

Iowa Department of Public Health Rash Investigation Form

Patient and Contact Information

Patient Name _____
Last First Middle

DOB _____ Age _____ Sex _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip Code _____

Hm Phone (____) _____ Day Phone (____) _____

School/Place of Business _____

Child Care Center _____

Physician _____ Phone (____) _____

Address _____

Person Reporting _____

Agency _____ Phone (____) _____

Where is the patient now? Home Dr. Office

Hospital Other: _____

Final Diagnosis

Measles Chickenpox
 Rubella Smallpox
 Other _____

Investigator _____

Agency _____

Investigation Began ____ / ____ / ____

Investigation Completed ____ / ____ / ____

How is patient now? _____

Vaccine History

Are all vaccines up to date? YES / NO

MMR #1 ____ / ____ / ____

MMR #2 ____ / ____ / ____

Date of previous infection if not immunized
 ____ / ____ / ____ Lab Confirmed? YES / NO

Varicella #1 ____ / ____ / ____

Varicella #2 ____ / ____ / ____

Has the patient ever had chickenpox/shingles?
 If yes when ____ / ____ / ____ Age: _____

Lab Confirmed? YES / NO

Has the patient ever had Smallpox?
 If yes when ____ / ____ / ____ Age: _____

Lab Confirmed? YES / NO

Diagnostic Data

<p>Is the patient pregnant? YES / NO</p> <p>Are any close contacts pregnant? YES / NO</p> <p>Date of fever onset ____ / ____ / ____</p> <p>Highest recorded fever _____</p> <p>Fever 1-4 days BEFORE rash onset / WITH rash onset?</p> <p>Did fever continue with rash onset? Yes/No</p> <p>Duration of Fever _____</p> <p>Date of rash onset: ____ / ____ / ____</p> <p>Duration of rash _____</p> <p>First location of rash: Arms/Legs/Trunk/Face/Inside Mouth</p> <p>Is the rash spreading? YES / NO</p> <p>Rash equally distributed YES / NO</p>	<p>Area with heaviest lesions: Arms/Legs/Trunk/Face/Scalp</p> <p>Is rash present in any of these areas? Inside Mouth/Palms/Soles</p> <p>Did the rash appear all at once? YES / NO</p> <p>Average size of non-infected lesion _____</p> <p>Was the patient hospitalized for rash illness? YES / NO / UNK</p> <p>Hospital Dates ____ / ____ / ____ to ____ / ____ / ____</p> <p>Hospital _____ Phone: _____</p> <p>Outcome: Survival / Death</p> <p>Date of Death ____ / ____ / ____</p> <p>Medication taken before rash onset: _____</p> <p>Is the patient immunocompromised (ie HIV, AIDS, Cancer)? YES / NO</p>
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Rash Description

