CLEAR FORM

2025 Texas Measles Outbreak Case Report Form

Instructions

- **It is essential to complete the Case Report Form and NEDSS fields in their entirety, using only spaces provided.**
- If need more space for comments to any section, use the last page (see "COMMENTS/NOTES").
- If you submit a subsequent form for the same investigation, please check "Yes" in "NEDSS" box below.
- Highlighted, underlined, bolded, and comments outside of provided fields cannot be used, as they are not deciphered by system.
- Patient tab in NEDSS must also be completed accurately.

***Required NEDSS fields noted by asterisk**

***FINAL STATUS**:
☐ Confirmed
☐ Ruled out/not a case

***OUTCOME**
☐ Survived ☐ Unknown
☐ Died on: _____
Death cause: _____

***NEDSS**
*NEDSS Patient ID#: _____
*NEDSS Investigation Case ID#: _____
Is this update to already submitted form? ☐ Yes ☐ No ☐ Unknown

CASE (PATIENT)

*Case name: _____
last first
*Current address (No PO Box): _____
*City: _____ *County: _____ *Zip: _____
*Public Health Region#: ____ *Phone: (h)_____ (c)_____
Physician: _____ Phone: _____
Physician address: _____

Parent/Guardian name: _____
☐ N/A (over 18)
Permanent address (if not current address):
_____
City:_____ County:_____ Zip:_____
☐ N/A current address is permanent address
☐ Check if homelessness in last 6 months

DEMOGRAPHICS

*Date of birth (DOB): _____ *Age: _____
Infant? ☐ 0-6 months ☐ 7-11 months ☐ No
*Sex: ☐ Male ☐ Female ☐ Unknown
Pregnant? ☐ Yes ☐ No ☐ Unknown ☐ N/A
Estimated due date: _____
Delivery hospital: _____
☐ Occupation: _____

Birthplace: ☐ USA ☐ Other: _____ ☐ Unknown
*Country of residence: ☐ USA ☐ Other: _____ ☐ Unknown
*Hispanic: ☐ Yes ☐ No ☐ Unknown
*Race: ☐ White ☐ Black ☐ Asian ☐ Am. Indian or Alaska Native
☐ Native Hawaiian or Other Pac. Islander ☐ Unknown
☐ Other: _____

INVESTIGATION/REPORTING INFORMATION

*Reported by: _____ *Email:_____ *Phone: _____
Agency: _____
*Earliest date reported to county: _____ (essential, please fill in)
Investigated by: _____ Email: _____ Phone: _____
Agency: _____
*Investigation start date: _____ Investigation completed date: _____

CLINICAL AND HOSPITALIZATION

*Was case hospitalized for this illness?
☐ Yes ☐ ER Only ☐ Urgent care ☐ No (go to next section) ☐ Unknown
*Hospital: _____ Unit: _____
*Illness onset date: _____ (Leave blank if unknown or asymptomatic)
Diagnosis: _____ *Diagnosis date: _____

Admitted to ICU: ☐ Yes ☐ No ☐ Unknown
*Admission date: _____ *Discharge date: _____
Stay duration: ____days ☐ Still admitted
Confirmation method: ☐ Lab test ☐ Epi-linked

Case name (Last, First):_____, _____

RASH AND FEVER (use timeline below for determining dates)

*Rash? ☐ Yes ☐ No (go to next section) ☐ Unknown

*If "Yes," onset date: _____ ☐ Unknown onset date *Duration: ____ days Was rash maculopapular? ☐ Yes ☐ No ☐ Unknown

