

# MEASLES OUTBREAK INVESTIGATION: SUMMARY

District: \_\_\_\_\_

## Notification

Source of notification: Weekly report / Active case search / Media / Other

Index case reported by: \_\_\_\_\_

Name of DID: \_\_\_\_\_

Designation: \_\_\_\_\_

Name of SMO: \_\_\_\_\_

Date of notification of index case: \_\_\_\_\_

## Location of the outbreak

Village / Urban ward affected: \_\_\_\_\_

Sub-center: \_\_\_\_\_

PHC/UHC: \_\_\_\_\_

Block: \_\_\_\_\_

District: \_\_\_\_\_

State: \_\_\_\_\_

Cross notification needed: Yes / No

## Preliminary investigation including desk review

Desk review: date \_\_\_\_\_ findings \_\_\_\_\_

Date/s of preliminary search: \_\_\_\_\_

Number of health facilities searched: \_\_\_\_\_

Number of sub-centers/ urban wards searched: \_\_\_\_\_

Number of areas\* searched: \_\_\_\_\_

Total number of suspected measles cases: \_\_\_\_\_

Date of Epidemic Response Team meeting: \_\_\_\_\_

Whether considered as an outbreak requiring house to house investigation: Yes / No

If No, reason:

No clustering of cases

Low case count

Others (specify) \_\_\_\_\_

If Yes, provide details of outbreak investigation below

## Details of outbreak investigation

Date of pre outbreak investigation orientation: \_\_\_\_\_

Date of outbreak investigation From: \_\_\_\_\_ To: \_\_\_\_\_

Number of health facilities involved: \_\_\_\_\_

Number of sub-centers/ urban wards involved: \_\_\_\_\_

Number of areas\* involved: \_\_\_\_\_

Total population investigated: \_\_\_\_\_

Total number of measles cases: \_\_\_\_\_

Total number of deaths due to measles: \_\_\_\_\_

Date of onset of first case: \_\_\_\_\_

Date of onset of most recent case: \_\_\_\_\_

## Laboratory investigation details

EPID number (EPID Code + Case Number)	Specimen type** (B/ T/ U)	Age	Sex	Date of last measles dose	Date of collection	Date sent to lab	Date received in lab	Result Measles/ Rubella/ Negative/ Equivocal	Date of Result

Note: \* Areas are villages, towns, municipalities or corporations.

\*\* B=Blood; T=Throat Swab; U=Urine;

## MEASLES LABORATORY REQUEST FORM

Address: \_\_\_\_\_

Outbreak ID: MOB-IND-\_\_\_\_\_

City: \_\_\_\_\_

District: \_\_\_\_\_

Block: \_\_\_\_\_

Case information								To be filled out by receiving laboratory				
Patient name	EPID Code	Case number	DOB/ Age		Date of rash onset	Date of last measles dose	Specimen Type (encircle one)*	Specimen collection date	Condition of specimen	Result		Remarks (if any)
			Years	Months						Measles	Rubella	
	MSL-IND-						B / T / U		Good / Poor			
	MSL-IND-						B / T / U		Good / Poor			
	MSL-IND-						B / T / U		Good / Poor			
	MSL-IND-						B / T / U		Good / Poor			
	MSL-IND-						B / T / U		Good / Poor			
	MSL-IND-						B / T / U		Good / Poor			
	MSL-IND-						B / T / U		Good / Poor			

Number of specimens sent: \_\_\_\_\_

Name of person sending the specimens: \_\_\_\_\_

Address: \_\_\_\_\_

Date specimens received: \_\_\_\_\_

Receiving laboratory name: \_\_\_\_\_

Signature: \_\_\_\_\_

\* Blood specimen should be collected between 4 and 28 days after the onset of rash; Throat Swab / Urine should be collected within 5 days from date of rash onset;  
 Specimen type: B=Blood; T=Throat Swab; U=Urine;

## MEASLES LABORATORY REQUEST FORM

Address: \_\_\_\_\_

Outbreak ID: MOB-IND-\_\_\_\_\_

\_\_\_\_\_ District: \_\_\_\_\_

Block: \_\_\_\_\_

Case information								To be filled out by receiving laboratory				
Patient name	EPID Code	Case number	DOB/ Age		Date of rash onset	Date of last measles dose	Specimen Type (encircle one)	Specimen collection date	Condition of specimen	Result		Remarks (if any)
			Years	Months						Measles	Rubella	
	MSL-IND-						B / T / U		Good / Poor			
	MSL-IND-						B / T / U		Good / Poor			
	MSL-IND-						B / T / U		Good / Poor			
	MSL-IND-						B / T / U		Good / Poor			
	MSL-IND-						B / T / U		Good / Poor			
	MSL-IND-						B / T / U		Good / Poor			
	MSL-IND-						B / T / U		Good / Poor			
	MSL-IND-						B / T / U		Good / Poor			

