



Fever with Rash Investigation Form

Health Protection Agency

Male', Maldives

V2-Mar-2021

Reporting Institution:

Instructions:

1. This form should be completed for **each suspected or confirmed measles** case.
2. All cases must have samples collected and send to IGMH lab for testing.
3. Attach copies of documents showing evidence of measles vaccination.

Outbreak number and ID

Only in outbreaks(HPA use only)

Minimum clinical criteria for each suspected Measles case

1. Fever over 101 degrees F(38.3 °C) or Hot and
2. Rash-like illness for over 3 days; and
3. One of the following; cough, runny nose, red eyes.

Measles

Rubella

Case identification

Date of investigation: ___/___/___

1-Patient ID card Number

Foreigners Passport number

2-Date of Birth: ___/___/___

4- Age : (yy/mm)

5-Sex: Male or Female

3- Name of the patient:

Contact Number:

Address:

Atoll:

Island:

Travel History

Clinical Information

Date onset of Rash: ___/___/___ (dd/mm/yyyy)

- | | | | |
|-------------------------------|------------------------------|-----------------------------|-------------------------------------|
| 1. Fever(>101F or 38 °C) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date of onset of fever: ___/___/___ |
| 2. Runny nose (coryza) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3. Conjunctivitis or red eyes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. Cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Vaccination History

MMR vaccination status

No of doses _____

Yes: Date of last dose: _____ No: reason: _____

Measles vaccination status

No of doses _____

Yes: Date of last dose: _____ No: reason: _____

Serum Sample collection

IGMH Lab ID: ___/___/___

Virology Sample collection

IGMH Lab ID: ___/___/___

Data of collection

Data of collection

Date of send to IGMH lab

Date of send to IGMH lab

Date of Received by IGMH lab

Date of Received by IGMH lab

Temperature of the sample specimen at the time it was received by IGMH lab: _____ F/ °C

Adequate sample

Yes No

Adequate sample

Yes No

Date of result

Date of result

Result (IgM)

+ve, ,

-ve

equivocal

Results virus detection

-ve +ve

Genotype

Date of result to HPA

Contact tracing

	Name	Age	Immunization status (immune=vaccinated for Measles or MMR)		Vaccination Date	Phone number
1			<input type="checkbox"/> Immune	<input type="checkbox"/> Non immune		
2			<input type="checkbox"/> Immune	<input type="checkbox"/> Non immune		
3			<input type="checkbox"/> Immune	<input type="checkbox"/> Non immune		
4			<input type="checkbox"/> Immune	<input type="checkbox"/> Non immune		
5			<input type="checkbox"/> Immune	<input type="checkbox"/> Non immune		

Case investigated by

Name of the investigator

Position

Date : _____

Sign : _____

Final Classification (to be completed by Health Protection Agency)

- 1- Clinically Confirmed Measles;
- 2- Laboratory Confirmed Measles;
- 3- Epidemiologically Confirmed Measles;
- 4- Laboratory Confirmed Rubella;
- 5- Epidemiologically Confirmed Rubella;
- 6- Discarded;
- 7- Pending)

HPA SURVEILLANCE USE

Date of Notification to HPA ___/___/___

Fever with Rash investigation guide

ANY suspected measles case

1. All suspected cases should be immediately reported to PHU and HPA (+960 3014496)
2. All suspected cases should be confirmed by checking Measles IgM ELISA
 - a. In Male' or atolls blood samples should be sent to IGMH laboratory
 - i. Contact microbiology lab at IGMH hospital (contact no: 3335130)
 - b. Samples should be collected after 72 hours of onset of rash.
 - c. All confirmatory results should be informed to PHU or HPA.
3. Case investigation should be done immediately without waiting for lab confirmation by PHU or HPA
 - a. Use Measles case investigation form and get the following details
 - i. Check patients immunization status and copies of immunization records
 - ii. Trace all contact of the patient during the infective period (1 week prior to onset of rash up to recovery) and their immunization status.
 - iii. Arrange for measles or MMR vaccine for all non-immune contacts (within 72 hours of exposure).
 - iv. Arrange for measles or MMR vaccine for **all non-immune staff contacts** of the health care facility (within 72 hours of exposure).
 - v. Make health care facility staff arrangements so that only immunized staff are in contact with the patient.
 - vi. Contact PHU or HPA to make sure adequate vaccine stocks are available
4. Follow-up
 - a. Closely follow-up for occurrence of measles cases in the island and PHU or HPA immediately.
 - b. If further cases are seen mass vaccination may be required for all non-immune people in the island.