

Acute Fever and General Rash (AFR) Case Investigation Form

Province: _____ District: _____ Health Center: _____

Person Reporting: _____ Date of Report: dd / mmm / yy
 (Investigation date) Today's Date: dd / mmm / yy

1. Patient Details

| | |
|------------------------|---|
| Patient's Name: _____ | Sex: Male Female |
| Father's Name: _____ | Date of birth: dd / mmm / yy |
| Mother's Name: _____ | Age: years ____ months ____ |
| Address/Village: _____ | Hospital ID # _____ |
| | Pregnant: Y N U Due: dd / mmm / yy |

2. Measles Vaccine History:

Date of 1st dose: dd / mmm / yy Date of 2nd Dose: dd / mmm / yy Supplementary Doses: dd / mmm / yy
 Doses validated by: History (Health Worker/Parent) or Immunization Records (register/Bebi Book) (*circle all apply*)

3. Clinical Examination:

Date of onset of Fever: dd / mmm / yy and Rash: dd / mmm / yy
 Rash description (location, spread, maculopapular, vesicular etc): _____

| | | | | |
|-----------------------------|--------------|------------------------------|------------------------------------|--------------|
| Cough | Y N U | Enlarged head & neck | Nausea/vomiting | Y N U |
| Runny nose | Y N U | lymph nodes | Muscle Pain | Y N U |
| Red Eyes | Y N U | Joint pain/inflammation | Headache/eye pain | Y N U |
| Koplik's spots | Y N U | Convulsions/Coma | Spontaneous bleeding | Y N |
| Fast breathing | Y N U | Others: | | |
| Hospitalization: | Y N U | Date Admitted: dd / mmm / yy | Date Discharged: dd / mmm / yy | |
| Place of examination: _____ | | | Date of Examination: dd / mmm / yy | |

4. Possible Source of Infection:

Travel during 7-18 days before rash onset: **Y** (where : _____) **N U**
 Contact with other confirmed case of measles: **Y** (who & where : _____) **N U**

5. Samples taken and sent

Blood or Dried Blood Spots (DBS) (*circle*) Date take: dd / mmm / yy Date sent: dd / mmm / yy
 Viral Isolations Urine, throat swab or DBS Date take: dd / mmm / yy Date sent: dd / mmm / yy

6. Results and Final Classification [To be completed by CPHL and National Department of Health]

Date received at CPHL: dd / mmm / yy Date tested: dd / mmm / yy Lab results to NDOH: dd / mmm / yy
 Measles IgM result: _____ Rubella IgM result: _____

NDOH ID Number: _____ Date of case notification: dd / mmm / yy
 Final Classification: Measles Rubella Other: _____ Unknown Discard
 Method of Confirmation: 1. Lab confirmed 2. Epi-linked 3. Clinically confirmed
 Outcome: Recovered Died: date dd / mmm / yy Unknown