



Fidhneamhacht na Seirbhíse Sláinte
Health Service Executive

Measles Enhanced Surveillance Form



HSE Area Use Only Patient Name _____ Phone _____
 Address _____
(This section is for HSE Area use only and should not be sent to HPSC)

PATIENT DETAILS
 ID No. _____ Initials _____ HSE Area _____ CCA _____ County _____
 Sex: M F NK DOB _____ Age (Please state whether Years or Months) _____ Not Known = NK _____
 Notifier _____ Date of Notification _____
 Nationality _____
 Ethnicity _____
 Country of birth _____

CLINICAL DETAILS

	Yes	No	Not Known	
Morbilliform Rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of Onset of Symptoms _____
Fever at Time of Rash Onset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of Rash Onset _____
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rash Duration (days) _____ Not Known = NK
Coryza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conjunctivitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Koplik's Spots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Underlying Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes please specify _____

COMPLICATIONS

	Yes	No	Not Known	
Hospitalised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Name of Hospital _____
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of Days Hospitalised _____ Not Known = NK
Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other complication, please specify	_____			
Outcome:	Recovered <input type="checkbox"/>	Died <input type="checkbox"/>	Not Known <input type="checkbox"/>	
Date of Death	_____			Cause of Death _____

LABORATORY

	Yes	No	Not Known	Date Specimen Taken	Result
Was laboratory testing for measles done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Salivary Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Blood for serology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
If laboratory confirmed, date 1st positive test reported by laboratory	_____			Genotype	_____

EPIDEMIOLOGICAL

Date Investigation Started _____

Where did they most likely acquire measles? _____

	Yes	No	Not Known	Outbreak Name/Number
Is this case epidemiologically linked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Was it linked to an imported case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is this case related to an outbreak?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did case arrive from overseas 8 - 17 days before rash onset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, country arriving from	_____			
Country of infection	_____			

VACCINATION

	None	One	Two	Not Known	Manufacturer	Batch Number
Number of Doses of MMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Date of 1st MMR	_____				_____	_____
Date of 2nd MMR	_____				_____	_____

FINAL CASE CLASSIFICATION Laboratory Confirmed Epi-linked to Laboratory Confirmed Case Possible

	Yes	No	Not Known	Rationale for De-notification
Preventable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Denotified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ALTERNATIVE DIAGNOSIS Rubella Parvovirus Not Known Other _____

Form Completed by: _____ Date of Completion _____

Version 2.0: 12/07/2016

If you have direct access to CIDR, please enter these enhanced data.

If you do not have direct access to CIDR, please forward this form to the HSE Dept. of Public Health (Fax: _____) who will enter the data on CIDR

NOTES

CASE DEFINITION - MEASLES

Clinical Description

Any person with fever AND maculo-papular rash AND at least one of the following three:

- Cough
- Coryza
- Conjunctivitis

Laboratory criteria

At least one of the following four:

- Isolation of measles virus from a clinical specimen
- Detection of measles virus nucleic acid in a clinical specimen
- Measles virus specific antibody response characteristic for acute infection in serum or saliva
- Detection of measles virus antigen by DFA in a clinical specimen using measles specific monoclonal antibodies

Laboratory results need to be interpreted according to the vaccination status. If recently vaccinated, investigate for wild virus.

Epidemiological criteria

An epidemiological link by human to human transmission

Case classification

A. Possible case

Any person meeting the clinical criteria

B. Probable case

Any person meeting the clinical criteria and with an epidemiological link

C. Confirmed case

Any person not recently vaccinated and meeting the clinical and the laboratory criteria

PREVENTABLE CASES OF MEASLES

A preventable case of measles is defined as infection in a person diagnosed with measles who fulfils all the following criteria:

- Was born after 1978 and
- Lacks documented evidence of age appropriate vaccination against measles;
- Has no documented episode of confirmed measles previously
- Has no medical contraindication to receiving the vaccine.

A case is classified as non-preventable if the person does not meet these criteria.