

**ANNEXURE 5: FEEDBACK REPORT ON INVESTIGATION AND RESPONSE TO A
LABORATORY CONFIRMED MEASLES CASE**

1.	Name and surname:	
2.	Date of Birth: Age (years/months):	
3.	Physical Address:	
4.	EPID Number: (Attach the CIF, RTHB)	
5.	Date of onset rash	
6.	Health Facility where diagnosis has been made:	
7.	Travel history: Indicate period and country/are travelled to Contact / link to a confirmed measles case/s:	
8.	Background & current condition: Symptoms currently experienced:	
9.	Clinical treatment: (e.g., was Vit A provided etc., admitted to hospital?)	
10.	Current condition: Complications: Further management: Outcome:	
11.	Lifestyle and home:	
12.	Prevention & Health education:	

13.	<p><u>Detailed description of contacts (if a few) in terms of:</u></p> <ol style="list-style-type: none"> 1. Age 2. Vaccination history 3. Location of contact (e.g. crèche, home, hospital etc.) 4. Timing of contact relative to patient's rash onset. (e.g., Contact X was at school with patient Y on the day before rash onset etc.) 	
13.1.	<p>If many contacts e.g., school, please provide high level details of the contacts (in terms of question 13 above)</p>	<p><u>Summary</u></p>
14.	<p><u>Follow-up of contacts:</u></p> <p>Summary of provision of booster measles vaccination to:</p> <ul style="list-style-type: none"> • Household contacts • Hospital staff (if applicable) • Educational institution e.g., creche, school, university, hostel <p>Identification of additional suspected measles cases and follow-up</p>	:

14.	<p>Date and summary of findings at home/institution visit:</p>	
15.	<p>Name of reporter:</p> <p>Designation (e.g., Child Health Coordinator):</p> <p>Name or district/sub-district/substructure/health facility:</p> <p>Contact details (tel., cell, email):</p> <p>Date of report/feedback:</p>	
<p>Compiled by Provincial Communicable Disease Control, Service Priorities Coordination, ECSS; June 2022 Kindly send the completed document, with a copy of the Measles Case Investigation Form completed at the health facility, and a copy of the Road to Health Booklet of the case to the CDC-EPI office: Tel: 021-483-9964/3156/9917 or 021-830-3727 or 086-611-1092 / 021-483-2682 (fax), Email: Babongile.ndlovu@westerncape.gov.za / babongilen@nicd.ac.za, francois.booyesen@westerncape.gov.za, felencia.daniels@westerncape.gov.za , charlene.lawrence@westerncape.gov.za, Sonia.botha@westerncape.gov.za, Washiefisa.isaacs@westerncape.gov.za and any of the district/sub-district focal EPI officials.</p>		