Department of Health Services
DCDC Immunization Branch
Building P, 2nd Floor
850 Marina Bay Parkway
Richmond, CA 94804-6403

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

ETHNICITY (check one) ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

RACE (check all that apply)

☐ Unknown
☐ African-American or Black
☐ American Indian or Alaska Native
☐ White
☐ Other: _____

☐ Asian
☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Filipino
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ Thai
☐ Vietnamese
☐ Other Asian: _____

☐ Native Hawaiian or Other Pacific Islander
☐ Native Hawaiian
☐ Guamanian
☐ Samoan
☐ Other Pacific Islander: _____

Occupation (check all that apply)

☐ Food service ☐ Health care ☐ Day care ☐ School ☐ Correctional facility ☐ Other: _____

Country of birth	Country of residence

COMMON LHD TRACKING DATA

CMRID number	IZB Case ID number	Web CMR ID number

Date reported to county	Date investigation started	Person/clinician reporting case	Reporter telephone
____/____/_____	____/____/_____		( )

Case investigator completing form	Investigator telephone	Investigator's LHD or 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 ≥ 101°F (38.3°C)?	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	Date of diagnosis
☐ 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	Other complications
☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

Death	Date of death (mm/dd/yy)	Describe other complications
☐ Yes ☐ No ☐ Unknown	____/____/_____	

LABORATORY TESTS

Any 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	Specimen Date	Titer Result	Test Reference Index	Result Interpretation
☐ Yes ☐ No ☐ Unknown				
IgM	____/____/_____			☐ P ☐ N ☐ I ☐ E ☐ X ☐ U
IgG (acute)	____/____/_____			
IgG (convalescent)	____/____/_____			☐ P ☐ N ☐ I ☐ E ☐ X ☐ U ☐ Z

LAB RESULT CODES
P = Positive—Evidence of recent or current infection
N = Negative—Antibody not detected
I = Indeterminate
E = Pending
X = Not done
U = Unknown
Z = Infection at undetermined time or immunization

Specimen taken 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 completed	Specify 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

Vaccination dates—Dose 1 ____/____/_____

Dose 2 ____/____/_____

Dose 3 ____/____/_____

Reason not vaccinated (check only one)

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)
☐ Yes ☐ No ☐ Unknown

Pregnant
☐ Yes ☐ No ☐ Unknown

Immunocompromised
☐ Yes ☐ No ☐ Unknown

EXPOSURE/TRAVEL HISTORY

Acquisition 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 confirmed case
☐ Yes ☐ No ☐ Unknown

Case name or Case ID

Outbreak related
☐ Yes ☐ No ☐ Unknown

Outbreak name or location

Import status ***(FOR LHD USE)***
☐ Indigenous ☐ Out-of-state import ☐ International import

Linked to imported case ***(FOR LHD USE)***
☐ Yes ☐ No ☐ Unknown

Import status ***(FOR STATE USE ONLY)***
☐ Indigenous ☐ Out-of-state import ☐ International import

Linked to imported case ***(FOR STATE USE ONLY)***
☐ Yes ☐ No ☐ Unknown

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
☐ Yes ☐ No ☐ Unknown

	Name of Case Contact	Rash Onset Date	Relationship	Age (Years)
1		____/____/_____		
2		____/____/_____		
3		____/____/_____		

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

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

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

MEASLES CASE CLASSIFICATION

Clinical Case Definition: An illness characterized by all the following: a generalized rash lasting greater than or equal to 3 days; a temperature greater than or equal to 101.0 °F (greater than or equal to 38.3 °C); cough, coryza, or conjunctivitis
Laboratory criteria for diagnosis – positive serologic test for measles immunoglobulin M antibody, or 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.