

Acute Fever and Rash (AFR) Case Investigation Form

Country: _____ Hospital / Clinic: _____

Examiners Name: _____

Today's Date: dd / mmm/ yy

1. Case Identification		Sex: Male Female
Patient's Name: _____		Date of birth: dd / mmm/ yy
Mother's Name: _____		Age: years ____ months ____
Father's Name: _____		Hospital ID # _____
Permanent Address (for follow-up): _____		Pregnant: Y N U Due: dd / mmm/ yy
Source of notification: Official / hospital / private / laboratory / community / other (specify): _____		

2. Immunization History:	Vaccine received: M MR MMR (circle all that apply)	
Date of 1 st dose: dd / mmm/ yy	Date of 2 nd Dose: dd / mmm/ yy	Supplementary Doses: dd / mmm/ yy
Doses validated by: History (Health Worker/Parent) or Immunization Records (register/card) (circle all that apply)		

3. Clinical Examination:			
Date of onset of Fever: dd / mmm/ yy and Rash: dd / mmm/ yy			
Rash description (location, spread, macopapular, vesicular etc): _____			
Cough	Y N U	Occipital, cervical &	Nausea/vomiting Y N U
Runny nose	Y N U	auricular lymph nodes Y N U	Muscle Pain Y N U
Conjunctivitis	Y N U	Joint pain/inflammation Y N U	Headache/eye pain Y N U
Koplik's spots	Y N U	Encephalitis Y N U	Spontaneous bleeding Y N
Pneumonia	Y N U	Others: _____	
Hospitalization:	Y N U	Date Admitted: dd / mmm/ yy	Date Discharged: dd / mmm/ yy
Assessment:	Measles Y	Rubella Y	Dengue Y Other Y _____
Place of examination: _____		Examiners Signature: _____	

4. Possible Source of Infection:	
Travel during 7-18 days before rash onset:	Y (where: _____) N U
Contact with other confirmed case of measles/rubella:	Y (who & where: _____) N U

5. Laboratory Investigations			
Antibodies Blood or Dried Blood Spots (DBS)	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	
Type of Test: Measles/Rubella/Dengue: ____	Result _____	Date tested: dd / mmm/ yy	

6. Final Classification:					
Measles	Rubella	Dengue	Parvo B19	Chickenpox	Other: _____ Discard
Confirmation:	Laboratory	Epidemiological	Clinical		
Outcome:	Fully recovered	Morbidity (specify)	Died: date	dd / mmm/ yy	