Rash started on: ☐ Face/head ☐ Trunk ☐ Arms ☐ Legs ☐ Other (specify): _____

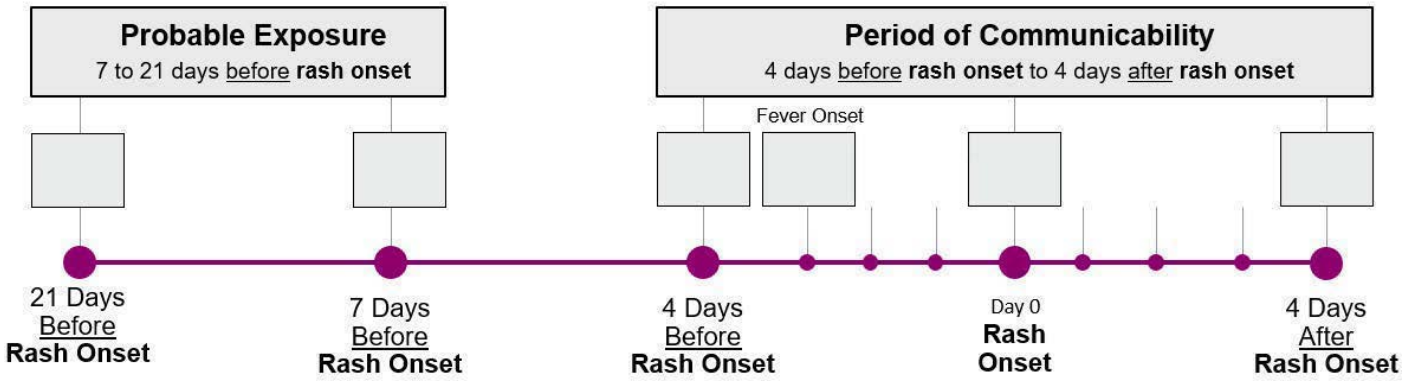
*Rash location: ☐ Generalized ☐ Focal ☐ Unknown ☐ Other (specify): _____

*Fever? ☐ Yes ☐ No ☐ Unknown *If yes, fever onset date: _____ *Highest measured temperature _____°F

*Cough?	☐ Yes ☐ No ☐ Unknown	Koplik spots?	☐ Yes ☐ No ☐ Unknown
*Coryza (runny nose)?	☐ Yes ☐ No ☐ Unknown	*Other symptoms:	☐ Yes ☐ No ☐ Unknown
*Conjunctivitis?	☐ Yes ☐ No ☐ Unknown	*Other specify:	_____

INFECTION TIMELINE

*Use empty gray boxes to determine infection timeline. First, enter Rash Onset date as "Day 0." Second, from Day 0 Rash Onset, count 7 through 21 days backward to identify Probable Exposure dates. Count days forward from Rash Onset for Period of Communicability dates. For example, if Rash Onset (Day 0) is 04/29/25, the rash dates to enter in the six gray boxes are (from left to right): 04/08/25 (21 Days Before), 04/22/25 (7 Days Before), 04/25/25 (4 Days Before), Fever Onset (if known), 04/29/25 (Day 0), and 05/03/25 (4 Days After).



COMPLICATIONS

*Otitis? ☐ Yes ☐ No ☐ Unknown *Pneumonia? ☐ Yes ☐ No ☐ Unknown *Thrombocytopenia? ☐ Yes ☐ No ☐ Unknown

*Diarrhea? ☐ Yes ☐ No ☐ Unknown *Encephalitis ☐ Yes ☐ No ☐ Unknown *Other? ☐ Yes ☐ No ☐ Unknown

Other specify: _____

UNDERLYING HEALTH CONDITIONS

☐ Yes (check all that apply) ☐ No (go to next section) ☐ Unknown

☐ Asthma ☐ Cancer, diagnosis date: _____ ☐ Chemotherapy ☐ Chronic kidney disease ☐ High blood pressure ☐ Liver disease

☐ Corticosteroid therapy ☐ Diabetes ☐ Heart disease ☐ HIV/AIDS ☐ Other chronic lung disease: _____

☐ Organ transplant recipient, when? _____ ☐ Other immune-suppressing condition: _____

☐ Other condition(s): _____

LABORATORY DATA *Was laboratory testing done? ☐ Yes ☐ No (go to next section) ☐ Unknown

☐ PCR	Date specimen collected: _____	Result: _____	Lab: ☐ DSHS Austin ☐ LRN ☐ Other: _____
☐ Culture	Date specimen collected: _____	Result: _____	Lab: ☐ DSHS Austin ☐ LRN ☐ Other: _____
☐ *IgM	Date specimen collected: _____	Result: _____	Lab: ☐ DSHS Austin ☐ LRN ☐ Other: _____
☐ *IgG	Date of acute specimen: _____	Result: _____	Lab: ☐ DSHS Austin ☐ LRN ☐ Other: _____
	Date of convalescent specimen: _____	Result: _____	

Case name (Last, First):_____, _____

MOLECULAR ANALYSIS (If only serology done, go to next section)

Was MeVa testing performed? ☐ Yes ☐ No ☐ Unknown

If Yes, result: ☐ Positive ☐ Negative ☐ Inconclusive

MeVa report date: _____

Was genotyping performed? ☐ Yes ☐ No ☐ Unknown

If Yes, result: ☐ D8 ☐ B3 ☐ Vaccine Strain ☐ Inconclusive

DSId: _____ Genotyping report date: _____

If no, reason: ☐ Discarded prior to testing ☐ Unknown

VACCINATION HISTORY **Note: Refer to instructions for guidance on exemption reasons.**

*Vaccinated: ☐ Yes ☐ No ☐ Unknown Note: Must have verified vaccine record to select "Yes" for vaccinated.

If Yes, number of doses: ☐ 1st Dose – Date: _____ ☐ 2nd Dose – Date: _____ ☐ 3rd Dose – Date: _____

***If No, reason:** ☐ Conscientious exemption ☐ Medical contraindication ☐ Evidence of immunity ☐ Previous disease - Lab confirmed ☐ Previous disease - MD diagnosed ☐ Too young ☐ Parent/Guardian refusal ☐ Unknown ☐ Other: _____

***If Yes, and only 1 dose, reason:** ☐ Conscientious exemption ☐ Medical contraindication ☐ Evidence of immunity ☐ Previous disease - Lab confirmed ☐ Previous disease - MD diagnosed ☐ Too young ☐ Parent/Guardian refusal ☐ Unknown ☐ Other: _____

Verification method: ☐ ImmTrac2; ID: _____ ☐ Patient medical records (please submit with CRF) ☐ Unverified/unknown

IMMUNITY STATUS

Born prior to 1957? ☐ Yes (go to next section) ☐ No

Previous disease history? ☐ Yes ☐ No ☐ Unknown Disease date: _____ Age at diagnosis: _____ years

Diagnosed by whom: ☐ Parent/friend ☐ Physician/Healthcare provider ☐ Other (specify): _____

INTERVIEW

*Who provided exposure history? ☐ Case ☐ Surrogate; relation to case: _____ ☐ None; lost to follow-up ☐ Other: _____

When possible, interview case or surrogate for exposure history. If case cannot communicate at the time of investigation, interview the surrogate but please interview case at a later date. Ask case/surrogate to refer to a calendar and gather booking info/receipts/itineraries for recent travel and medical stays (Emerging and Acute Infectious Disease 2025 Guidance, EAIDG).

****Interview contact attempts – Record date(s) and contact method (phone, text, letter):**

Date 1: _____ Time: _____	Date 2: _____ Time: _____	Date 3: _____ Time: _____

***INFECTION TRANSMISSION SOURCE** ☐ No known exposure ☐ Close contact known or suspected case ☐ Household exposure

Contact date	Name	Age	Address	Phone	NBS Case #
_____	_____	___	_____	_____	_____
_____	_____	___	_____	_____	_____

*Is case epidemiologically linked to lab-confirmed case? ☐ Yes ☐ No ☐ Unknown NEDSS Case # _____

*Where did case potentially acquire measles? ☐ Daycare ☐ School ☐ College ☐ Work ☐ Home ☐ Dr. Office ☐ Hospital ER ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Military ☐ Jail ☐ Church ☐ Travel ☐ Unknown ☐ Other: _____

*Importation class: ☐ Indigenous ☐ International ☐ Out-of-state ☐ Unknown If imported, from what country/state: _____

*Is case part of outbreak? ☐ Yes, 2025 Texas Outbreak ☐ Yes, other: _____ ☐ No ☐ Unknown

CONGREGATE SETTINGS POSSIBLE EXPOSURE, SPREAD AND CONTACTS

*In 21 days before Rash Onset to 4 days after Rash Onset, did case attend, work, visit or volunteer at any of the following?

Settings: ☐ Daycare ☐ School ☐ College/University ☐ Event ☐ Correctional facility ☐ Healthcare facility ☐ Work ☐ Military Base ☐ Place of Worship ☐ Store ☐ Restaurant ☐ Unknown ☐ Other: _____

If yes to any of the above, please complete the information on the pages below.

Case name (Last, First):_____, _____

EDUCATIONAL INSTITUTIONS

*In 21 days before Rash Onset to 4 days after Rash Onset, did case attend, work, visit or volunteer at any education institution?

☐ Yes, complete table below ☐ No ☐ Unknown

Institution name and address (street, city, county, state)	Institution type	Exposure type	Grade/ Department	Last date attended	Were control activities implemented?
	☐ Daycare ☐College/University ☐ School ☐Other:	☐ Student ☐ Visitor ☐ Employee; ☐ Volunteer Title: ☐ Other:			☐ Yes ☐ No ☐ Unknown Explain:
	☐ Daycare ☐ College/University ☐ School ☐ Other:	☐ Student ☐ Visitor ☐ Employee; ☐ Volunteer Title: ☐ Other:			☐ Yes ☐ No ☐ Unknown Explain:

HEALTHCARE FACILITIES

*In 21 days before Rash Onset to 4 days after Rash Onset, did case visit, stay, or work at a healthcare facility?

☐ Yes, complete table below ☐ No (go to next section) ☐ Unknown

*If Yes, was case hospitalized or living at facility for entire incubation period? ☐ Yes ☐ No ☐ Unknown

Facility name and address (street, city, county, state)	Facility type	Exposure type	Visit reason	Visit/ admission date(s)	Discharge date	Were control activities implemented?
	☐ Hospital ☐ Dialysis facility ☐ Urgent care ☐ Dental office ☐ Rehab facility ☐ Surgery center ☐ Nursing home ☐ Outpatient clinic ☐ Assisted living ☐ Other:	☐ Employee; Title: ☐ Inpatient ☐ Outpatient ☐ Visitor ☐ Volunteer ☐ Other:				☐ Yes ☐ No ☐ Unknown Explain:
	☐ Hospital ☐ Dialysis facility ☐ Urgent care ☐ Dental office ☐ Rehab facility ☐ Surgery center ☐ Nursing home ☐ Outpatient clinic ☐ Assisted living ☐ Other:	☐ Employee; Title: ☐ Inpatient ☐ Outpatient ☐ Visitor ☐ Volunteer ☐ Other:				☐ Yes ☐ No ☐ Unknown Explain:

	☐ Hospital ☐ Urgent care ☐ Rehab facility ☐ Nursing home ☐ Assisted living ☐ Dialysis facility ☐ Dental office ☐ Surgery center ☐ Outpatient clinic ☐ Other:	☐ Employee; Title: ☐ Inpatient ☐ Outpatient ☐ Visitor ☐ Volunteer ☐ Other:				☐ Yes ☐ No ☐ Unknown Explain:

CORRECTIONAL FACILITIES

*In 21 days before Rash Onset to 4 days after Rash Onset, did case visit, work, or stay at a correctional facility (e.g., jail, detention, prison)?

