

Instructions for 2025 Measles Outbreak Case Report Form (CRF)

GENERAL INSTRUCTIONS

- Use one Case Report Form (CRF) for each case.
- Enter information accurately and completely using only the fillable fields and boxes.
- Do not use other methods to complete this form, such as highlighting, bolding, handwriting comments, or underlining; information outside of provided fields cannot be used by DSHS, as they are not deciphered by the system.
- Use Comments or Notes section if there is not enough space to complete a question.
- Complete as much as possible before the interview using medical records/ other report.
- If a question cannot be answered in the interview or is irrelevant, go to next question.
- All dates should be formatted as: mm/dd/yyyy.
- Asterisk “*” denotes a required National Electronic Disease Surveillance System (NEDSS) data entry field and/or required for investigation.
- It is essential to complete CRF and NEDSS fields in their entirety. If a required field (*) is blank, enter Unknown in NEDSS.
 - Patient Tab in NEDSS must also be completed accurately.
- Enter case’s full last and first legal names at top of each CRF page. If two cases have same last and first names, add middle initial.
- Submit CRF securely to the appropriate Department of State Health Services (DSHS) [Public Health Region \(PHR\)](#), per established protocols.
- [Public Health Regions](#) should send completed CRF to DSHS via secure email at EAIDUmeasles2025@dshs.texas.gov.
 - CRFs should not be submitted until all information is entered into the CRF. However, if actionable information (e.g., travel locations, contacts, or congregate settings) is obtained, submit the CRF as soon as possible, even if the remainder of the form is not completed. For early CRF submission, please indicate the reason in the secure email. Resubmit the CRF once completed.

*FINAL STATUS

- *Enter as:
 - **Confirmed:** acute febrile rash illness (temperature can be lower than 101 degrees Fahrenheit and rash less than 3 days) that is:
 - A. Laboratory-confirmed OR
 - B. Epidemiologically linked to laboratory-confirmed measles case.
 - Illness less than 101 degrees and/or rash less than 3 days still meets criteria if laboratory-confirmed (A above) OR Epidemiologically linked (B above).
 - For case definition resources, see: [Epi Case Criteria Guide \(ECCG\) 2025](#)
 - **Ruled out/not a case:** does not meet confirmed or probable case criteria.

*OUTCOME

- **Survived:** case alive at time of CRF submission.
- **Died on:** case is deceased at time of CRF submission. For **Death cause**, write the cause(s) documented in medical records or death certificate, and any relevant details.

- **Unknown:** no information on whether case is alive or deceased.

*NEDSS

- *Enter the: 1) NEDSS Base System (NBS) Patient ID Number; and 2) NEDSS NBS Investigation Case ID Number.
- If you must submit updated or new information for a previously-submitted CRF, select **Yes**, so we can locate associated CRF using NEDSS ID#.

CASE (PATIENT)

- ***Case name:** legal last and first name. Use middle initial if any 2 cases have same last and first names.
- ***Current address:** where case resides at this time, including: 1) House number and street; 2) City; 3) County (use definition from the [Council for State and Territorial Epidemiologist guidelines](#)); 4) Zip; and 5) [Public Health Region](#).
 - PO Boxes not permitted in CRF.
- ***Phone:** add **home and cell** numbers for contacting case.
- **Physician:** who diagnosed measles, including **phone and address** and/or facility name.
- **Parent/Guardian:** official name (last, first) of case's parent or guardian (if applicable).
- **Permanent address:** if case does not live at their permanent address.
 - Check N/A if current and permanent address match.
 - Check box if history of homelessness in the last 6 months.

DEMOGRAPHICS

- ***Date of birth (DOB):** enter the case's official birthdate using mm/dd/yyyy.
- ***Age:** enter case age at illness onset (include unit, e.g., years, months, weeks, days). For cases older than 24 months, report age in years (e.g., 2 years).
 - **If infant:** if case less than 12 months old, select the age range.
- ***Sex:** Check one choice: Male, Female, or Unknown. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
- ***Pregnant:** Check Yes if pregnant, No if not pregnant. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer. N/A should be selected for biologically unable to conceive (e.g., male).
 - If Yes, enter **estimated due date** and **planned delivery hospital** (if known).
- **Occupation:** specify case's occupation, job title, or career.
- **Birthplace:** check box of case's birthplace. If Other selected, specify birth country in text box. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
- ***Country of residence:** check box of case's current country of residence. If Other selected, specify country name in text box. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
- ***Hispanic:** check Yes if case self-identified as Hispanic, No if self-identified as non-Hispanic. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
- ***Race:** select all that apply for case's self-identified race. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer. If Other selected, specify in text box.

