

Annex 11F: Measles - Case Investigation Form

MEASLES CASE INVESTIGATION FORM	
Variable/Description	Value/Answer
Country	
ID number	
Reporting district	
Province of report	
Reporting health facility	
Disease/Condition	Measles
Date received form at national level (day/month/year)	
Name(s) of patient	
Date of birth (day/month/year)	
Age in years	
Age in months	
Patient's residence: village/neighbourhood	
Town/City	
Urban/Rural	
District of Residence	
Province	
Sex (M/F)	
Date seen at health facility (day/month/year)	
Date health facility notified district (day/month/year)	
Date of onset (day/month/year)	
Number of vaccine doses	
Date of last vaccination (day/month/year)	
Blank variable #1	
Blank variable #2	
In-patient or Out-patient?	
Outcome (1=Alive; 2=Dead; 3=Unknown)	
Final classification (1=Lab Confirmed; 2=Confirmed by Epidemiological linkage; 3=Compatible; 4=Discarded (IgM negative); 5= Pending (Suspected with specimen lab results pending)	
Date sent form to district (day/month/year)	
Date received form at district (day/month/year)	
Date specimen collection (day/month/year)	
Date specimen sent to Lab (day/month/year)	
Specimen source	

MEASLES CASE INVESTIGATION FORM	
Variable/Description	Value/Answer
Specify	
Date lab received specimen (day/month/year)	
Specimen condition [1=adequate (good); 2=not adequate (not good)]	
Measles IgM (1=positive; 2=negative; 3=indeterminate; 4=pending)	
Rubella IgM (1=positive; 2=negative; 3=indeterminate; 4=pending)	
Other lab results	
Date lab sent results to district (day/month/year)	
Date district received lab results (day/month/year)	
Name, title and function of reporting officer	