Emerging and Acute Infectious Disease Unit (EAIDU)

TEXAS Health and Human Services | Texas Department of State Health Services

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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: _____ (last) _____ (first)
Address: _____
City: _____ County: _____ Zip: _____
Region: _____ Phone: ( ) _____
Parent/Guardian: _____
Physician: _____ Phone: ( ) _____
Address: _____
_____
☐ Check box if history of homelessness in last 6 months

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: ☐ USA ☐ Other: _____ ☐ Unknown
SEX: ☐ Male ☐ Female ☐ Unknown
RACE: ☐ White ☐ Black ☐ Asian ☐ Native Hawaiian or Other Pac. Islander ☐ Am. Indian or Alaska Native ☐ Unknown ☐ Other: _____
HISPANIC: ☐ Yes ☐ No ☐ Unknown
If female, is patient currently pregnant? ☐ Yes ☐ No ☐ Unknown
If yes, estimated date and location of delivery: ____/____/____
Obstetrician's name, address, and phone #: _____

HOSPITALIZATION:
Was the patient hospitalized for this illness? ■Yes / ☐No
Hospitalized at: _____
Admitted: ____/____/____ Discharged: ____/____/____
Duration of Stay: ____days Admitted to ICU? ■Yes / ☐ No

Did patient die from the illness?
☐ 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?: ☐ Face ☐ Trunk ☐ Extremities
Is rash generalized?: ☐ Yes ☐ No ☐ Unknown
☐ **Fever - Onset Date**: _____/_____/____ If recorded, highest measured temp: _____°F

Please fill out either the measles OR rubella section

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

MEASLES COMPLICATIONS:
Otitis? ☐ Yes ☐ No ☐ Unk **Encephalitis?** ☐ Yes ☐ No ☐ Unk
Diarrhea? ☐ Yes ☐ No ☐ Unk **Thrombocytopenia?** ☐ Yes ☐ No ☐ Unk
Pneumonia? ☐ Yes ☐ No ☐ Unk
Other? ☐ Yes ☐ No ☐ Unk **If yes, please specify:**_____

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

RUBELLA COMPLICATIONS:
Encephalitis? ☐ Yes ☐ No ☐ Unk
Arthralgia/Arthritis? ☐ Yes ☐ No ☐ Unk
Thrombocytopenia? ☐ Yes ☐ No ☐ Unk
Other? ☐ Yes ☐ No ☐ Unk **If yes, please specify:**_____

Patient History – Measles/Rubella Pt. Name:_________________________ NBS Pt. ID:______________

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:

VACCINATED: ☐Yes ☐No ☐Unknown

If yes, list dates ☐1 MMR: _____/_____/_____ ☐2 MMR: _____/_____/_____

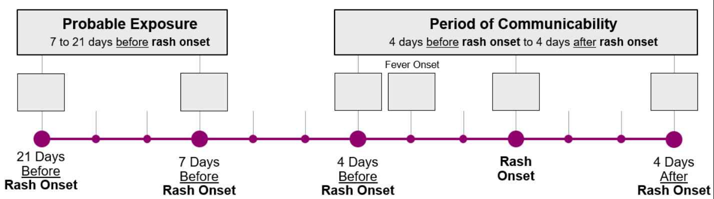
If no, indicate reason: ☐Religious Exemption ☐Medical Contraindication ☐Evidence of Immunity ☐Previous Disease - Lab Confirmed ☐ Previous Disease - MD Diagnosed ☐ Under Age ☐ Parental Refusal ☐ Unknown ☐ Other: ____________________________

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: _________________________

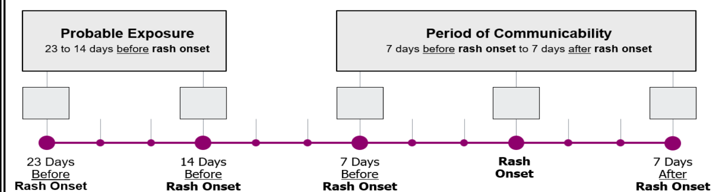
INFECTION TIMELINE:

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

Measles



Rubella



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
____________	______________	_____	☐ Yes-____________ ☐ No ☐ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
____________	______________	_____	☐ Yes-____________ ☐ No ☐ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
____________	______________	_____	☐ Yes-____________ ☐ No ☐ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
____________	______________	_____	☐ Yes-____________ ☐ No ☐ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
____________	______________	_____	☐ Yes-____________ ☐ No ☐ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown

POSSIBLE SPREAD CONTACTS:

Name	Relation to Case	Age	Measles/Rubella History	Vaccination History
_____________	_______________	_____	☐ Yes-_____________ ☐ No ☐ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
_____________	_______________	_____	☐ Yes-_____________ ☐ No ☐ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
_____________	_______________	_____	☐ Yes-_____________ ☐ No ☐ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
_____________	_______________	_____	☐ Yes-_____________ ☐ No ☐ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown
_____________	_______________	_____	☐ Yes-_____________ ☐ No ☐ Unknown	☐ 2 MMR ☐ 1 MMR ☐ None ☐ Unknown

PUBLIC HEALTH INVESTIGATION:

Investigator's Name: ____ Agency Name: ____

Phone :(   ) ____________________**Date Investigation Initiated**: _____/_____/_____ **Date Investigation Completed**: _____/_____/_____

COMMENTS:

Patient History – Measles/Rubella Pt. Name:_____ NBS Pt. ID:_____

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	**Period of Communicability:** Measles cases are infectious from 4 days prior to rash onset to 4 days after rash onset.			
		-4		
		-3		
		-2		
		-1		
Rash Onset		0		
Infectious period		1		
		2		
		3		
		4		

Patient History – Measles/Rubella Pt. Name:_____ NBS Pt. ID:_____

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		