

Questionnaire for Suspect Measles Cases
(See Measles Investigation Summary for details)

Case Information:

Name: _____ Occupation: _____
 DOB / Age: _____
 Address/Phone Number: _____

Clinical Information:

1) Did a physician diagnosis of this patient with measles? Yes _____ No _____

If yes, date of diagnosis: _____

2) What other diagnosis are being considered? _____

3) What are the suspect case's symptoms? *(Fill out table below)*

Rash	No	Yes	<p>If yes, when did the rash start? _____</p> <p>Describe the rash (check all that apply):</p> <p><input type="checkbox"/> Raised bumps</p> <p><input type="checkbox"/> Flat</p> <p><input type="checkbox"/> Fluid-filled/vesicular</p> <p><input type="checkbox"/> Discrete dots</p> <p><input type="checkbox"/> Coalescing dots</p> <p><input type="checkbox"/> Itchy</p> <p><input type="checkbox"/> Other</p> <p>Where on the body did it start? _____</p> <p>Where and how did the rash progress? _____</p> <p>How many days did the rash last? _____</p>
Fever	No	Yes	<p>If yes, fever onset date? _____</p> <p>Maximum temperature _____</p> <p>How many days did it last? _____</p>
Cough	No	Yes	Onset date: _____
Runny nose	No	Yes	Onset date: _____
Red or itchy eyes or drainage from the eyes	No	Yes	Onset date: _____
Pneumonia	No	Yes	Onset date: _____
Other Symptoms	No	Yes	List: _____

- 4) Was this suspect case vaccinated with MMR in the last 90 days? Yes _____ No _____
- 5) Did suspect case take antibiotics in the last 2 weeks? Yes _____ No _____
If yes, type of antibiotics and date first taken _____
- 6) Any other new medication in last 2 weeks? Yes _____ No _____
If yes, type of medication and date first taken _____
- 7) Any known drug allergies? Yes _____ No _____
If yes, provide details _____

Immunity Status Information

- 1) Was this person born in the United States? Yes _____ No _____
If no, birth country _____
- 2) Does this patient have a history of measles disease?
Yes _____ No _____ Not Sure _____
- 3) Was the patient ever diagnosed with measles by a healthcare provider in his/her lifetime?
Yes _____ No _____ Not Sure _____
- 4) Was the patient ever tested for measles immunity? (*positive IgG/immunity screen, measles, mumps, rubella for a pre-natal screen or for admission into school*)
Yes _____ No _____ Not Sure _____
(*If yes, have immunity results faxed*)
- 5) Was this patient vaccinated for measles (MMR, MMRV) previously?
Yes _____ No _____ Not Sure _____

If yes, complete table below and obtain a printed copied of vaccination record:

<input type="checkbox"/> Dose 1	Date: _____	<input type="checkbox"/> Date unknown
<input type="checkbox"/> Dose 2	Date: _____	<input type="checkbox"/> Date unknown
<input type="checkbox"/> Dose 3	Date: _____	<input type="checkbox"/> Date unknown

Note: Measles vaccine doses given prior to 1968 may not be effective.

If unknown vaccination history, can patient provide documentation of vaccination status or immunity later?
Yes _____ No _____ Not Sure _____

Exposure History

- 1) Has this person traveled outside of the US (within the last 21 days)?
Yes _____ No _____
- 2) Has this person traveled outside of Colorado (within the last 21 days)?
Yes _____ No _____
- 3) Has this person traveled through an airport or any place where large groups of people from various areas may be within the last 21 days?
Yes _____ No _____

4) Has this person had visitors from foreign countries within the last 21 days?

Yes _____ No _____

5) Does this person know anyone with similar symptoms?

Yes _____ No _____

If yes to any of the above, provide details:

Laboratory Information

1) Were specimens collected for testing? Yes _____ No _____

If **yes**, complete table below:

	Specimen Type	Test Ordered	Date Collected	Time Collected	Lab where specimen is being sent
Specimen 1	<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Throat swab <input type="checkbox"/> NP aspirate <input type="checkbox"/> Other _____	<input type="checkbox"/> IgM <input type="checkbox"/> IgG <input type="checkbox"/> PCR <input type="checkbox"/> Culture <input type="checkbox"/> Other _____			
Specimen 2	<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Throat swab <input type="checkbox"/> NP aspirate <input type="checkbox"/> Other _____	<input type="checkbox"/> IgM <input type="checkbox"/> IgG <input type="checkbox"/> PCR <input type="checkbox"/> Culture <input type="checkbox"/> Other _____			
Specimen 3	<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Throat swab <input type="checkbox"/> NP aspirate <input type="checkbox"/> Other _____	<input type="checkbox"/> IgM <input type="checkbox"/> IgG <input type="checkbox"/> PCR <input type="checkbox"/> Culture <input type="checkbox"/> Other _____			
Specimen 4	<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Throat swab <input type="checkbox"/> NP aspirate <input type="checkbox"/> Other _____	<input type="checkbox"/> IgM <input type="checkbox"/> IgG <input type="checkbox"/> PCR <input type="checkbox"/> Culture <input type="checkbox"/> Other _____			
Specimen 5	<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Throat swab <input type="checkbox"/> NP aspirate <input type="checkbox"/> Other _____	<input type="checkbox"/> IgM <input type="checkbox"/> IgG <input type="checkbox"/> PCR <input type="checkbox"/> Culture <input type="checkbox"/> Other _____			

If **no**, arrange and obtain appropriate diagnostic specimens:

- Serum in a serum separator tube for measles IgM and IgG testing. Specimen should be collected within 3-28 days after rash onset if possible. If serum collected prior to 72 hours days after rash onset, a second serum sample for IgM may need to be obtained.
- NP swab or aspirate/ throat swab for PCR
- Urine sample for PCR
- Call State/Regional Epi to coordinate lab testing
- See measles specimen collection instructions: <http://www.cdc.gov/measles/lab-tools/rt-pcr.html#shipping>

STOP: Consult with CDPHE on likelihood of confirmed case before proceeding with a contact investigation.

Contact Information

- 1) Who is in the patient's household? (Be sure to identify contacts with a high risk occupation such as healthcare and childcare workers.)

Name	DOB/Age	Occupation	Immunity Status

- 2) Did the patient visit a healthcare facility while infectious?

Yes _____ No _____

If yes, day and time _____

Name of facility, physician name, location, and phone number: _____

Length of time in facility/waiting room _____

- 3) Does this person have any close contacts who are infants < 12 months, pregnant women, or immunocompromised persons/taking immunosuppressive medications?

Yes _____ No _____

If yes, provide details (Name/contact information):

- 4) If measles is suspected, identify all contacts (4 days prior and 4 days after rash onset) that had direct exposure to the case (were in the same room, home, school, work, airplane, etc.) or were in these areas up to 2 hours after the case was present.

For additional guidance such as a Measles Investigation Summary, Measles Management Timeline, and Communicable Disease Manual Measles Chapter, see <http://www.colorado.gov/cs/Satellite/CDPHE-DCEED/CBON/1251611026109>