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: _____
Father's Name: _____
Mother's Name: _____
Address/Village: _____

Sex: Male Female
Date of birth: dd / mmm / yy
Age: years ____ months _____
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	**Y N U**	Muscle Pain	**Y N U**
Red Eyes	**Y N U**	Joint pain/inflammation	**Y N U**	Headache/eye pain	**Y N U**
Koplik's spots	**Y N U**	Convulsions/Coma	**Y N U**	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**