

Measles

West Virginia Electronic Disease Surveillance System

Division of Surveillance and Disease Control

Infectious Disease Epidemiology Program

Phone: 304-558-5358 or 800-423-1271 in West Virginia

Fax: 304-558-8736

Investigation Information

* indicates required fields

Investigation Status*

Closed Open Regional Review State Review Superseded Unassigned

Case Status*

Confirmed Not a Case Probable Suspect Unknown

Patient Information

* indicates required fields

Last Name***First Name*****Middle Initial****Street Address****City****County****State**

West Virginia

Zip**Is the patient's residence a:**

Correctional Facility (Specify) _____ Long Term Care Facility (Specify) _____
 Shelter or Group Home (Specify) _____ None of the above

Home Phone

###-###-####

Ext.**Other Phone**

###-###-####

Ext.**Report Date**

mm/dd/yyyy

Parent / Guardian Information

Last Name**First Name****Middle Initial****Relationship to Patient**

Check if address is same as above; otherwise complete guardian contact information below

Guardian Street Address**City****County****State**

West Virginia

Zip**Home Phone**

###-###-####

Ext.**Other Phone**

###-###-####

Ext.

Patient Demographic Information

* indicates required fields

Sex

Male Female Transsexual Unknown Failure to report sex/missing sex Other (Specify) _____

Date of Birth*

mm/dd/yyyy

Age**Age Units**

Days Weeks Months Years

Patient Demographic Information cont.

Ethnicity

Hispanic or Latino Not Hispanic or Latino Unknown Failure to report ethnicity/missing ethnicity

Race

(Check all that apply)

American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander _____
 White Unknown
 Failure to report race/missing race Some Other Race _____

Outcome and Clinical Information

Clinical Data

Date of onset of symptoms

mm/dd/yyyy

Date of diagnosis

mm/dd/yyyy

Was patient hospitalized for this disease?

 Yes No Unknown

Name of Hospital

Date of Admission

mm/dd/yyyy

Number of days Hospitalized

Patient outcome from this disease:

 Died Survived Unknown

Date of Death

mm/dd/yyyy

Any Rash?

 Yes No Unknown

If Yes, Rash Onset Date

mm/dd/yyyy

If Yes, Rash Duration

If Yes, Rash Generalized?

 Yes No Unknown

Fever?

 Yes No Unknown

If Yes, Specify Highest Temperature if Recorded

Scale

 F C

Cough?

 Yes No Unknown

Coryza?

 Yes No Unknown

Conjunctivitis?

 Yes No Unknown

Complications

Otitis?

 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

Laboratory Information

Was Laboratory Testing For Measles Done?

 Yes No Unknown

IgM

Collection Date

mm/dd/yyyy

Result IgM

 Positive Negative Indeterminate Pending Not Done Unknown

IgG

Acute:

Convalescent:

Collection Date

mm/dd/yyyy

Collection Date

mm/dd/yyyy

Result IgG

 Significant Rise in IgG No Significant Rise in IgG Indeterminate Pending Not Done Unknown

Other Lab Test

Specify Other Lab Method

Other Lab Results

 Positive Negative Indeterminate Pending Not Done Unknown

Laboratory Information cont.

Laboratory Name	Phone ###-###-####	Ext.	Fax Number ###-###-####
Address			
State: West Virginia		Zip:	
Reporting Source			
Last Name		First Name	
Phone ###-###-####	Ext.	Fax ###-###-####	
Facility			
Address			
City	State West Virginia	Zip	
E-mail			
Provider with Further Patient Information			
Last Name		First Name	
Phone ###-###-####	Ext.	Fax ###-###-####	
Address			
City	State West Virginia	Zip	
Public Health Investigation			
Name of Person Interviewed	Relationship to Patient	Date reported to public health mm/dd/yyyy	
Investigator	Date public health investigation began mm/dd/yyyy	Health Department	Phone ###-###-####
Ext.			
Investigation ID	Part of an Outbreak? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Outbreak Name	Lost to follow-up? <input type="radio"/> Yes <input type="radio"/> No
Imported <input type="radio"/> Indigenous <input type="radio"/> International <input type="radio"/> Out Of State <input type="radio"/> Unknown		Is Case Traceable Within 2 Generations to an International Import? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	

Vaccine Information

Received measles containing vaccine <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Number of doses of measles containing vaccine received BEFORE 1st birthday
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If not vaccinated, what was the reason?

<input type="radio"/> Religious Exemption	<input type="radio"/> Medical Contraindication	<input type="radio"/> Philosophical Objection
<input type="radio"/> Lab Evidence of Previous Disease	<input type="radio"/> MD Diagnosis of Previous Disease	<input type="radio"/> Under Age For Vaccination
<input type="radio"/> Parental Refusal	<input type="radio"/> Unknown	<input type="radio"/> Other (Specify) _____

Number doses of measles containing vaccine received ON or AFTER 1st birthday

If vaccinated BEFORE 1st birthday, but no doses given ON or AFTER 1st birthday, what was the reason?

<input type="radio"/> Religious Exemption	<input type="radio"/> Medical Contraindication	<input type="radio"/> Philosophical Objection
<input type="radio"/> Lab Evidence of Previous Disease	<input type="radio"/> MD Diagnosis of Previous Disease	<input type="radio"/> Under Age For Vaccination
<input type="radio"/> Parental Refusal	<input type="radio"/> Unknown	<input type="radio"/> Other (Specify) _____

If received one dose after 1st birthday, but never received 2nd dose after 1st birthday, what was the reason?

<input type="radio"/> Religious Exemption	<input type="radio"/> Medical Contraindication	<input type="radio"/> Philosophical Objection
<input type="radio"/> Lab Evidence of Previous Disease	<input type="radio"/> MD Diagnosis of Previous Disease	<input type="radio"/> Under Age For Vaccination
<input type="radio"/> Parental Refusal	<input type="radio"/> Unknown	<input type="radio"/> Other (Specify) _____

Vaccination Date	Vaccine Type	Vaccine Manufacturer	Lot Number
mm/dd/yyyy	A=MMR B=Measles O=Other U=Unknown	M=Merck OTH=Other UNK=Unknown	

Epidemiologic Information

Transmission Setting?
(Where did this case acquire measles?)

<input type="radio"/> Correctional Facility	<input type="radio"/> Church	<input type="radio"/> Daycare	<input type="radio"/> School	<input type="radio"/> Doctor's Office
<input type="radio"/> Hospital Ward	<input type="radio"/> Hospital ER	<input type="radio"/> International Travel	<input type="radio"/> Hospital Outpatient Clinic	<input type="radio"/> Home
<input type="radio"/> Work	<input type="radio"/> College	<input type="radio"/> Other (Specify) _____	<input type="radio"/> Unknown	

Were Age and Setting Verified? (Is age appropriate for setting, i.e. aged 49 years and in day care, etc.) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Epi-Linked to Another Confirmed or Probable Case? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Source of Exposure For Current Case

Activity History For 18 Days Before Rash Onset and 7 Days After Rash Onset

Day	Activity
Day -18	
Day -17	
Day -16	
Day -15	
Day -14	
Day -13	
Day -12	
Day -11	
Day -10	
Day -9	
Day -8	
Day -7	
Day -6	
Day -5	
Day -4	
Day -3	
Day -2	
Day -1	
Day 0 (Rash Onset)	
Day 1	
Day 2	
Day 3	
Day 4	
Day 5	
Day 6	
Day 7	

Public Health Action Taken

Describe public health action taken