Specimens sent: \_\_\_\_\_

Name of person sending the specimens: \_\_\_\_\_

Address: \_\_\_\_\_

Date specimens received: \_\_\_\_\_

Receiving laboratory name: \_\_\_\_\_

Signature: \_\_\_\_\_

Note: Blood specimen should be collected between 4 and 28 days after the onset of rash; Throat Swab / Urine should be collected within 5 days from date of rash onset;

Specimen type: B=Blood; T=Throat Swab; U=Urine;

**MEASLES OUTBREAK INVESTIGATION: DATA ON CASES**

City / Area: \_\_\_\_\_ PHC: \_\_\_\_\_ Block: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_

Setting: Urban / Rural \_\_\_\_\_ Report sent by: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Outbreak ID: MOB-ND- \_\_\_\_\_ EPID Code: MSL-ND- \_\_\_\_\_ Range of case numbers: From \_\_\_\_\_ To \_\_\_\_\_

Case Number	Patient's name, father's name and address	Sex	DOB / Age <sup>a</sup>		History of Cough Coryza Conjunctivitis	History of Measles/Rubella vaccination (circle)	Date of last measles vaccine dd/mm/yyyy	Date of onset (dd/mm/yyyy)	Fever	Rash	Travel history (outside district) Y / N If yes, District	Death (circle)	If died, date of death dd/mm/yyyy	Specimen collected (multiple selection allowed)			Date of specimen collection dd/mm/yyyy
			MF	Years										Months	Blood	Throat Swab	
					Cough: Y / N / U Coryza: Y / N / U Conjunctivitis: Y / N / U	Received vaccine doses: 0 / 1 / 1 / 2 / 1 / 2+ / Unknown If 1/2/2+, type of vaccine: 1st dose: M / MR / MMR / Unknown 2nd dose: M / MR / MMR / Unknown		Fever: _____ Rash: _____		Any travel: Y / N If yes, District: _____	Y N U		Blood Throat Swab Urine				
					Cough: Y / N / U Coryza: Y / N / U Conjunctivitis: Y / N / U	Received vaccine doses: 0 / 1 / 1 / 2 / 1 / 2+ / Unknown If 1/2/2+, type of vaccine: 1st dose: M / MR / MMR / Unknown 2nd dose: M / MR / MMR / Unknown		Fever: _____ Rash: _____		Any travel: Y / N If yes, District: _____	Y N U		Blood Throat Swab Urine				
					Cough: Y / N / U Coryza: Y / N / U Conjunctivitis: Y / N / U	Received vaccine doses: 0 / 1 / 1 / 2 / 1 / 2+ / Unknown If 1/2/2+, type of vaccine: 1st dose: M / MR / MMR / Unknown 2nd dose: M / MR / MMR / Unknown		Fever: _____ Rash: _____		Any travel: Y / N If yes, District: _____	Y N U		Blood Throat Swab Urine				
					Cough: Y / N / U Coryza: Y / N / U Conjunctivitis: Y / N / U	Received vaccine doses: 0 / 1 / 1 / 2 / 1 / 2+ / Unknown If 1/2/2+, type of vaccine: 1st dose: M / MR / MMR / Unknown 2nd dose: M / MR / MMR / Unknown		Fever: _____ Rash: _____		Any travel: Y / N If yes, District: _____	Y N U		Blood Throat Swab Urine				
					Cough: Y / N / U Coryza: Y / N / U Conjunctivitis: Y / N / U	Received vaccine doses: 0 / 1 / 1 / 2 / 1 / 2+ / Unknown If 1/2/2+, type of vaccine: 1st dose: M / MR / MMR / Unknown 2nd dose: M / MR / MMR / Unknown		Fever: _____ Rash: _____		Any travel: Y / N If yes, District: _____	Y N U		Blood Throat Swab Urine				

Note: - Outbreak ID should consist of State code / District code / Year / Outbreak Number. (Year is the year of notification of index case)

EPID Code should consist of State code / District code / Year. Final EPID Number of a case will be EPID Code followed by Case Number.

Both Outbreak ID and EPID Code should be filled by the district team.

Abbreviations: Y=Yes; N=No; U=Unknown; M=Measles containing vaccine; MR=Measles & Rubella containing vaccine; MMR=Measles, Mumps & Rubella containing vaccine.

Mark Yes and district of travel if any travel outside the district within 28 days before the onset of rash

Write date of birth if available. Age is calculated from Date of Birth to Date of Rash onset.