

Name: _____

Rubella Reporting for Pregnant Cases: Was the case pregnant? Yes No Unknown If yes, # of weeks gestation at onset: _____
Prior evidence of serologic immunity: Yes No Unknown If yes, year of test: _____ or, age at test: _____
Previous rubella diagnosed by MD: Yes No Unknown If yes, age at time of disease: _____
Was rubella confirmed by serology?: Yes No Unknown Patient's due date: _____

Results called to local investigator: Yes No Unknown
Person Contacted: _____ Date Called: ____/____/____ Initials: _____

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

Measles

Probable Exposure (7 to 18 days prior to fever onset) **Period of Communicability** (2 days before fever onset to 4 days after rash onset)

Rubella

Probable Exposure **Period of Communicability**

SOURCE OF INFECTION: No exposure Identified Close contact with a known or suspected case: _____

Where did case acquire measles or rubella?: Day-care School College Work Home Dr. Office Hospital ER Hospital Inpatient Hospital Outpatient Military Jail Church International Travel Unknown Other: _____

Has any travel occurred within the exposure period? Yes No Unknown If yes, list location: _____

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

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: