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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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Appendix A: CASE RECORD REVIEW FORM

Section 1: History

	Personal details	
Snum	**Study number**	
Dob	**Age at admission**	
Sex	**Sex**	
Doa	**Date of admission**	
Dod	**Date of diagnosis (of measles)**	

	Main complaint				
rash	**Rash (Y/N)**	Yes ☐ No ☐	dRash	**Duration**	
Pres	**No. of days between rash &presentation**		dPres	**Duration**	
Conj	**Conjunctivis (Y/N)**	Yes ☐ No ☐	dCon	**Duration**	
Cor	**Coryza (Y/N)**	Yes ☐ No ☐	dCor	**Duration**	
Fev	**Fever (Y/N)**	Yes ☐ No ☐	dFev	**Duration**	
Cou	**Cough (Y/N)**	Yes ☐ No ☐	dCou	**Duration**	
oSx1	**Other symptom**		doSx1	**Duration**	
oSx2	**Other symptom**		doSx2	**Duration**	
oSx3	**Other symptom**		doSx3	**Duration**	

	Contact History			
CH	**Any history of contact with a suspected measles case in the 7-28 days prior to admission?**	1= Yes	2= No	3= Unknown

	HIV status – Child							
HIVe	**HIV exposed?**	1= Yes		2= No		3= Unknown		
HIVp	**HIV PCR/ *Elisa**	1= Positive	2= Negative		3= Early Neg		4= Unknown	
PMC	**PMTCT given?**	1= No	2= NVP	3= NVP + AZT		4= N/A	5= Unknown	
ARV	**On HAART**	☐ Yes ☐ No						
ARVd	**Time on HAART**	Months						
CD4	**CD4% prior to admission**			CD4d	**Date of CD4**			
VL	**Viral load prior to admission**			VLd	**Date of VL**			

	Vaccination status – Child				
RMV	**Did child receive measles vaccine**	1= Yes	2= No	3= Unknown	
RMT	**If Yes, confirmation through**	1= RTHC	2=Self -report	3=Not documented	
MVD	**Total number of measles vaccine doses received, and age at which received**	1= zero doses	2= one dose _____	3= two doses _____	4= > two doses _____
RVA	**Routine Vitamin A given?**	Yes-	No-	Unknown	
RVAd	**Number of Vit. A doses given**	1=	2=		

Feeding				
BF	**Breastfeeding?**	1= Yes, current	2= Yes, previously	3= Never
BFs	**If BF stopped, at what age?**	Months		
FF	**Formula feeding?**	1= Yes, current	2= Yes, previously	3= Never
MF	**Any mixed feeding**	1= Yes, current	2= Yes, previously	3= Unknown
fam	**On Normal family diet**	1=yes	2= No	3= Unknown

Section 2: Examination.

	Anthropometrics					
Wt	**Weight** (kg)					
Lt	**Length/Height** (cm)					
HC	**Head circumference** (cm)					
WHO	**WHO severe malnut**	☐ Yes ☐ No				
Well	**Wellcome class**	1= Normal	2= Under	3= Maras	4= Kwashi	5= Mar-Kw

	Complications				
Non	None		Ltb	LTB	
Pne	Pneumonia		Cor	Corneal Ulceration	
Oti	Otitis Media		Bli	Blindness	
Diar	Diarrhoeal		Enc	Encephalitis	
Fsei	Febrile Seizures		Oth	Other specify	

Section 3: Laboratory values on admisssion

FBC	WCC	Hb	Plts
Urine	Dipstix	Micro	Culture
Blood culture			
Tuberculosis	PPD		AFB's
Other			

