Mail to: California Department of Public Health
Immunization Branch
850 Marina Bay Parkway
Building P, 2nd Floor, MS 7313
Richmond, CA 94804-6403
Or Fax to: (510) 620-3949

MEASLES (RUBEOLA) CASE REPORT

PATIENT DEMOGRAPHICS

Patient name—last / first / middle initial	Date of birth	Age (enter age and check one)	Gender
	____ /____/____	____ ☐ Days ☐ Weeks ☐ Months ☐ Years	☐ Male ☐ Female

Address—number, street	City	State	ZIP code	County

Telephone number	Email:
Home ( ) Work ( )	

ETHNICITY *(check one)*
☐Hispanic/Latino
☐Non-Hispanic/ Non-Latino
☐Unknown

RACE *(check all that apply)*
☐Black/African-American
☐Native American/Alaskan Native
☐White
☐Unknown
☐Other: ________________

☐Asian*: Please specify:*
☐Asian Indian ☐Hmong ☐Thai
☐Cambodian ☐Japanese ☐Vietnamese
☐Chinese ☐Korean ☐Other Asian:
☐Filipino ☐Laotian ________________

☐Pacific Islander: *Please specify:*
☐Native Hawaiian
☐Guamanian
☐Samoan
☐Other Pacific Islander:
____

Country of birth	Country of residence

COMMON LHD TRACKING DATA

CMRID Number		IZB Case ID Number	WebCMR ID Number
Date reported to county ____ /____ /______	Date investigation started ____ /____ /______	Person/clinician reporting case	Reporter telephone ( )
Case investigator completing form		Investigator telephone ( )	Investigator's jurisdiction

SIGNS AND SYMPTOMS

Rash	Rash onset date	Rash duration	Generalized rash	Origin on body	Direction of spread
☐ Yes ☐ No ☐ Unknown	____ /____ /______	________ days	☐ Yes ☐ No ☐ Unknown		

Fever	Fever onset date	Was temperature taken	Was temperature >101F (38.3C)	If temperature not taken, skin was
☐ Yes ☐ No ☐ Unknown	____ /____ /______	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Hot ☐ Warm ☐ Normal ☐ Unknown

Cough	Runny nose (coryza)	Conjunctivitis	Koplik's spots
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

Other symptoms	Describe other symptoms	Diagnosis date
☐ Yes ☐ No ☐ Unknown		____ /____ /______

Does case meet clinical criteria for further investigation?	**CASE MEETS CDC/CSTE CLINICAL CRITERIA? *(FOR STATE USE ONLY)***
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

COMPLICATIONS AND OTHER SYMPTOMS

Hospitalized	Days hospitalized	Pneumonia	Encephalitis	Death	If yes, date of death
☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	____/____/_____

Other complications	If yes, describe other complications
☐ Yes ☐ No ☐ Unknown	

LABORATORY TESTS

Lab tests done for measles	**CASE LAB CONFIRMED *(FOR LHD USE)***	**CASE LAB CONFIRMED *(FOR STATE USE ONLY)***
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

Serology performed ☐ Yes ☐ No ☐ Unknown	Specimen date	Result interpretation
IgM	____ /____ /_______	☐ P ☐ N ☐ I ☐ E ☐ X ☐ U
IgG (acute)	____ /____ /_______	☐ P ☐ N ☐ I ☐ E ☐ X ☐ U
IgG (convalescent)	____ /____ /_______	☐ P ☐ N ☐ I ☐ E ☐ X ☐ U

LAB RESULT CODES
P = Positive
N = Negative – Antibody not detected
I = Indeterminate
E = Pending
X = Not Done
U = Unknown

Specimen obtained for virus isolation	Specimen source	Specimen date	Virus isolated	Name of lab:
☐ Yes ☐ No ☐ Unknown	☐Nasopharyngeal ☐Urine ☐Other ☐Unknown	____/____/______	☐ Yes ☐ No ☐ Unknown	

Specimen sent to CDC for genotyping	Date sent	Virus genotype
☐ Yes ☐ No ☐ Unknown	____ /____ /_______	

Other lab tests performed	Other lab test specimen date	Specify other lab tests	Other lab test results
☐ Yes ☐ No ☐ Unknown	____ /____ /_______		

