

**IP INITIAL ASSESSMENT FORM – SUSPECT MEASLES CASE (REV. 02-05-24)
LOS ANGELES COUNTY VACCINE PREVENTABLE DISEASE CONTROL PROGRAM (VPDCP)**

VPDCP STAFF INITIALS: _____

Name of Person Interviewed and Relation to Suspect: _____ Date Interviewed: __/__/____

Name of 2nd Person Interviewed and Relation to Suspect: _____ Date Interviewed: __/__/____

Report Document(s): CMR__ LAB__ PHONE__ OTHER_____ Report Date: __/__/____

VCMR/IRIS ID #: _____

INITIAL EVALUATION CRITERIA	VPDCP STAFF NOTES
Suspect case name (Last name, First name) & Medical/Hosp # :	
Suspect case date of birth: Gender: Place of birth: Race/Ethnicity:	__/__/____ Age _____ Gender _____ Place of birth _____ Race _____ Ethnicity _____ How many years have you lived in the U.S?
Parent name (if case is less than 18):	
Suspect case contact telephone number(s):	(____) ____ - ____ (Home) (____) ____ - ____ (Cell) (____) ____ - ____ EXT ____ (Work)
Suspect case address, census tract, health district:	House # & Street: _____ City: _____ ZIP _____ Census Tract: _____ Health District: _____
Reporting facility/provider name, title, and phone:	(____) ____ - ____
Physician name who gave diagnosis if other than reporter & phone number:	(____) ____ - ____
Observation of patient's symptoms:	Signs and symptoms observed by: <i>(check all that apply)</i> : <input type="checkbox"/> MD <input type="checkbox"/> Nurse <input type="checkbox"/> Physician Assistant (PA) <input type="checkbox"/> Other (specify: _____) Date of visit __/__/____ Reason for visit:

HOSPITALIZATION / MEDICAL HISTORY

SUSPECT MEASLES CASE (Last name, First name):

Suspect case hospitalized?	<p>1) Hospital name:</p> <p>2) Admitting Date: __ / __ / _____ Reason for admission:</p> <p>3) Discharge Date: __ / __ / _____ Discharge diagnosis:</p>
----------------------------	---

SIGNS & SYMPTOMS

<i>Per Med Rec</i>	<i>Per Patient</i>	
FEVER (Date and temperature)		<p>1) Onset date: __ / __ / _____</p> <p>2) Highest temperature: _____</p> <p>3) Duration: __ (days)</p> <p>4) Fever today? Y N Date __ / __ / _____</p> <p>5) Was suspect case having fever during the rash occurrence? Y N</p> <p>6) Is suspect case taking any medications for the fever? Y N Type:</p>
COUGH		<p>1) Onset date: __ / __ / _____</p> <p>2) Duration: __ (days)</p> <p>3) Cough today? Y N Date __ / __ / _____</p>
CORYZA (runny nose)		<p>1) Onset date: __ / __ / _____</p> <p>2) Duration: __ (days)</p> <p>3) Coryza today? Y N Date __ / __ / _____</p>
CONJUNCTIVITIS (red eyes, irritation, discharge)		<p>1) Onset date: __ / __ / _____</p> <p>2) Duration: __ (days)</p> <p>3) Conjunctivitis today? Y N Date __ / __ / _____</p>
RASH		<p>1) Onset date: __ / __ / _____</p> <p>2) Duration: __ (days)</p> <p>3) Where on the body did the rash begin?</p> <p>4) Progression of rash (order in which rash spread):</p> <p>5) Does the rash involve the face? Y N</p> <p>6) Was patient having fever during the rash occurrence? Y N</p> <p>7) Rash today? Y N Date __ / __ / _____</p> <p>8) Appearance of rash (maculopapular, disseminated, color, confluent):</p> <p>9) Is the rash itchy? Y N</p>

SUSPECT MEASLES CASE (Last name, First name):

<p>KOPLIK'S SPOTS (pin-point, depressed blue – white spots on bright red background on the mucosa of the back of the throat)</p>		<p>1) Onset date: __/__/____ 2) Duration: __ (days) 3) Koplik's spots today? Y N Date __/__/____</p>
<p>OTHER SYMPTOMS (abdominal pain, diarrhea, tremors, pinpoint round spots or lesions, decreased appetite, nausea, vomiting, etc.) <i>Lesion definition: a wound or injury; one of the individual points or patches of multi-focal disease; diseased change in the tissue</i></p>		
PHYSICIAN RULE OUT DIAGNOSES		
IMMUNIZATION HISTORY		
# MMRs and dates of administration (If none, why?)		
LABORATORY TESTING		
Acute IgM	<p>Date blood drawn? __/__/____ Results_____ Reference Range_____ Name of Lab_____</p> <p>If not drawn as of today, were arrangements made to get blood drawn?__ When? _____ Where/Details?_____ If no arrangements made, why not?</p>	

SUSPECT MEASLES CASE (Last name, First name):