INVESTIGATION/REPORTING INFORMATION

- ***Reported by:** official name (last, first) of person that notified DSHS about case.
- **Agency:** entity from which they are reporting case (e.g., hospital, daycare, lab).
- ***Email:** enter email of person that notified DSHS of case.
- ***Phone:** enter contact number of person that notified DSHS of case.
- ***Earliest date reported to county:** earliest known date reported to county health department. If the regional office is acting as the local health department, record date received by regional office.
- **Investigated by:** enter the official name (last, first) of person investigating. This should be the person DSHS contacts with any investigation questions.
- **Agency:** enter the agency with which the investigator is associated.
- **Email:** enter public health investigator email address.
- **Phone:** enter the contact number of the person investigating case. This should be the number DSHS contacts with any investigation questions.
- ***Investigation start date:** enter date investigator started investigation.
- **Investigation completed date:** enter date investigator completed investigation.

CLINICAL AND HOSPITALIZATION

- ***Was case hospitalized for this illness:** select Yes if case hospitalized as an inpatient for measles. Specify ER Only, Urgent Care or No if not hospitalized for measles. Unknown should be selected for: Unknown, No Information, Not asked, or Refused to answer.
- ***Hospital:** enter facility name.
- **Unit:** enter hospital unit on which case was/is housed.
- ***Illness onset date:** date illness began.
- **Diagnosis:** enter physician's diagnosis of the case.
- ***Diagnosis date:** date of physician diagnosis.
- **Admitted to ICU:** select Yes if case was admitted to intensive care unit (ICU) and No if case was not admitted to ICU. Unknown should be selected for: Unknown, No Information, Not asked, or Refused to answer.
- ***Admission date:** date admitted per medical records or report.
- ***Discharge date:** date admitted per medical records or report.
- **Stay duration:** number of days admitted to ICU; check box if still admitted.
- **Confirmation method:** select whether case confirmed with laboratory test or is epidemiologically-linked.
 - Note: If case was hospitalized more than once for measles (including hospitalizations at same hospital or transfers/referrals), then include additional details on Comments or Notes (last page of CRF).

RASH AND FEVER

- ***Rash?:** select Yes or No. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - ***Onset date:** date rash began. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - ***Duration:** rash duration until interview (in days).
 - **Was rash maculopapular?:** combination of flat and raised red skin spots.
 - **Rash started on:** Where did rash start? Select Face/Head, Trunk, Arms, Legs,

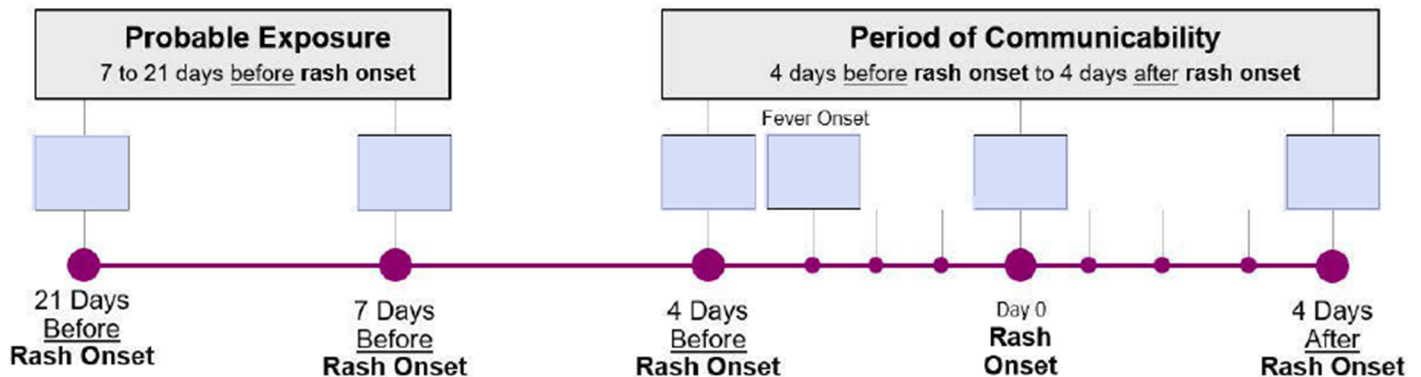
Complete all possible fields using fillable fields and check boxes; information using highlight, old, underline, written on document are not viewable by DSHS; updated 05/08/2025.

Other and/or Unknown. If Other, specify details in box.

- ***Rash location:** current rash location, select Generalized (all over body), Focal (localized), Unknown and/or Other. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer. If Other selected, specify in text box.
- ***Fever?:** Select Yes or No. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - If Yes, ***fever onset date:** first date of fever per medical records or report; and 2) ***Highest measured temperature:** highest temperature recorded using degrees Fahrenheit (°F if known).
- ***Symptoms:** select Yes or No for each sign/symptom. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - *Cough?
 - *Coryza? (runny nose)
 - *Conjunctivitis? (red, watery eyes)
 - Koplik spots? (tiny white spots)
 - *Other symptoms?: if Yes, specify in text box

INFECTION TIMELINE

*Use the 6 empty gray boxes to determine infection timeline. Enter **Rash Onset** in provided timeline (see below). From Day 0 (Rash Onset), count the number of days backwards and forwards to enter the dates for **Probable Exposure** and **Period of Communicability**.



Enter additional comments and notes in the additional, optional Measles Infection Daily Timeline table on the second to last page of the CRF.

COMPLICATIONS

- If case had the following complications, select Yes or No. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - *Otitis? (ear inflammation)
 - *Diarrhea?
 - *Pneumonia?
 - *Encephalitis?
 - *Thrombocytopenia? (low platelets)
 - *Other?: if Yes, specify in text box

UNDERLYING HEALTH CONDITIONS

- Select Yes or No. **If Yes**, check all conditions that apply. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - Asthma
 - Cancer: if selected, specify date first diagnosed
 - Chemotherapy
 - Corticosteroid therapy
 - Diabetes
 - Heart disease
 - HIV/AIDS
 - Organ transplant recipient: if selected, specify date
 - Other condition(s): if selected, specify in text box
 - Chronic kidney disease
 - High blood pressure
 - Liver disease
 - Other chronic lung disease: if selected, specify name of disease in text box
 - Other immune-suppressing condition: if selected, specify diagnosis in text box

LABORATORY DATA

- ***Was laboratory testing done?**: enter whether laboratory testing was done. Select Yes or No. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - Select type of test(s) done (i.e., **PCR, Culture, *IgM, *IgG**).
 - For PCR, Culture, and IgM, enter date specimen collected and the lab result.
 - For IgG, enter date(s) **acute** and **convalescent specimens** collected and respective results.
 - Enter laboratory where testing performed. Select DSHS Austin, LRN or Other. If Other selected, specify laboratory name in text box.

MOLECULAR ANALYSIS (only if serology done)

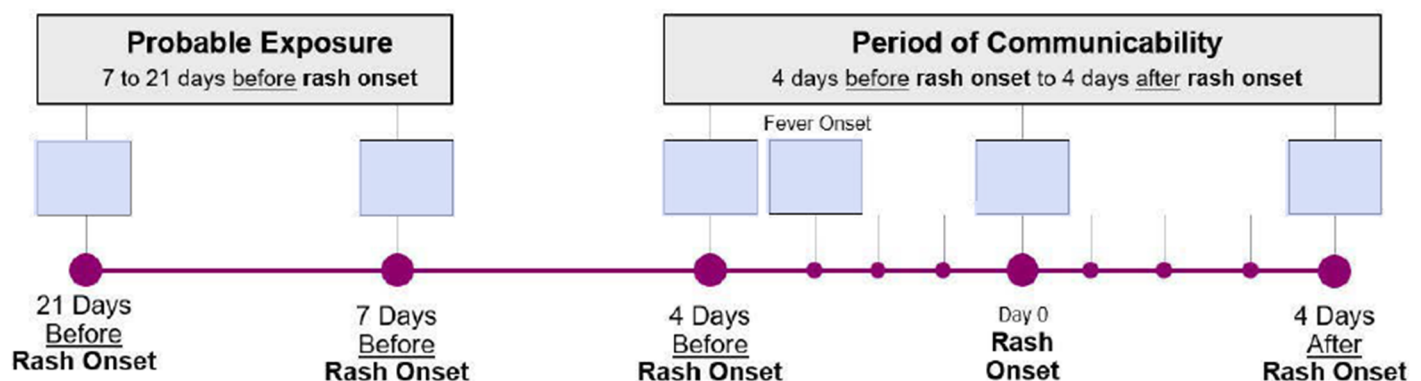
- **Was MeVa testing performed?**: select Yes or No. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - **If Yes, result**: select Positive, Negative or Inconclusive.
 - **MeVa report date**: specify in text box.
- **Was genotyping performed?**: select Yes or No. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - **If Yes, result**: select D8, B3, Vaccine Strain or Inconclusive.
 - **DSId**: specify in text box.
 - **Genotyping report date**: specify in text box using mm/dd/yyyy.
 - **If no, reason**: select Discarded prior to testing or Unknown.

