

Annex I Integrated measles and rubella case investigation form

Recommended basic set of data for case-based reporting in national surveillance system

Case ID: _____ Region: _____ District _____
Date of notification: ____/____/____ Date of investigation: ____/____/____ Date of report: ____/____/____
Initial clinical diagnosis: 1. Clinical measles ☐ 2. Clinical rubella ☐ 3. Others ☐ 9. Unknown ☐
Outbreak-related: 1. Yes ☐ 2. No ☐ 9. Unknown ☐ Outbreak ID: _____

A. Personal data and immunization status

Name*: ***WHO Europe does not collect this information – please provide only Case ID number**
Sex: 1. Male ☐ 2. Female ☐ 9. Unknown ☐
Date of birth: ____/____/____ if not available, age in years ____ or for younger than a year, age in months ____
Address*: ***WHO Europe does not collect this information**

For female cases

Is case pregnant? 1. Yes ☐ 2. No ☐ If yes, gestation age: _____ weeks

Vaccination status

Measles: 1. Yes ☐ 2. No ☐ 3. Unknown ☐ If yes, no. of doses _____ **Last vaccination date:** ____/____/____
Source of vaccination status: 1. Medical record ☐ 2. Parent or guardian ☐
Rubella: 1. Yes ☐ 2. No ☐ 3. Unknown ☐ If yes, no. of doses _____ **Last vaccination date:** ____/____/____
Source of vaccination status: 1. Medical record ☐ 2. Parent or guardian ☐

B. Clinical information

Maculopapular rash 1. Yes ☐ 2. No ☐ 9. Unknown ☐

Date of rash onset: ____/____/____ Duration of rash (days): _____

Other symptoms		Presence of complications	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fever	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Pneumonia	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Coryza	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Malnutrition	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Cough	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Diarrhoea	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Conjunctivitis	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Encephalitis	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Adenopathy or arthralgia or arthritis	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Other (specify)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

Hospitalized: 1. Yes ☐ 2. No ☐ 9. Unknown ☐ Name of hospital: _____

Clinical outcome: 1. Dead: date of death ____/____/____ 2. Survived ☐ 3. Lost to follow-up ☐ 9. Unknown ☐

Cause of death: _____

C. Epidemiological investigation

Did the patient have contact with confirmed case of measles (within 7-18 days) or rubella (within 12–23 days) prior to rash onset? 1. Yes ☐ 2. No ☐ 9. Unknown ☐

If yes:

Who (case ID/name): _____

Where (country/address): _____

When (dates): _____

Were there confirmed cases of measles and/or rubella reported in the area prior to this case?

1. Measles ☐ 2. Rubella ☐ 3. Both ☐ 4. No ☐ 9. Unknown ☐

Did the patient travel within 7–23 days before onset of rash? 1. Yes ☐ 2. No ☐ 9. Unknown ☐

If yes:

Where (country/address): _____

When (dates): _____

Travel details: _____

Is the case epidemiologically linked to imported confirmed case? 1. Yes ☐ 2. No ☐ 9. Unknown ☐

If yes:

Who (case ID/name): _____

Where (country/address): _____

When (dates): _____

Was the case in contact with a pregnant woman since development of the symptoms?

1. Yes ☐ 2. No ☐ 9. Unknown ☐ If yes, please provide name and address _____

D. Laboratory investigation

Specimen collected: 1. Yes ☐ 2. No ☐ 3. Unknown ☐

If yes, type of specimen:

Serum ☐ Saliva/oral fluid ☐ Nasopharyngeal swab ☐ Dry blood spot ☐

Urine ☐ EDTA whole blood ☐ Other ☐ _____

Date of specimen collection: ____/____/____ Date specimen sent to lab: ____/____/____

Measles IgM: Not tested ☐ Positive ☐ Negative ☐ In process ☐ Indeterminate ☐

Rubella IgM: Not tested ☐ Positive ☐ Negative ☐ In process ☐ Indeterminate ☐

Date of laboratory result (first validated result): ____/____/____

Measles virus detection: Not tested ☐ Positive ☐ Negative ☐ In process ☐ Genotype _____

Rubella virus detection: Not tested ☐ Positive ☐ Negative ☐ In process ☐ Genotype _____

E. Final classification

0 Discarded ☐

1 Measles – laboratory-confirmed ☐ 2 Measles – epidemiologically linked ☐ 3 Measles – clinical ☐

6 Rubella – laboratory-confirmed ☐ 7 Rubella – epidemiologically linked ☐ 8 Rubella – clinical ☐

Source of infection: 1. Imported ☐ 2. Endemic ☐ 3. Import-related ☐ 9 Unknown ☐

Date of final classification: ____/____/____

Investigated by: Name _____

Position: _____