

Department of Public Health & Environment

Measles

Questionnaire for suspect measles case

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For use by public health only

IMMEDIATELY Report all suspected measles cases to the Colorado Department of Public Health and Environment (CDPHE) by calling 303-692-2700 (after hours 303-370-9395)

Date of intervie		nterview:
DOB:		Age:
Employer and er	mployer address:	
Cell phone numb	oer:	Email:
If patient is <18 years of age, name and contact information for parent/guardian:		
se this person	☐ Yes ☐ No Diagnosis date:	□ Unknown
onsidered?		
ting?	☐ Yes ☐ No	☐ Unknown
		specimens that were collected: hroat □ NP □Urine
ifferent from	☐ Yes ☐ No	□ Unknown
	Employer and er Cell phone numbers and contact interests person onsidered?	Employer and employer address: Cell phone number: ne and contact information for pare se this person

When was the onset or diagnosis date?		/ Onset Diagnosis Unknown
When was the sample collection date?		/
What tests were ordered to diagnose mea (check all that apply) PCR tests only available at CDPHE	sles?	□ PCR □ IgM □ IgG □ Culture □ Other:
Where the samples were sent for testing? (check all that apply)		□ State Lab □ Other:
Symptom information		
Rash? Fever?	☐ Yes ☐ No ☐ Unknown If YES, when did the rash start? Describe the rash (check all that apply): ☐ Raised bumps ☐ Flat ☐ Fluid-filled/vesicular ☐ Discrete dots ☐ Coalescing dots ☐ Itchy ☐ Other Where on the body did the rash start? Where and how did the rash progress? How many days did the rash last?	
Tever!	What w	□ No □ Unknown when did the fever start? as the maximum temperature of fever? any days did the fever last?

Cough?	☐ Yes ☐ No ☐ Unknown Onset date:		
Runny nose/coryza?	☐ Yes Onset d	□ No □ Unknown ate:	
Red or itchy eyes/drainage from eyes/conjunctivitis?	☐ Yes ☐ No ☐ Unknown Onset date:		
Pneumonia	☐ Yes Onset d	☐ Yes ☐ No ☐ Unknown Onset date:	
Other symptoms	☐ Yes If YES, I	☐ Yes ☐ No ☐ Unknown If YES, list other symptoms:	
Immunization history			
Was this person ever vaccinated for measl (MMR, MMRV, MR)?	les	☐ Yes ☐ No ☐ Unknown	
Ask for documentation and/or dates if av	ailable.	If YES, list vaccination dates:	
Was this person vaccinated with MMR/MMI the last 90 days?	RV in	☐ Yes ☐ No ☐ Unknown	
Case history			
Did the case take antibiotics in the last tweeks?	vo	☐ Yes ☐ No ☐ Unknown If YES, what type of antibiotics? Date first taken?	
Did the case take any other new medicati	ons in	☐ Yes ☐ No ☐ Unknown	
the last two weeks?		List medications and dates?	
Any known drug allergies?		☐ Yes ☐ No ☐ Unknown List drug allergies:	
		1	

Was this person born in the United States?	☐ Yes ☐ No ☐ Unknown
	If NO, what is the birth country?
Does this person have a history of measles disease or ever been diagnosed with measles by a health care provider?	☐ Yes ☐ No ☐ Unknown
Was the person ever tested for measles immunity (IgG, immunity screening)?	☐ Yes ☐ No ☐ Unknown
Exposure history	
Has this person traveled outside of the United States within the past 21 days?	☐ Yes ☐ No ☐ Unknown
If yes, gather travel information (airline, flight #, dates of travel, airports)	If YES, where?
Has this person traveled outside of Colorado within the past 21 days?	☐ Yes ☐ No ☐ Unknown
If yes, gather travel information (airline, flight number, dates of travel, airports)	If YES, where?
Has this person traveled through an airport of any place where large groups of people(e.g., a	☐ Yes ☐ No ☐ Unknown
large conference, group gathering, theme park visit, etc.) from various areas may be within the past 21 days?	If YES, where?
Has this person had visitors from foreign countries within the past 21 days?	☐ Yes ☐ No ☐ Unknown
Countries within the past 21 days:	If YES, from where?
Does this person know of anyone with similar symptoms?	☐ Yes ☐ No ☐ Unknown
- Symptoms.	If YES, list person/people with similar symptoms:
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Consult with CDPHE to determine the likelihood of a confirmed case before proceeding with contact tracing and investigation.

If measles is CONFIRMED or PROBABLE, identify all contacts and locations (four days before and four days after the rash onset) with

direct exposure to the case or were in these areas up to two hours after the case was present.

Close contact information		
List who is in the case's household (name, DOB/age, occupation, phone number):		
1.	6.	
2.	7.	
3.	8.	
4.	9.	
_		
5.	10.	
Do any of the household contacts work in a high-risk occupation (child care or health care)?	☐ Yes ☐ No ☐ Unknown	
	If YES, who?	
Do household contacts have proof of immunity?	☐ Yes ☐ No ☐ Unknown	
	If NO or UNKNOWN, list who:	
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Does the person have any close contacts who are	☐ Yes ☐ No ☐ Unknown	
infants <12 months, pregnant,	L 163 L 170 L OHNHOWH	
immunocompromised, or taking	If YES, provide name and contact information:	
immunosuppressive medications?		

Did the person visit at least one health care facility while infectious?	☐ Yes ☐ No ☐ Unknown If YES, list when and where:
Activity timeline Ask case about any activities before and after	rash onset including but not limited to:
Visits to public areas (stores, restaurants, etc. gatherings (social, religious, family, etc.), more transportation, personal vehicle, etc.), house food/grocery delivery, etc.), hospital visitors.	.), work/school attendance, events or des of transportation (ride share, public
Four days prior to rash onset (gather dates and	d times):

Four	days after rash onset (gather dates and times):

For additional guidance for measles investigation, call a CDPHE Vaccine Preventable Disease epidemiologist at 303-692-2700 or visit https://cdphe.colorado.gov/diseases-a-to-z/measles.