VACCINATION/MEDICAL HISTORY

Received one or more doses of measles containing vaccine (MCV)
☐ Yes ☐ No ☐ Unknown

Number of doses

Dates of vaccination–Dose 1	Dose 2	Dose 3
___ /___ /______	___ /___ /______	___ /___ /______

Reason not vaccinated (check all that apply)

1 ☐ Personal Beliefs Exemption (PBE)
2 ☐ Permanent Medical Exemption (PME)
3 ☐ Temporary Medical Exemption
4 ☐ Lab confirmation of previous disease
5 ☐ MD diagnosis of previous disease
6 ☐ Under age for vaccination
7 ☐ Delay in starting series or between doses
8 ☐ Other
9 ☐ Unknown

Prior MD diagnosed measles (see reason 5)	Pregnant	Immunocompromised
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

EPIDEMIOLOGICAL EXPOSURE HISTORY

Spread Setting (check all that apply)

1 ☐ Day care
2 ☐ School
3 ☐ Doctor's office
4 ☐ Hospital Ward
5 ☐ Hospital ER
6 ☐ Outpatient hospital clinic
7 ☐ Home
8 ☐ Work
9 ☐ Unknown
10 ☐ College
11 ☐ Military
12 ☐ Correctional facility
13 ☐ Church
14 ☐ International travel
15 ☐ Other

Recent travel or arrival from other country or state within 18 days of rash onset? ☐ Yes ☐ No ☐ Unknown

Countries or states visited	Dates in countries or states visited	Date of arrival in California
		___ /___ /______

Close contact with person(s) with rash 8-17 days before rash onset? ☐ Yes ☐ No ☐ Unknown

	Name	Rash onset date	Relationship	Age (Years)	Same household
1		___ /___/______			☐ Yes ☐ No ☐ Unknown
2		___ /___/______			☐ Yes ☐ No ☐ Unknown
3		___ /___/______			☐ Yes ☐ No ☐ Unknown

Please list other contacts on a separate sheet or use the contact tracing work sheet.

Epi-linked to a lab-confirmed case?	Case name or case ID	Outbreak related	Outbreak location
☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown	

Import status	If case is indigenous, is case	If case is imported, describe source
☐ Indigenous ☐ Out-of-state import ☐ International Import	☐ Import-linked (linked to imported case) ☐ Endemic ☐ Unknown Source ☐ Imported virus (viral genetic evidence indicates an imported genotype)	

CONTACT INVESTIGATION

Spread Setting (check all that apply)

1 ☐ Day care
2 ☐ School
3 ☐ Doctor's office
4 ☐ Hospital Ward
5 ☐ Hospital ER
6 ☐ Outpatient hospital clinic
7 ☐ Home
8 ☐ Work
9 ☐ Unknown
10 ☐ College
11 ☐ Military
12 ☐ Correctional facility
13 ☐ Church
14 ☐ International travel
15 ☐ Other

Number of susceptible contacts	Close contacts who have rash 8-17 days after exposure to case (list below)
	☐ Yes ☐ No ☐ Unknown

	Name	Rash onset date	Relationship	Age (Years)	Same household
1		___ /___/______			☐ Yes ☐ No ☐ Unknown
2		___ /___/______			☐ Yes ☐ No ☐ Unknown
3		___ /___/______			☐ Yes ☐ No ☐ Unknown

Please list other contacts on a separate sheet or use the contact tracing work sheet.

CASE CLASSIFICATION *(FOR LHD USE)*	CASE CLASSIFICATION *(FOR STATE USE ONLY)*
☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown	☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown

MEASLES CASE DEFINITION

Clinical case definition: An illness characterized by all the following: (1) a generalized rash lasting greater than or equal to 3 days, (2) a temperature greater than or equal to 101.0°F (greater than or equal to 38.3°C), and (3) cough, coryza, or conjunctivitis.

Laboratory criteria for diagnosis: Positive serologic test for measles immunoglobulin M antibody; significant rise in measles antibody level by any standard serologic assay; or isolation of measles virus from a clinical specimen.

Case classification
Suspected: any febrile illness accompanied by rash.
Probable: a case that meets the clinical case definition, has noncontributory or no serologic or virologic testing, and is not epidemiologically linked to a confirmed case.
Confirmed: a case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a confirmed case (a laboratory-confirmed case does not need to meet the clinical case definition).