<p><input type="checkbox"/> Reddish</p> <p><input type="checkbox"/> Dusky brown</p> <p><input type="checkbox"/> Marked itching</p> <p><input type="checkbox"/> Burning</p> <p><input type="checkbox"/> Painful</p> <p><input type="checkbox"/> Numbness</p> <p><input type="checkbox"/> Scaling/crusting</p>	<p><input type="checkbox"/> Could be felt (Papule)</p> <p><input type="checkbox"/> Could not be felt (Macule)</p> <p><input type="checkbox"/> Pustule</p> <p><input type="checkbox"/> Distinct sharp borders</p> <p><input type="checkbox"/> Discrete lesions</p> <p><input type="checkbox"/> Confluent lesions</p> <p><input type="checkbox"/> Umbilicated</p>	<p><input type="checkbox"/> Linear arrangement</p> <p><input type="checkbox"/> Fluid filled (Vesicles)</p> <p><input type="checkbox"/> Solid lumps</p> <p><input type="checkbox"/> Deep seated lesions</p> <p><input type="checkbox"/> Superficial lesions</p> <p><input type="checkbox"/> Lesions crust less than 24 hours</p>	<p><input type="checkbox"/> How long did it take for first lesion to crust? _____</p> <p><input type="checkbox"/> All lesions in same stage of development on a given part of the body? YES / NO</p> <p><input type="checkbox"/> Lesions in different stages of development</p> <p><input type="checkbox"/> 50-100 lesions (can be counted easily)</p> <p><input type="checkbox"/> 100-150 lesions (best estimation)</p> <p><input type="checkbox"/> >500 lesions (unable to count)</p> <p><input type="checkbox"/> Other information _____</p>
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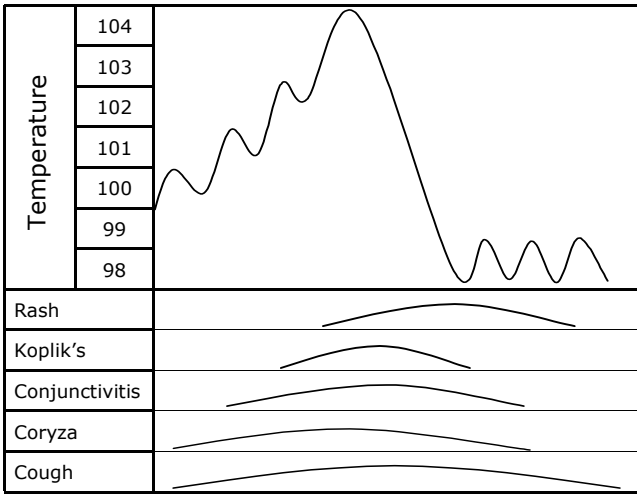
Symptoms

<p><input type="checkbox"/> No/mild prodrome (<1 day)</p> <p><input type="checkbox"/> Koplik's Spots</p> <p>Seen By _____</p> <p>Date Seen _____</p> <p><input type="checkbox"/> Cough</p> <p><input type="checkbox"/> Runny nose</p> <p><input type="checkbox"/> Watery or red eyes</p>	<p><input type="checkbox"/> Photophobia</p> <p><input type="checkbox"/> Nausea / Vomiting</p> <p><input type="checkbox"/> Excessive fatigue</p> <p><input type="checkbox"/> Sore throat</p> <p><input type="checkbox"/> Headache</p> <p><input type="checkbox"/> Backache</p>	<p><input type="checkbox"/> Chills</p> <p><input type="checkbox"/> Abdominal pain</p> <p><input type="checkbox"/> Muscle aches</p> <p><input type="checkbox"/> Joint pain</p> <p><input type="checkbox"/> Complications</p> <p><input type="checkbox"/> Pneumonia</p>	<p>Swollen lymph nodes</p> <p><input type="checkbox"/> Behind ear</p> <p><input type="checkbox"/> Front of neck</p> <p><input type="checkbox"/> Back of neck</p> <p><input type="checkbox"/> Encephalitis</p> <p><input type="checkbox"/> Otitis Media</p>
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Measles Case Definition

Day of Illness 1 2 3 4 5 6 7 8 9 10



Measles: Fever of >101 followed by rash lasting 3 or more days, and cough, coryza, or conjunctivitis.

SMALLPOX CASE DEFINITION

Febrile prodrome occurring 1-4 days before rash onset. (fever $\geq 101^\circ\text{F}$) At least one of the following must also be present: prostration, headache, back-ache, chills, vomiting or severe abdominal pain. The fever may drop with rash onset.

Classic Smallpox Lesions are deep-seated, firm, hard, round, well circumscribed vesicles or pustules. May be umbilicated or confluent.