VACCINATION HISTORY

- ***Vaccinated:** select Yes or No. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - **If Yes**, enter if 1, 2 or 3 doses received and dates (if received).
 - **If No**, select reason. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer. If Other selected, specify in text box.
 - Note: Conscientious exemption may include philosophical or religious exemption.
 - **If Yes and only 1 dose:** if 2nd dose not given, enter reason. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer. If Other selected, specify in text box.
- **Verification method:** select method of verification. If **ImmTrac2**, enter **ID** in text box. If there are **patient medical records**, submit these medical records with the CRF. Unverified/unknown should be selected for Unknown, Asked but unknown, No information, Not asked, or Refused to answer.

IMMUNITY STATUS

- **Born prior to 1957?:** if case born prior to 1957 (not including 1957), select Yes or No.
- **Previous disease history?:** select Yes or No. Unknown should be selected for: Unknown, Asked but unknown, No information, Not asked, or Refused to answer.
 - **If Yes**, enter prior **Disease date**, **Age at diagnosis** (in years), and **who diagnosed** disease. If Other, specify in text box.



INTERVIEW

- ***Who provided exposure history?:** who was interviewed to obtain the case's exposure history. Select **Case, Surrogate, None; lost to follow-up, or Other**.
 - **If Surrogate** selected, specify relationship to case in text box.
 - **If Other** is selected, specify in the text box.

Note: when possible, interview a case or surrogate to obtain exposure history. If case is unable to communicate at time of investigation, complete the interview with a surrogate but consider interviewing case later. Ask case/surrogate to use a calendar and gather booking info/receipts/itineraries for recent travel and medical stays.

- ***Interview contact attempts:** provide date(s), time, and contact method (phone, text, letter) attempted to interview and obtain case's exposure history in text boxes provided.
 - Make 3 attempts to contact case, at minimum. Enter additional contact attempts in

Comments or Notes section on last page of CRF.

***INFECTION TRANSMISSION SOURCE**

- *Enter if case had exposure to a known measles case. Select **No known exposure** if no identifiable exposure. Select **Close contact** with known or suspected case if case had known exposure. Select **Household exposure** if case had exposure from someone living in the same household.
 - If **Close contact** with known or suspected case or **Household exposure** selected, enter date of contact, name (last, first) of exposure, exposure's age (in years), address, phone number, and the NBS case Investigation ID.
 - If Close contact with a known or suspected case or Household exposure selected, complete **Is case epidemiologically linked to a lab-confirmed case?** Select Yes (if Yes selected, include the NEDSS Case Investigation ID number) or No. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
- ***Where did case potentially acquire measles?:** select where case acquired measles. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer. If Other selected, specify name of setting and address in the text box provided.
- ***Importation class:** Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer. If imported, specify country/state.
- ***Is case part of outbreak?:** specify if part of an outbreak. Select Yes, 2025 Texas Outbreak; Yes, other; or No (not part of any known outbreak). Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - If Yes, other is selected, list the outbreak name in text box.

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?**
 - Select all congregate settings that apply. These selections will help you determine potential locations for measles exposure and spread, and determine what sections to complete below.
 - Select Unknown for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - Select Other for settings not listed (e.g., movie theater, mall, etc.). Specify setting in the text box provided.

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?**
 - Select Yes if case attend, work, visit or volunteer at any education institution and complete the table below.
 - Select No only if certain the case did not attend, work, visit, or volunteer at any education institution.
 - Select Unknown for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.

