Maryland
DEPARTMENT OF HEALTH

Infectious Disease Epidemiology and Outbreak Response Bureau
Maryland Department of Health
201 W Preston St, 3rd Floor
Baltimore, Maryland 21201
Phone: (410) 767-6700 Fax: (410) 333-5893

Measles/Rubella Case Report Form

Suspected Diagnosis: ☐ Measles ☐ Rubella

FINAL STATUS:
☐ CONFIRMED
☐ PROBABLE
☐ RULED OUT /NOT A CASE

NEDSS PATIENT ID#: _____

NEDSS INVESTIGATION ID#: _____

Patient's Name: _____ (last) _____ (first)
Address: _____
City: _____ County: _____ Zip: _____
Phone: _____
Parent/Guardian: _____
Physician: _____ Phone: _____
Physician Address: _____
_____

Reported by: _____
Phone: _____
Date reported: ____/____/____
LHD Investigator: _____
LHD: _____
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

SEVERITY:

Was the patient hospitalized for this illness? ☐Yes / ☐No
Hospital: _____
Admitted: ____/____/____ Discharged: ____/____/____

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**: _____/_____/_____
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 CLINICAL DATA:
Arthralgia/Arthritis? ☐Yes ☐No ☐Unk
Lymphadenopathy? ☐Yes ☐No ☐Unk
Conjunctivitis? ☐Yes ☐No ☐Unk

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

Pt. Name:______________________ NEDSS Pt. ID:____________

LABORATORY DATA: Was laboratory testing done? ☐Yes ☐No ☐Unknown

LABORATORY: ☐ MDPHL ☐Other: _________________________________ Phone: ____________________

Ordering Provider:____________________

☐ PCR: Specimen:____________ Date specimen collected: _____/_____/_____ Result: ________ Lab Report Date:_____/_____/_____

☐ Culture: Specimen:____________ Date specimen collected: _____/_____/_____ Result: ________ Lab Report Date:_____/_____/_____

☐ IgM: Date specimen collected: _____/_____/_____ Result: ________ Lab Report Date:_____/_____/_____

☐ IgG: Date of acute specimen: _____/_____/_____ Result: ________ Lab Report Date:_____/_____/_____

Date of convalescent specimen: _____/_____/_____ Result: ________ Lab Report Date:_____/_____/_____

VACCINATION HISTORY:

VACCINATED: ☐Yes ☐No ☐Unknown

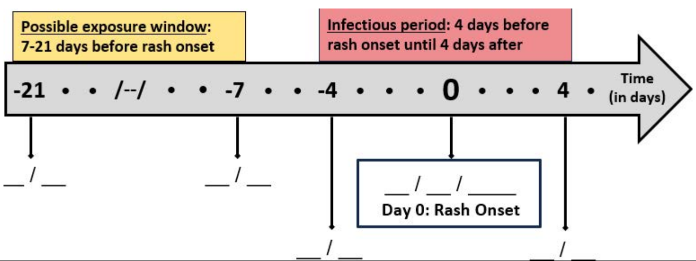
If yes, list dates ☐1 MMR: _____/_____/_____ ☐2 MMR: _____/_____/_____

If yes, list documentation provided (check all that apply): ☐ Medical record ☐ImmuNet (ID:______________) ☐Other: _______________

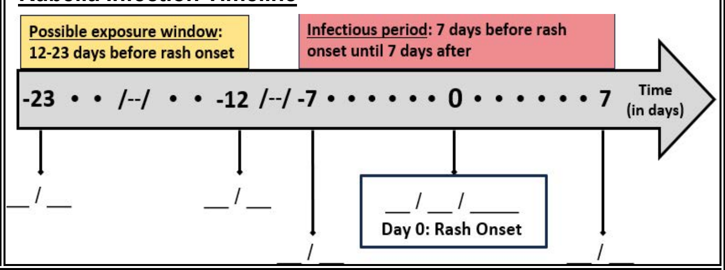
INFECTION TIMELINE:

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

Measles Infection Timeline



Rubella Infection Timeline



SOURCE OF INFECTION: ☐ No exposure identified ☐ Contact with a known or suspected case: NEDSS Pt ID:__________________

Where did this case acquire measles or rubella (if known)? ____

Has any travel occurred within the exposure period? ☐Yes ☐No ☐Unknown

If yes, list destination(s): ____ Travel Dates: ___ / ___ / ____ - ___ / ___ / ______

Length of time in the U.S. since last international travel:______

Is case part of an outbreak? ☐Yes ☐No ☐Unknown If yes, list outbreak number:____________________________________

Comments:____

____

HOUSEHOLD CONTACTS:

Name	Relation to Case	Age	Symptoms Present?		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

Investigations should be completed on all contacts. Investigators can submit information about contacts in the form of a spreadsheet attachment rather than completing the above table and/or pages 4 or 5 of this document.

Pt. Name:_______________________ NEDSS Pt. ID:_____________

OTHER CONTACTS:

Name	Relation to Case	Age	Symptoms Present?			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

Investigations should be completed on all contacts. Investigators can submit information about contacts in the form of a spreadsheet attachment rather than completing the above table and/or page 4 or 5 of this document.

COMMENTS:

OPTIONAL

Pt. Name:_____ NEDSS Pt. ID:_____

Measles Case Infection Timeline:

The exposure 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
Exposure period		-21		
		-20		
		-19		
		-18		
		-17		
		-16		
		-15		
		-14		
		-13		
		-12		
		-11		
		-10		
		-9		
		-8		
		-7		
Infectious period		-5		
		-4		
		-3		
		-2		
		-1		
Rash Onset		0		
Infectious period		1		
		2		
		3		
		4		

OPTIONAL

Pt. Name:_____ NEDSS Pt. ID:_____

Rubella Case Infection Timeline:

The exposure 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
Exposure 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		