☐ Yes, complete table below ☐ No (go to next section) ☐ Unknown

*If Yes, was case living there entire incubation period? ☐ Yes ☐ No ☐ Unknown

Facility name and address (street, city, county, state)	Exposure type	Visit or incarceration date(s)	Release/ transfer date and location, if applicable	Were control activities implemented?
	☐ Inmate/Detainee ☐ Visitor ☐ Employee; Title: ☐ Volunteer ☐ Other:			☐ Yes ☐ No ☐ Unknown Explain:
	☐ Inmate/Detainee ☐ Visitor ☐ Employee; Title: ☐ Volunteer ☐ Other:			☐ Yes ☐ No ☐ Unknown Explain:

EVENTS

*In 21 days before Rash Onset to 4 days after Rash Onset, did case attend any conventions, conferences, public gatherings, meetings, festivals, or other events (e.g., wedding, reunion, exhibit, trade show, fair, birthday party, religious gatherings)?

☐ Yes, complete table below ☐ No (go to next section) ☐ Unknown

Event name and type	Location and address (street, city, county, state)	Dates attended	Estimated number of attendees?	Were control activities implemented?
				☐ Yes ☐ No ☐ Unknown Explain:
				☐ Yes ☐ No ☐ Unknown Explain:
				☐ Yes ☐ No ☐ Unknown Explain:

Case name (Last, First):_____, _____

OTHER CONGREGATE SETTINGS

*In 21 days before Rash Onset to 4 days after Rash Onset, did case work, visit, shop, volunteer, or do any activities in other congregate settings not already reported (e.g., workplace, restaurant, store, place of worship, military base)?

☐ Yes, complete table below ☐ No (go to next section) ☐ Unknown

Setting name and address (street, city, county, state)	Exposure type	Date(s) worked, attended, or volunteered	Activity Details/Duration	Were control activities implemented?
	☐ Employee; Title: ☐ Visitor ☐ Volunteer ☐ Other:			☐ Yes ☐ No ☐ Unknown Explain:
	☐ Employee; Title: ☐ Visitor ☐ Volunteer ☐ Other:			☐ Yes ☐ No ☐ Unknown Explain:
	☐ Employee; Title: ☐ Visitor ☐ Volunteer ☐ Other:			☐ Yes ☐ No ☐ Unknown Explain:

TRAVEL HISTORY

*In 21 days before Rash Onset to 4 days after Rash Onset, did case travel? ☐ Yes ☐ No (go to next section) ☐ Unknown

If Yes, email EAIDUMeasles2025@dshs.texas.gov as soon as information obtained and include all locations in Measles Infection Daily Timeline (page 9).

If Yes, destination(s): _____ *Travel start date: _____ *Travel return date: _____ Time in U.S. since last travel: _____

*Method: ☐ Car ☐ Airplane ☐ Ship/boat ☐ Bus ☐ Train ☐ Other, specify: _____

*Is case traceable in 2 generations to international import? ☐ Yes ☐ No ☐ Unknown

AIRPLANE

*In 21 days before Rash Onset to 4 days after Rash Onset, did case go on flight? ☐ Yes, complete table below ☐ No (go to next section) ☐ Unknown

Flight date	Airline	Flight number	Airport name or code	Seat number (s). If child sat on a lap write “lap infant.”

Case name (Last, First):_____, _____

Where did case go while in airport(s)? _____

Did case travel with others? ☐ Yes, complete table below ☐ No (go to next section) ☐ Unknown

Travel companion name	DOB	Measles symptoms?	If yes, which symptoms?
		☐ Yes ☐ No ☐ Unknown	
		☐ Yes ☐ No ☐ Unknown	
		☐ Yes ☐ No ☐ Unknown	

HOTEL OR TRAVEL ACCOMMODATION

*In 21 days before Rash Onset to 4 days after Rash Onset, did case spend any nights away from home, excluding healthcare settings (e.g., hotel, motel, RV, resort, hostel, private residence, campground, etc.), or live in travel accommodation?