- **Institution name and address:** Enter the full name of the institution. Do not use acronyms. Include if it is an elementary, middle, or high school. Enter the full address including street, city, county, and state. Add the school district if known.
- **Institution type:** Select the best option (**Daycare, School, College/University, or Other**). If Other is selected, specify institution type in the provided text box. Select Other for homeschool, group educational settings, or training academies.
- **Exposure type:** Select the best option (Student, Employee, Visitor, Volunteer, or Other). If Employee is selected, specify title or role in the box provided. If Other is selected, specify exposure type in the provided text box.
- **Grade/Department:** **If a Student**, enter grade level or year (e.g., 4th, sophomore, graduate student). **If an Employee**, enter grade level or department (e.g., administration, cafeteria, etc.). **If a Visitor**, enter grade level, department, or area visited, as applicable.
- **Last date attended:** Enter last date case attended, worked at, visited, or volunteered at the educational institution.
- **Were control activities implemented?:** Select whether control activities were implemented at the educational institution. Control activities include but are not limited to: notifying the institution of the exposure, isolating potentially infectious individuals, identifying exposed individuals, determining immunity status of exposed individuals, recommending post-exposure prophylaxis when appropriate, recommending exclusion to unimmunized individuals or sending exposure notification letters.
 - **If Yes**, explain what control measures were implemented.
 - **If No**, explain why control measures were not implemented.
 - Select Unknown for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.

HEALTHCARE FACILITIES

- **In 21 days Before Rash onset to 4 days after Rash Onset, did case visit, stay, work or volunteer at a healthcare facility?**
 - Select Yes if case visit, stay, work or volunteer at a healthcare facility and complete table below.
 - Select No only if you are certain the case did not visit, stay, work or volunteer at a healthcare facility.
 - Select Unknown for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
- **If Yes, was case hospitalized or living at facility for entire incubation period?** If case was hospitalized or admitted to a healthcare care facility, please select if they were at the facility for the **whole incubation period** or not.
- **Facility name and address:** Enter the full name of the facility. Do not use acronyms. Enter full address including street, city, county, and state. Include name of the specific campus, if applicable.
- **Setting type:** Select the best option (**Hospital, Urgent care, Rehab facility, Nursing home, Assisted living, Dialysis facility, Dental office, Surgery center, Outpatient clinic, or Other**). Select Other for cases tested at health department clinics, drive through clinics, or other settings. If Other selected, specify setting type in text box provided.
- **Exposure type:** Select the best exposure type option (**employee, inpatient, outpatient,**

visitor, volunteer, or other). If Employee is selected, specify the title or role in the box provided. If Other is selected, specify exposure type in the box provided.

- For cases that received care in a hospital emergency room (ER) only: select Hospital as the setting type and Outpatient as the exposure type.
- For cases that received care in a stand-alone emergency room (ER): select Other as the setting type, enter stand-alone ER in the box provided and select Outpatient as the exposure type.
- **Visit reason:** Enter reason for visit (e.g., sick, visiting a relative, work, etc.). Include unit, department or area visited, as applicable.
- **Visit/admission date(s):** Enter date of case's visit, stay, work or volunteer at the healthcare facility.
- **Discharge date:** Enter date case was discharged from the healthcare facility, if applicable. Include discharge location if known (e.g., home, nursing home, etc.).
- **Were control activities implemented?:** Select whether control activities were implemented at healthcare facility. Control activities include but are not limited to: notifying facility of the exposure, isolating potentially infectious individuals (e.g., place patient in airborne isolation room), identifying exposed individuals, determining immunity status of exposed individuals, recommending post-exposure prophylaxis (when appropriate), recommending exclusion to unimmunized individuals, or sending exposure notifications.
 - **If Yes,** explain what control measures were implemented.
 - **If No,** explain why control measures were not implemented.
 - Select Unknown for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.

CORRECTIONAL FACILITIES

- **In 21 days before Rash Onset to 4 days after Rash Onset, did case visit, work, or stay at a correctional facility (jail, detention, prison)?**
 - Select Yes or No.
 - Select Unknown for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - **If Yes,** was case living at facility for entire incubation period? If the case stays at a correctional facility, please select if they were at the facility for the whole incubation period or not.
- **Facility name and address:** Enter full facility name. Do not use acronyms. Enter full address including street, city, county, and state. Include the specific unit name, if applicable.
- **Exposure type:** Select the best option for exposure type (Inmate/Detainee, Employee, Visitor, Volunteer, or Other). If Employee is selected, specify the title or role in the box provided. If Other is selected, specify exposure type in the box provided.
- **Visit or incarceration date(s):** Enter date(s) case visited, worked, or stayed at facility. Include type of accommodation if known (single cell, dormitory, etc.).
- **Release/ transfer date and location, if applicable:** Enter date case was released or transferred from the correctional facility, if applicable. Include released or transfer location if known (e.g., home, other correctional facility, etc.).

- **Were control activities implemented?:** Select whether control activities were implemented at the healthcare facility. Control activities include but are not limited to: notifying facility of exposure, isolating potentially infectious individuals (e.g., patient in airborne isolation room), identifying exposed individuals, determining immunity status of exposed individuals, recommending post-exposure prophylaxis when appropriate, recommending exclusion to unimmunized individuals, or exposure notification letters.
 - **If Yes**, explain what control measures were implemented.
 - **If No**, explain why control measures were not implemented.
 - Select Unknown for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.

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?**
 - Select Yes if case attended an event and complete table below.
 - Select No only if you are certain the case did not attend an event.
 - Select Unknown for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
- **Event name and type:** Enter the full name of the event. Do not use acronyms. Include event type (e.g., wedding, concert)
- **Location and address:** Enter full address of event including street, city, county, and state.
- **Dates attended:** Enter date attend the event.
- **Estimated number of attendees?:** Enter estimated number of event attendees. This will help determine potential exposure or spread risk (e.g., was it a small birthday party with 10 people or a concert with thousands of people).
- **Were control activities implemented?:** Select whether control activities were done at the event. Control activities include but are not limited to: notifying event coordinators of the exposure, identifying exposed individuals, determining exposed individuals' immunity status, recommending post-exposure prophylaxis when appropriate, recommending exclusion to unimmunized individuals, or sending exposure notification letters.
 - **If Yes**, explain what control measures were implemented.
 - **If No**, explain why control measures not implemented. Select Unknown for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.

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?**
 - Select Yes if case attended work, visit, shop, volunteer, or do any activities in other congregate settings and complete table below
 - Select No only if you are certain the case did not work, visit, shop, volunteer, or do any activities in other congregate settings
 - Select Unknown for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
- **Setting name and address:** Enter the full name of the setting. Do not use acronyms. Enter full address including street, city, county, and state.

- **Exposure type:** Select the best exposure type option (**Employee, Visitor, Volunteer, or Other**). If Employee is selected, specify the title or role in the box provided. If Other is selected, specify exposure type in the box provided.
- **Date(s) worked, attended, or volunteered:** Enter date(s) case worked, attended, or volunteered at the setting.
- **Activity Details/Duration:** Enter details of the activity conducted at the setting (e.g., how long they were in a store or restaurant).
- **Were control activities implemented:** Select whether control activities were implemented at the setting. Control activities include but are not limited to: notifying the setting of the exposure, identifying exposed individuals, determining immunity status of exposed individuals, recommending post-exposure prophylaxis when appropriate, recommending exclusion to unimmunized individuals, or sending exposure notification letters.
 - **If Yes**, explain what control measures were implemented.
 - **If No**, explain why control measures were not implemented.
 - Select Unknown for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.

TRAVEL HISTORY

- ***In 21 days before Rash Onset to 4 days after Rash Onset, did case travel?**
 - Select Yes or No. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - **If Yes:** 1) Email travel information to EAIDUMeasles2025@dshs.texas.gov as soon as information obtained; 2) Include all locations in Measles Infection Daily Timeline on last page of CRF.
 - **If Yes**, provide specific details on the **destination(s)/location**, **first date of travel**, ***return date from travel**, and ***time in U.S. since last travel** (number of days and/or hours since returned to U.S.).
- ***Method of travel:** Choose the method of travel: **Car, Airplane, Ship/boat, Bus, or Train**. If Other, specify mode of travel in the text box provided.
- ***Is case traceable in 2 generations to international import?:** Select Yes or No. Select Yes if a U.S.-acquired case is traceable within two generations to a measles case acquired internationally. If the case itself acquired the disease internationally, the case would not be considered traceable to an international import, but secondary and subsequent cases would be considered traceable and Yes should be selected.
 - Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
- **Airplane Travel**
- ***In 21 days before Rash Onset to 4 days after Rash Onset, did case go on a flight?**
 - Select Yes or No. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - **If Yes**, add details for each flight including: 1) **Date of flight**; 2) **Airline name**; 3) **Flight number(s)**; 4) **Specific airport name** (not just city where airport is) or the airport code; and 5) **seat number** where case sat (if available); if case is a child that sat on someone's lap please indicate lap infant.
 - **Where did case go while in airport(s):** include locations in each airport where case went. For example, in Austin Bergstrom International Airport (AUS) - security line 2 -