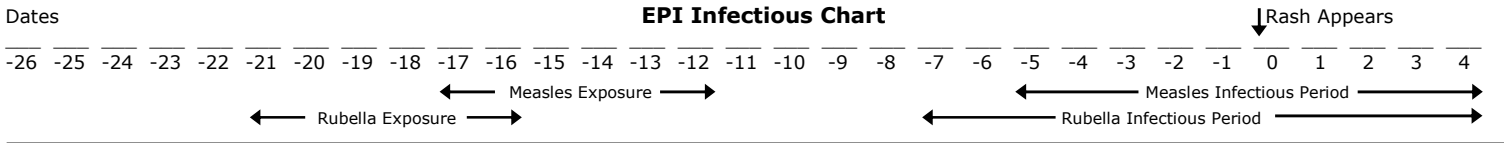
All lesions are in the same stage of development on a given part of the body.

Minor Smallpox Criteria:

- Centrifugal distribution – greatest concentration of lesions on face and distal extremities
- First lesions on the oral mucosa / palate, face, or forearms
- Patient appears toxic or moribund
- Slow evolution – lesions evolve from macules to papules to pustules, with each stage lasting 1-2 days
- Lesions on the palms and the soles

CHICKENPOX CASE DEFINITION

- No or mild prodrome
- Lesions are "dew drop on a rose petal"
- Lesions appear in "crops". On any one part of the body there are lesions in different stages of development. (papules, vesicles, and crusts)
- Centripital distribution – greatest concentration of lesions on the trunk, fewest lesions on distal extremities. May involve the face and scalp. Lesions evolve from macules to papules to crusts quickly (24 hours)



Epidemiology Infectious Information (To Assist in Diagnosis)

Disease	Incubation Period	Infectious Period	Mode of Transmission
Measles	7-18 days from exposure to onset of fever, usually 14 days until rash appears	5 days before rash onset to 5 days after rash onset	Highly communicable. Spread through respiratory droplets, or direct contact with saliva or nasal secretions
Rubella	14-21 days before the onset of the rash	7 days before rash onset to 5 days after rash onset	Respiratory droplets, or direct contact with nasopharyngeal secretions
Smallpox	10-14 days to onset of illness and additional 2-4 days to onset of rash	From the time of development of the earliest lesion until all scabs disappear.	Highly communicable.
Chickenpox	10-21 days prior to onset of rash. May recall exposure	5 days before rash until all lesions are crusted over. (~ 5 days)	Highly communicable. Person to person through direct contact, respiratory droplets or fomites.

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Laboratory Data

Date of 1 st blood draw ____ / ____ / ____	Date of convalescent blood ____ / ____ / ____	Skin Biopsy Date ____ / ____ / ____
CBC results:	Results _____	Results _____
Total WBC/mm ³ _____	Throat Culture Date ____ / ____ / ____	KOH Date ____ / ____ / ____
Neutrophils _____%	Results _____	Results _____
Lymphocytes _____%	IgM Antibodies	Tzank Smear Date ____ / ____ / ____
Monocytes _____%	_____ Measles _____ Rubella	Results _____
Eosinophils _____%		

Has the Patient Done Any of the Following Activities Over the Past 3 Weeks

- | | |
|--|--|
| <input type="checkbox"/> Ride Bus (public or school) Date ____ / ____ / ____
<input type="checkbox"/> Work outside of home Date ____ / ____ / ____
<input type="checkbox"/> Dr. or Hospital visit Date ____ / ____ / ____
<input type="checkbox"/> Church Date ____ / ____ / ____
<input type="checkbox"/> Group Meeting Date ____ / ____ / ____ | <input type="checkbox"/> Babysitter Date ____ / ____ / ____
<input type="checkbox"/> Family Gathering Date ____ / ____ / ____
<input type="checkbox"/> Travel Date ____ / ____ / ____
<input type="checkbox"/> School Date ____ / ____ / ____ |
|--|--|

Specify name and contact information of any positives:

Primary and Household Contacts (Include all contacts from 5-7 days before & 4 days after rash onset)

Name	Age	Address	Relation	Phone	Vaccinated	Date of Follow up call	Date of Illness onset

Persons with Similar Illness 12-21 Days Prior to This Cases Rash Onset

Name	Age	Address	Phone	Illness onset date	Describe Illness