Type of specimen collected for measles						
Bld	**Blood**	☐ Yes ☐ No				
		Specimen Result				
		Mgmb	**Measles IgM**	1= Positive	2= Negative	3= unknown
		Mggb	**Measles IgG**	1= Positive	2= Negative	3= unknown
		Rgmb	**Rubella IgM**	1= Positive	2= Negative	3= unknown
		Rggb	**Rubella IgG**	1= Positive	2= Negative	3= unknown
Uri	**Urine**	☐ Yes ☐ No				
		Specimen Result				
		Mgmu	**Measles IgM**	1= Positive	2= Negative	3= unknown
		Mggu	**Measles IgG**	1= Positive	2= Negative	3= unknown
		Rgmu	**Rubella IgM**	1= Positive	2= Negative	3= unknown
		Rggu	**Rubella IgG**	1= Positive	2= Negative	3= unknown
Nsp	**Nasopharyngeal swab**	☐ Yes ☐ No				
		Specimen Result				
		Mgmn	**Measles IgM**	1= Positive	2= Negative	3= unknown
		Mggn	**Measles IgG**	1= Positive	2= Negative	3= unknown
		Rgmn	**Rubella IgM**	1= Positive	2= Negative	3= unknown
		Rggn	**Rubella IgG**	1= Positive	2= Negative	3= unknown

Section 4: Management

Rx given during hospital stay							
hABC 1-11	**Antibiotics**	1= Ampi	2= Genta	3= Tazocin	4= Amik	5= Mero	6= Vanco
		7= Ceph	8= Clox	9= Bactrim	10= TB Rx	11= Other:	
hARV	**HAART**	☐ Yes ☐ No					
hMaln 1-5	**Malnut regime etc:**	1= Mist KCl	2= Zinc	3= MVT			
		4= Folate	5= Iron				
hOth	Vitamin A	Number of doses 1= 2=					

Section 5: Outcome

Outc	**Outcome**	1= Discharged home	2= Died	3= Transferred out	4= RHT
dOut	**Date of outcome**				
dDx1	**Other diagnoses**				
dDx2	**Other diagnoses**				
dDx3	**If died cause of death**				

Appendix B: Notification form review:

Study number:

Are the following filled in?									
G/5	**GW17/5 form**	☐ Yes	☐ No	CX	**Complications**	☐ Yes	☐ No		
G/3	**GW17/3 form**	☐ Yes	☐ No	CM	**Clinical management**	☐ Yes	☐ No		
MCF	**Measles case investigation form**	☐ Yes	☐ No	SPC	**Specimen collected**	☐ Yes	☐ No		
NOP	**Name of patient**	☐ Yes	☐ No	VAC	**Vaccine information**	☐ Yes	☐ No		
ADD	**Address**	☐ Yes	☐ No	NOD	**Number of doses received**	☐ Yes	☐ No		
NUM	**Contact number**	☐ Yes	☐ No	CAR	**Case response**	☐ Yes	☐ No		
GEN	**Gender**	☐ Yes	☐ No						
TBc	**Symptoms**	1= Yes	2= No						

Appendix C: Case Management (Public Health)

Study number:

Where the following steps completed?						
G7F	**GW17/5 filled**	☐ Yes ☐ No	$G7F_t$	**Timing**	On admission ☐ Yes ☐ No	
MCF	**Measles case investigation form filled**	☐ Yes ☐ No	MCF_t	**Timing**	On admission ☐ Yes ☐ No	
MFC	**Form collected by Infection control**	☐ Yes ☐ No	MFC_t	**Number of days from admission**		
LIC	**Name on list in infection contol**	☐ Yes ☐ No	LIC_t	**Number of days from admission**		
RPH	**Name refered to public health officer**	☐ Yes ☐ No	RPH_t	**Number of days from admission**		
RDH	**Name referred to district health officer**	☐ Yes ☐ No	RDH_t	**Number of days from admission**		
RSH	**Name referred to Local health authority**	☐ Yes ☐ No	RSH_t	**Number of days from admission**		
RDP	**Response from district sent to PH office**	☐ Yes ☐ No	RDP_t	**Number of days from admission**		
HVD	**Home visit done**	1= Yes	2= No	3= Unknown		

Contact tracing

Contacts				
HOU	**Number of Household contacts**			
SCH	**Number of School/crèche contacts**			
Oh	**Other**			
ACT	**Active measles cases**	1= Yes, current	2= Yes, previously	3= Unknown
	Action taken by district team	Vaccinated-	Referred for treatment	