

MEASLES CASE INVESTIGATION FORM (JULY 2017)

EPID NUMBER: SOA - _____ - _____ - _____ - _____
(Will be assigned at Provincial Office)

Country Prov Code District Code Year Onset Case number

Name of person completing form: _____ Signature: _____
 Sources of Data: Caregiver Clinician Medical records No data obtained
 Name of Health Facility attended: _____ Name of attending clinician: _____
 Health Facility street address: _____
 _____ Contact number: _____

PATIENT DETAILS

Full name: _____ Gender: M F Unknown
 Date of birth: ____/____/____ If DOB unknown Age: ____ Unit: Days Wks Months Yrs ; DOB and Age Unk
 Street address: _____
 Health District _____ Town/ City: _____ Province: _____ Contact Number(s): _____

CURRENT PRESENTATION

Presenting symptoms/signs (Tick all applicable Boxes): Rash Fever Conjunctivitis Cough
 Coryza/Rhinitis/runny nose Other (Specify) _____
 Date of onset of rash: ____/____/____ Date of Presentation at the health facility: ____/____/____
 Clinical Management: Vitamin A given: Y N Number of doses
 Specimens Collected (Tick where applicable): Blood/Serum Nasopharyngeal/Saliva
 Dried Blood Spot Date of specimen collection: ____/____/____

MEDICAL AND CONTACT HISTORY

History of contact with a suspected measles case in the past 7 to 28 days: Y N Unknown
 History of contact with a laboratory confirmed measles case in the past 7 to 28 days: Y N Unknown
 History of travel in the past 7 to 28 days: Y N ; if yes, name of place or country travelled to _____
 History of previous visit or admission to a healthcare facility in the past 7 to 28 days: Y N Unknown ;
 If yes, Name of the Facility: _____ Diagnosis at the Facility: _____
 Vaccination Information obtained from: Road to health card Self reported Not obtained
 Measles vaccination received: If yes, number of doses: 1 2 >2
 Y N Unknown Date of last measles vaccination: ____/____/____

RESPONSE TO CASE : Case Notified: Y N Unknown Date of Notification ____/____/____

Contacts follow-up	Number			Action Taken
	< 5 yrs	5-14 yrs	>=15 yrs	
Household				
School/Crèche				
Other (Specify) _____				
Active Case Finding: Y <input type="checkbox"/> N <input type="checkbox"/>		Number of suspected measles cases found: None <input type="checkbox"/> or specify number _____		

30 DAY FOLLOW-UP OF ALL IgM POSITIVE CASES

Complications (Tick where applicable): None Pneumonia Otitis Media Diarrhoea Febrile seizures
 Laryngotracheobronchitis (Croup) Corneal Ulceration Blindness Encephalitis
 Final outcome (Tick where applicable): Patient admitted to Hospital: Y N Patient Died: Y N

NB: Complete a separate case investigation form for each suspected measles case identified

MEASLES CASES TO BE NOTIFIED TO THE PROVINCIAL CONTACT PERSON: Name & Phone: Ms C. Lawrence, 021-483-9917/3156/9964/4769 or 021-830-3727, 072-356-5146, 023-348-8136 (Cape Winelands), 023-414-8200 (Central Karoo), 044-803-2779 (Eden/Garden Route), 028-214-5849, 028-214-5852 (Overberg), 022-487-9354 (West Coast)

IMMEDIATELY SEND A COPY OF THIS COMPLETED FORM TO THE EPI DISTRICT & PROVINCIAL MANAGERS OR COORDINATORS

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT: EXPANDED Programme on Immunisation National Office: 012 395 9458/ 012 395 9051/012 395 9453