td>
</tr>
<tr>
<td>Lost to Follow-Up*</td>
<td>□</td>
</tr>
</tbody>
</table>

*At least three attempts at different times of the day should be made before the considered lost to follow-up.

**Hospital Name:**

<table>
<thead>
<tr>
<th>Admission Date:</th>
<th>Discharge Date:</th>
</tr>
</thead>
</table>

**Died?**

| Yes   | No   | Unknown |

If yes, date of death: __________

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Birth Gender:</th>
<th>Hispanic/Latino Origin:</th>
<th>How would you describe your race?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Male</td>
<td>□ Yes</td>
<td>□ White</td>
</tr>
<tr>
<td>□ Female</td>
<td>□ No</td>
<td>□ Black/African American</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>□ Unknown</td>
<td>□ American Indian/Alaska Native</td>
</tr>
<tr>
<td>Age:</td>
<td></td>
<td>□ Asian</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Native Hawaiian/Other Pacific Islander</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Other, Specify: ______________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Unknown</td>
</tr>
</tbody>
</table>

**CLINICAL**

<table>
<thead>
<tr>
<th>Date of Interview (must enter MM/DD/YYYY):</th>
</tr>
</thead>
</table>

**What date did you start to have symptoms of illness?**

<table>
<thead>
<tr>
<th>Onset Date:</th>
</tr>
</thead>
</table>

**Date Diagnosed:**

<table>
<thead>
<tr>
<th>Date Diagnosed:</th>
</tr>
</thead>
</table>

**Date Diagnosed - Presumptive:**

<table>
<thead>
<tr>
<th>Date Diagnosed - Presumptive:</th>
</tr>
</thead>
</table>

**Were you hospitalized?**

| Yes | No | Unknown |

<table>
<thead>
<tr>
<th>Hospital Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Admission Date:</th>
<th>Discharge Date:</th>
</tr>
</thead>
</table>

**Died?**

| Yes | No | Unknown |

If yes, date of death: __________
Are you pregnant?  □ Yes  □ No  □ Unknown  
If yes, expected delivery date: _____________

LABORATORY

Was laboratory testing done for measles?  □ Yes  □ No  □ Unknown  
IgM results:  □ Positive  □ Negative  □ Indeterminate  □ Pending  □ Not Done  □ Unknown  
Date IgM specimen collected: ________________

IgG results:  □ Significant Rise  □ No Significant Rise  □ Indeterminate  □ Pending  □ Not Done  □ Unknown  
Date of acute specimen: ________________  
Date of convalescent specimen: _____________

Other lab results, _____________:  □ Positive  □ Negative  □ Indeterminate  □ Pending  □ Not Done  □ Unknown  

Was the case laboratory confirmed?  □ Positive IGM, IGG, or other lab  □ Not confirmed

EPIDEMIOLOGICAL

Occupation: ____________________________________________________________________________________

Is the patient a:

Healthcare Worker?  □ Yes  □ No  □ Unknown  
Facility Name: ___________________________  
Address: ________________________________  
Telephone #: ______________________________

Group Living?  □ Yes  □ No  □ Unknown  
Facility Name: ___________________________  
Address: ________________________________  
Telephone #: ______________________________
### INVESTIGATION

#### A. Symptoms & Signs

Did you have any rash?  
- [ ] Yes  
- [ ] No  
- [ ] Unknown  

Onset date of rash: _____________

Rash duration: __________ (days)
If yes, was the rash generalized? □ Yes □ No □ Unknown

Origin of rash: □ Face/head □ Arms □ Legs □ Trunk □ Inside mouth □ Other □ Unknown

Direction of rash? □ Down the body □ Radially from origin □ Random spread □ Unknown □ Other, ________________________________

Fever? □ Yes □ No □ Unknown
If yes, highest measured temperature (°F) ____

Cough? □ Yes □ No □ Unknown

Coryza? □ Yes □ No □ Unknown

Conjunctivitis? □ Yes □ No □ Unknown

B. Complications

Otitis Media? □ Yes □ No □ Unknown

Diarrhea? □ Yes □ No □ Unknown

Pneumonia? □ Yes □ No □ Unknown

Encephalitis? □ Yes □ No □ Unknown

Thrombocytopenia? □ Yes □ No □ Unknown

Other Complications? □ Yes □ No □ Unknown
If yes, specify: ________________________________

C. Vaccination History

Vaccinated? □ Yes □ No □ Unknown

Number of doses before first (1st) birthday?
□ 0 □ 1 □ 2 □ Unknown

Number of doses received on or after first (1st) birthday?
□ 0 □ 1 □ 2 □ 3 □ Unknown
If vaccinated **before** first (1st) birthday, but no doses given on or after first (1st) birthday, what was the reason?

- ☐ Religious exemption
- ☐ Medical contraindication
- ☐ Philosophical objection
- ☐ Laboratory confirmation of previous disease
- ☐ MD diagnosis of previous disease
- ☐ Underage for vaccine
- ☐ Parental refusal
- ☐ Unknown
- ☐ Other, specify: ________________________________

If received one dose **after** first (1st) birthday, but never received second dose after first (1st) birthday, what was the reason?

- ☐ Religious exemption
- ☐ Medical contraindication
- ☐ Philosophical objection
- ☐ Laboratory confirmation of previous disease
- ☐ MD diagnosis of previous disease
- ☐ Underage for vaccine
- ☐ Parental refusal
- ☐ Unknown
- ☐ Other, specify: ________________________________

**Vaccination Record:**

Vaccination Date #1: ____________
Vaccination Date #2: ____________
Vaccination Date #3: ____________
Vaccination Date #4: ____________

**C. Exposure – Risk Factors**

- Prior to onset of rash, was this case epi-linked to another confirmed or probable case? ☐ Yes ☐ No ☐ Unknown
- Is this case linked to an internationally imported case either directly or within same chain of transmission? ☐ Yes ☐ No ☐ Unknown

- Transmission setting – where did this case acquire measles?
  - ☐ Day Care
  - ☐ School
  - ☐ Doctor’s Office
  - ☐ Hospital Ward
  - ☐ Hospital ER
  - ☐ Hospital Outpatient Clinic
  - ☐ Home
  - ☐ Work
  - ☐ College
  - ☐ Military
  - ☐ Correctional Facility
  - ☐ Church
  - ☐ International Travel
  - ☐ Unknown
  - ☐ Other, specify: ________________________________
• Was the patient age and setting verified? □ Yes □ No □ Unknown

• What was the source of infection? Specify: ________________________________

E. Exposure – Travel Questions

Did you travel outside of the USA in the 18 days prior to onset of illness? □ Yes □ No □ Unknown

Location traveled to (i.e., City/Country Resort Information) and Dates traveled: ________________________________

Traveled outside of Kansas, but inside USA? □ Yes □ No □ Unknown

Location traveled to (i.e., City and State Hotel Information) and Dates traveled: ________________________________

Traveled outside of county, but inside Kansas? □ Yes □ No □ Unknown

Cities traveled to in Kansas and Dates: ________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________