☐ Yes, complete table below ☐ No (go to next section) ☐ Unknown

Accommodation name and type	Address, city, state, zip code, country	Room number	Arrival date	Departure date

INFORMATION PROVIDED TO CASE (where applicable): ☐ Contact/household vaccinations ☐ Post-Exposure Prophylaxis ☐ Transmission guidance ☐ Daycare/school restriction ☐ Case isolation guidance ☐ Close contacts quarantine guidance

NEDSS

CAS#: _____ Entered by: _____ Closed in NBS? ☐ Yes ☐ No If confirmed, notification submitted? ☐ Yes ☐ No

Date investigation initiated: _____ **Date investigation completed**: _____

Case name (Last, First):___________________, _____________________

EXPOSURE CONTACTS

Were control activities initiated? ☐ Yes ☐ No ☐ Unknown If No, explain: ____

Contact name	Relation to Case/Associated congregate setting	DOB	Age	Prior disease history	Vaccination history & dates (not prophylaxis)	Prophylaxis type & date	Pregnant?	Symptomatic?	Contact information
	☐ Household ☐ Friend/relative ☐ School/daycare ☐ Work ☐ Healthcare ☐ Event/Other:			☐ Yes ☐ No ☐ Unknown	☐ Unvaccinated ☐ 1 Dose ☐ 2 Doses ☐ Unknown MMR 1: __________ MMR 2: __________		☐ Yes ☐ No ☐ Unknown ☐ N/A	☐ Yes ☐ No ☐ Unknown ☐ N/A	
	☐ Household ☐ Friend/relative ☐ School/daycare ☐ Work ☐ Healthcare ☐ Event/Other:			☐ Yes ☐ No ☐ Unknown	☐ Unvaccinated ☐ 1 Dose ☐ 2 Doses ☐ Unknown MMR 1: __________ MMR 2: __________		☐ Yes ☐ No ☐ Unknown ☐ N/A	☐ Yes ☐ No ☐ Unknown ☐ N/A	
	☐ Household ☐ Friend/relative ☐ School/daycare ☐ Work ☐ Healthcare ☐ Event/Other:			☐ Yes ☐ No ☐ Unknown	☐ Unvaccinated ☐ 1 Dose ☐ 2 Doses ☐ Unknown MMR 1: __________ MMR 2: __________		☐ Yes ☐ No ☐ Unknown ☐ N/A	☐ Yes ☐ No ☐ Unknown ☐ N/A	
	☐ Household ☐ Friend/relative ☐ School/daycare ☐ Work ☐ Healthcare ☐ Event/Other:			☐ Yes ☐ No ☐ Unknown	☐ Unvaccinated ☐ 1 Dose ☐ 2 Doses ☐ Unknown MMR 1: __________ MMR 2: __________		☐ Yes ☐ No ☐ Unknown ☐ N/A	☐ Yes ☐ No ☐ Unknown ☐ N/A	

Case name (Last, First):_____, _____

Measles Infection Daily Timeline (Optional; <u>however, if the case traveled, please complete with each destination</u>):

The incubation period helps identify infection sources. The infectious period will identify exposed contacts and sites of transmission.

	Date	Day	Locations and times	Notes/Contacts
Incubation period		**-21**		
		-20		
		-19		
		-18		
		-17		
		-16		
		-15		
		-14		
		-13		
		-12		
		-11		
		-10		
		-9		
		-8		
		-7		
Consult (if needed)		**-6**		
		-5		
Period of Communicability		**-4**		
		-3		
		-2		
		-1		
Rash Onset		**0**		
Period of Communicability		**1**		
		2		
		3		
		4		

Form continued on next page

Case name (Last, First):_____, _____

COMMENTS OR NOTES: