



Measles/Rubella case activity investigation form



CASE NAME: _____

CIDR EVENT ID _____

Specify likely disease (measles/rubella/not sure) _____

Area or residence _____

Day	Date	Activity History For <u>21 Days Before Rash Onset</u> and <u>6 Days After Rash Onset Day</u>
Day -21		
Day -20		
Day -19		
Day -18		
Day -17		
Day -16		
Day -15		
Day -14		
Day -13		
Day -12		
Day -11		
Day -10		
Day -9		
Day -8		
Day -7		
Day -6		
Day -5		
Day -4		
Day -3		
Day -2		
Day -1		
Day -0 Rash Onset		
Day +1		
Day +2		
Day +3		
Day +4		
Day +5		
Day +6		

Exposure period ; Infectious period measles  /rubella 



Measles/Rubella case activity investigation form

CASE NAME: _____

CIDR EVENT ID _____

Specify likely disease (measles/rubella/not sure) _____

Area or residence _____

Period when likely exposure occurred



Measles: incubation period from exposure to rash onset normally 14 days (range 7-21 days)



Rubella: incubation period 14 -17 days (range 14-21 days)

Period when likely infectious



Measles: usually 4 days before rash onset until 4 days after (minimal after 2nd day)



Rubella: ~ 1 week before to at least 4 days after rash onset (in infants with CRS can shed virus up to 1 year)

Completed by _____

Date completion _____

Additional comments:

Rationale for form

Purpose: to identify likely source/venue for measles or rubella infection and opportunities to transmit while infectious for the purpose of raising awareness and linking cases without previously identified epi-links. This should be filled out for all confirmed measles and rubella cases

How to complete: this form can also be sent out to individual/parent with stamped addressed envelope for return to public health or can be completed at time of case investigation contact (public health contacts case) details on where case went during the above time is important. Including, shopping, church, play recreation and type of travel (bus, train, shared car). All places should be specified by name.