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A description of the clinical profile and case management of paediatric patients admitted with measles to the Charlotte Maxeke Johannesburg Academic Hospital

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MEASLES CASE INVESTIGATION FORM

EPID NUMBER:_____

Name of person completing form:_____Signature:_____

Sources of Data: Caregiver ☐ Clinician ☐ Medical records ☐ No data obtained ☐

Name of Health Facility attended:_____ Name of attending clinician:_____

Health Facility street address:_____

_____Contact number:_____

PATIENT DETAILS

Full name: _____Gender: M ☐ F ☐ Unknown ☐

Date of birth: ____/____/____ If DOB unknown Age: ___ Unit: Days ☐ Wks ☐ Months ☐ Yrs☐; DOB and Age Unk ☐

Street address:_____

_____Town/ City:_____ Province:_____ Contact Number(s): _____

CURRENT PRESENTATION

Presenting symptoms/signs (Tick all applicable Boxes): Rash ☐ Fever ☐ Conjunctivitis ☐ Cough ☐

Coryza/Rhinitis/runny nose ☐ Other (Specify)_____

Date of onset of rash: _____/_____/_____	Date of Presentation at the health facility: _____/_____/_____

Complications (Tick where applicable): None ☐ Pneumonia ☐ Otitis Media ☐ Diarrhoea ☐ Febrile seizures ☐

Laryngotracheobronchitis (Croup) ☐ Corneal Ulceration ☐ Blindness ☐Encephalitis ☐

Clinical Management: Vitamin A given: Y ☐ N ☐

Final outcome (Tick where applicable): Patient admitted to Hospital: Y ☐ N ☐ Patient Died: Y ☐ N ☐

Specimens Collected (Tick where applicable): Blood/Serum ☐ Urine ☐ Nasopharyngeal/Saliva ☐

Dried Blood Spot ☐ Date of specimen collection: _____/_____/_____

MEDICAL AND CONTACT HISTORY

History of contact with a suspected measles case in the past 7 to 28 days: Y ☐ N ☐ Unknown ☐

History of contact with a laboratory confirmed measles case in the past 7 to 28 days: Y ☐ N ☐ Unknown ☐

History of travel in the past 7 to 28 days: Y ☐ N ☐; if yes, name of place or country travelled to _____

History of previous visit or admission to a healthcare facility in the past 7 to 28 days: Y ☐ N ☐ Unknown ☐ ;

If yes, Name of the Facility:_____ Diagnosis at the Facility:_____

Vaccination Information obtained from: Road to health card ☐ Self reported ☐ Not obtained ☐

Measles vaccination received: Y ☐ N ☐ Unknown ☐	If yes, number of doses: 1 ☐ 2 ☐ >2 ☐ Date of last measles vaccine: _____/_____/_____

RESPONSE TO CASE

Case Notified: Y ☐ N ☐ Unknown ☐ Date of Notification_____/_____/_____

Contacts follow-up	Number			Action Taken
	< 5 yrs	5-14 yrs	>=15 yrs	
Household				
School/Creche				
Other (Specify)_____				

Active Case Finding: Y ☐ N ☐ Number of suspected measles cases found: None ☐ or specify number_____

NB: Complete an additional case investigation form for each suspected measles case identified