

SUSPECT MEASLES REPORT FORM

ALL SUSPECT MEASLES CASES SHOULD BE REPORTED IMMEDIATELY BY PHONE TO PUBLIC HEALTH.

- **During business hours of Monday-Friday, 8:00AM-4:30PM**, call the health department at 608-266-4821. Ask to be transferred to the Communicable Disease team to leave a voicemail. Our staff will call you back.
- **Outside of business hours**, call the 24/7 Public Health Emergency Line for health care professionals at 608-267-3913. Tell the operator you need to talk with after-hours public health staff. Our on-call staff will call you back.

Suspect case of measles: An individual with measles-like symptoms who is being evaluated for a measles diagnosis.
Individuals with suspected measles need to remain away from all public places until measles infection is ruled out.

This form is to aid providers reporting a suspect case of measles. Faxing this form does not eliminate the need to call public health. Providers should not wait for test results before reporting a person suspected of having measles.

Patient Demographics

Name:	DOB:	(mm/dd/yyyy)	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Other
Address (street/number/city-town/zip):					
Parent/Guardian (if under 18):					
Home/Mobile phone:			Parent(s) work phone:		
School, child care facility, or employer:					
Race: <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White					
<input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Other/specify:					
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic					

Disease Information

Date of symptom onset: (mm/dd/yyyy)					
Fever:	<input type="checkbox"/> Yes	Rash:	<input type="checkbox"/> Yes	Koplik spots:	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No
	<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown
Cough: <input type="checkbox"/> Yes					
<input type="checkbox"/> No					
<input type="checkbox"/> Unknown					
Other symptoms:					

Exposure Information

Linked to another case of measles? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Name:
Travelled out of state or had visitors from out of state in the past month? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Details:	
Susceptible household or other contacts (e.g. < 1 year old, underimmunized, immunocompromised):	

Testing/Immunizations

Check which tests were done. PCR is recommended. Send all samples to the WI State Lab of Hygiene.			
<input type="checkbox"/> PCR	Serology: <input type="checkbox"/> IgM <input type="checkbox"/> IgG		
Immunization dates: MMR(V) #1	(mm/dd/yyyy)	MMR(V) #2	(mm/dd/yyyy)

Reporter Information

Reported by:	Date: (mm/dd/yyyy)
Organization:	Phone number:
Intake by:	