Convalescent IgM (drawn at least 2 weeks after acute IgM)	Date blood drawn? __/__/____ Results _____ Reference Range _____ Name of Lab _____ If not drawn as of today, were arrangements made to get blood drawn?__ When? _____ Where/Details? _____ If no arrangements made, why not?
--	--

Acute IgG	Date blood drawn? __/__/____ Results _____ Reference Range _____ Name of Lab _____ If not drawn as of today, were arrangements made to get blood drawn?__ When? _____ Where/Details? _____ If no arrangements made, why not?
------------------	--

Convalescent IgG (drawn at least 2 weeks after acute IgG)	Date blood drawn? __/__/____ Results _____ Reference Range _____ Name of Lab _____ If not drawn as of today, were arrangements made to get blood drawn?__ When? _____ Where/Details? _____ If no arrangements made, why not?
--	--

Other labs	
-------------------	--

OTHER MEDICAL HISTORY

Suspect case currently taking any meds?	<i>Type</i>	<i>Date</i>	<i>Purpose</i>
Type:	1	--/~/----	
Date started:	2	--/~/----	
Taken the entire prescribed course?	3	--/~/----	
	4	--/~/----	
	5	--/~/----	

SUSPECT MEASLES CASE (Last name, First name):

Suspect case pregnant? Number of weeks? Previous pregnancies? Prenatal care physician?	
Suspect case immunocompromised? Type of condition?	
Recent medical appointments within the last 2 months? (<i>Clinic visits 3 weeks before symptom onset</i>) Date, location, doctor, reason	
Follow up medical appointments Date, location, doctor, reason	
EXPOSURE / TRANSMISSION	
Epi linked cases? (Y/N) Name? Relation to case? VCMR ID	
Suspect case - possible exposure Contact to anyone with a rash? Name? Relation to case? Setting/dates?	
Jewish Community Connection <i>"Because the following community has experienced recent outbreaks of infectious diseases, do you think you have interacted or socialized with the Jewish community within the last two months?"</i> <i>(specify details/synagogue, school name and dates etc.)</i>	
Travel history within last 2 months? Where? When? With whom? Flight information (i.e., airline, flight number, flight time, seat number)? <i>Any out of town visitors?</i>	

SUSPECT MEASLES CASE (Last name, First name):

<p>Hotel stay within the last 2 months? Where? When? With whom?</p> <p>Hotel Stay Information (i.e., room number, floor, facilities/restaurants/other rooms visited)?</p>	
<p>Contacts to suspect case <i>(including household, co-workers, friends, social acquaintances, etc.)</i> Name? Symptomatic? Immunization history? Relation to case? Household contacts? Pregnant women?</p>	
<p>Social activities (Clubs, gatherings, academic/athletic clubs, camps) Name? Location? Dates of attendance?</p>	
<p>School (Daycare, elementary, high school, college) Name? Location? School district? Dates of attendance?</p>	
<p>Work Name? Location? Type of setting? Healthcare worker? Childcare/school setting? Dates of attendance?</p>	
<p>Other frequently visited places, large gatherings, or amusement parks? <i>(i.e. Grocery stores, synagogues, churches, temples, concerts, conventions, <u>DisneyLand</u>, <u>Universal Studios</u>, <u>Six Flags</u>, <u>Knotts Berry Farm</u>, <u>Sea World</u>, <u>LEGOLAND</u>)</i> Name? Location? Dates of attendance?</p>	

SUSPECT MEASLES CASE (Last name, First name):

<p>“Because some insect bites can also cause fever and rash, have you had a bug bite (tick, mosquito, spider, chigger) in the 2-3 weeks before your rash?”</p>	
<p>“In the 2-3 weeks before your rash, were you around any pets or animals during their tick removal or were the pets/animals known to have ticks?”</p>	
<p>“In the 2-3 weeks before your rash, were you around any dogs, horses, cattle, deer, rabbits, rodents?”</p>	
<p>“Do you routinely (at least once a week), go hiking/walks or participate in activities in grassy or wooded areas and trails?” <i>Activities include gardening, landscaping, camping, hiking, fishing, hunting, golfing, farming, etc.</i></p>	

Additional notes:

Probable Exposure Period of case (7 to 21 days before rash onset) _____ thru _____
Infectious Period of case (4 days before to 4 days after rash onset) _____ thru _____
Incubation Period for contacts (7 to 21 days after exposure or case's last infectious day)
Household contacts _____ thru _____
Work contacts _____ thru _____
Other _____ thru _____

Discussion Points with the Patient when PCR Results are Positive:

- Ask patient to pay close attention to the next points as a large public health intervention will now begin
- A PHN will be assigned to every exposure site and contact with initial calls made followed by a home visit if calls are not returned to PHN.
- Legal orders may be served to contacts to protect the health of the general community.
- A press release will go out announcing the case and public exposure sites will be listed, but the case's name will not be provided/released.
- Provide patient with the measles FAQ: <http://www.publichealth.lacounty.gov/hea/library/topics/measles/>