**Measles**

**Clinical Findings**
- **Sore throat**: Onset date: ___/___/___
- **Diarrhea**: Onset date: ___/___/___
- **Seizures new with disease**: Onset: ___/___/___
- **Rash observed by health care provider**: Onset date: ___/___/___

**Signs and Symptoms**
- **Fever**: Highest measured temp: __________ °F
  - Type: [ ] Oral  [ ] Rectal  [ ] Other: __________  [ ] Unk
  - Onset date: ___/___/___  Duration: ___ days
- **Runny nose (coryza)**: Onset date: ___/___/___
- **Cough**: Onset date: ___/___/___
- **Rash**: Onset date: ___/___/___  Duration: ___ days
  - Flat spots  [ ] Raised spots  [ ] Both
  - Blister/Pustules  [ ] Blotchy  [ ] Color: __________
  - Where did it first appear?
  - Rash progression: __________
  - Where was it most intense?
  - Does the rash itch? [ ] Yes  [ ] No
- **Other**: [ ] Sore throat  [ ] Seizures new with disease
- **Duration**: ___ days

**Vaccination**
- **Number of doses before the 1st birthday**: _______
  - Dose 1: Type: __________   Date received: ___/___/___
  - Dose 2: Type: __________   Date received: ___/___/___
  - Dose 3: Type: __________   Date received: ___/___/___

**Other**: [ ] Ever received measles containing vaccine
- [ ] Died from illness
- [ ] Hospitalized at least overnight for this illness
- [ ] Vaccine up to date for measles

**Diagnosis**
- [ ] Conjunctivitis
- [ ] Koplik spots
- [ ] Rash observed by health care provider

**Laboratory**
- [ ] Measles virus culture (from blood or nasopharyngeal mucosal swab before day 4 of rash, or urine specimen before day 8 of rash)
- [ ] Measles IgG with significant rise (acute and convalescent serum pair)
- [ ] Measles IgM (serum ≥ 4 days after rash onset)
- [ ] Measles virus nucleic acid detection (PCR)

**Outbreak-related**
- [ ] DOH Outbreak #________

**Case defining variables are in bold. Answers are: Yes, No, Unknown to case, Not asked /Not answered**
**INFECTION TIMELINE**

<table>
<thead>
<tr>
<th>Exposion period</th>
<th>PRODROME</th>
<th>RASH</th>
<th>Contagious period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days from fever onset:</td>
<td>-21</td>
<td>-7</td>
<td>4-5 days prior to rash onset to 4 days after rash onset</td>
</tr>
</tbody>
</table>

**CASE NAME:** _________________________  

**Measles:** case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered

### EXPOSURE (Refer to dates above)

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>DK</th>
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</table>
| ☐ | ☐ | ☐ | ☐ | Travel out of the state, out of the country, or outside of usual routine  
Out of: | ☐ | ☐ | ☐ | County | ☐ | ☐ | ☐ | State | ☐ | ☐ | ☐ | Country  
Destinations/Dates: ______________________  
______________________________________
| ☐ | ☐ | ☐ | ☐ | Contact with recent foreign arrival  
Specify country: _________________________
| ☐ | ☐ | ☐ | ☐ | Foreign arrival (e.g. immigrant, refugee, adoptee, visitor)  
Specify country: _________________________  
| ☐ | ☐ | ☐ | ☐ | Traceable within 2 generations to internat'l import  
Facility name: ____________________  
Number of visits: _______ Date(s): ___/___/___  
| ☐ | ☐ | ☐ | ☐ | Does the case know anyone else with similar symptoms or illness  
| ☐ | ☐ | ☐ | ☐ | Epidemiologic link to a confirmed or probable case

**Where did exposure probably occur?**

- ☐ In WA (County: __________________)  
- ☐ US but not WA  
- ☐ Not in US  
- ☐ Unk

**Exposure details:**

- ☐ No risk factors or exposures could be identified  
- ☐ Patient could not be interviewed

### PUBLIC HEALTH ISSUES

<table>
<thead>
<tr>
<th>Y</th>
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</tbody>
</table>
| ☐ | ☐ | ☐ | ☐ | Work/volunteer in health care setting while contagious: Facility name: ______________  
Number of visits: _______ Date(s): ___/___/___  
| ☐ | ☐ | ☐ | ☐ | Visited health care setting while contagious: Facility name: ______________  
Number of visits: _______ Date(s): ___/___/___  
| ☐ | ☐ | ☐ | ☐ | Documented transmission from this case  
| ☐ | ☐ | ☐ | ☐ | Child care | ☐ | ☐ | ☐ | School | ☐ | ☐ | ☐ | Doctor’s office |
| ☐ | ☐ | ☐ | ☐ | Hospital ward | ☐ | ☐ | ☐ | Hospital ER |
| ☐ | ☐ | ☐ | ☐ | Hospital outpatient clinic | ☐ | ☐ | ☐ | Home |
| ☐ | ☐ | ☐ | ☐ | College | ☐ | ☐ | ☐ | Work |
| ☐ | ☐ | ☐ | ☐ | Military |
| ☐ | ☐ | ☐ | ☐ | Correction facility | ☐ | ☐ | ☐ | Church |
| ☐ | ☐ | ☐ | ☐ | International travel |
| ☐ | ☐ | ☐ | ☐ | Other: __________ Unk

### PUBLIC HEALTH ACTIONS

| ☐ | ☐ | ☐ | ☐ | Isolate and exclude case from work, school and all public settings  
| ☐ | ☐ | ☐ | ☐ | Evaluate immune status of close contacts,  
Date initiated: ___/___/___
| ☐ | ☐ | ☐ | ☐ | Prophylaxis of appropriate contacts recommended  
Number of contacts recommended prophylaxis: ______
| ☐ | ☐ | ☐ | ☐ | Number of contacts receiving prophylaxis: ______  
Number of contacts completing prophylaxis: ______  
| ☐ | ☐ | ☐ | ☐ | Exclude exposed susceptibles from work/school for incubation period  
| ☐ | ☐ | ☐ | ☐ | Recommend respiratory isolation if in a health care setting

### NOTES

**Investigator** ________________________  
**Phone/email:** ________________________  
**Investigation complete date** ___/___/___

**Local health jurisdiction** ________________________  
**Record complete date** ___/___/___

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