> bathroom behind Book People -> waited at gate 28 until boarding. At Dallas Fort Worth International Airport (DFW), arrived at gate D37 -> baggage claim 16 -> parking garage.

- **Did case travel with others?:** Select Yes or No. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - **If Yes**, add details for each travel companion, such as **Name, date of birth (DOB)**, and whether travel companion(s) have **Measles symptoms** (Yes or No).
 - **If Yes** to Measles symptoms, Select Yes or No. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer. If Yes, list symptoms the travel companion had.
- ***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?**
 - Select Yes or No. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - Exclude stays in healthcare settings. If case stayed in a healthcare setting any nights, select No.
 - **If Yes**, add details for each travel event in table provided, including **accommodation name and type of accommodation, address, city, state, zip code, country, room number(s), arrival date, and departure date.**

PROVIDED INFORMATION TO CASE

- Select all types of infection prevention and control information provided to case, if applicable.

*NEDSS CASE# (Case Investigation ID)

- This section should be completed by person entering case information into NEDSS.
- Enter **NEDSS Case Investigation ID (CAS#)**, name of **person entering case**, **date investigation initiated**, and **date investigation completed**.
 - **Closed in NBS?:** Select Yes or No.
 - **If confirmed, notification submitted?:** Select Yes or No.

CONTACTS

- **Were control activities initiated?** Select Yes or No. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
 - **If No**, specify reason in text box.
- **Complete Contacts table in its entirety (if applicable)**
 - Include each **Contact's name** (last, first), **Relation to Case/Associated congregate setting**, **DOB**, **Age**, **Prior history of measles** (Yes/No/Unknown), **Vaccination history** (not including any prophylaxis), **Prophylaxis type and date** received, **Pregnancy** status (Yes/No/Unknown/N/A), whether contact is **Symptomatic** (Yes/No/Unknown/N/A), and **Contact information**.
 - **For Relation to Case/Associated congregate setting**, enter all settings case visited while infectious or ill. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer. If Event/Other is selected, please specify in the text box provided.

- **For Prior disease history**, Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
- **For Vaccination history**, do not include vaccines given as prophylaxis in response to the current exposure. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
- **For Pregnant**, Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
- **For Pregnant**, select N/A for biologically unable to conceive (e.g., male).
- **For Symptomatic** contacts, enter if known whether case contact has measles symptoms or rash. Select Yes or No. Unknown should be selected for: Unknown, Asked but unknown, No Information, Not asked, or Refused to answer.
- Investigations must be completed on all contacts with symptoms.

MEASLES INFECTION DAILY TIMELINE (OPTIONAL)

- Use provided timeline to determine Incubation Period and Periods of Communicability, Rash Onset date, specific locations and times, and any Notes or Contacts.
- If the case traveled, please complete with each destination.

COMMENTS OR NOTES

- Enter any additional information pertinent to this investigation.
- For any questions that did not have enough space to respond, add the additional information here.

INVESTIGATION REMINDERS

- Prophylaxis treatment should be given to all susceptible contacts with possible measles exposure. Local health departments should email the Immunizations Section (Imm.Epi@dshs.texas.gov) for questions about post-exposure prophylaxis, such as dosage, timing, eligibility, resources, etc. Local health departments should also encourage persons with possible exposure to discuss post-exposure prophylaxis treatment with their healthcare provider.
- Healthcare facilities should use appropriate isolation precautions for patients infected with measles. Persons with confirmed or suspected measles, and unimmunized individuals with a measles exposure, should stay home from school, work, and social gatherings until cleared by public health.
- For further recommendations, please refer to the [Emerging and Acute Infectious Disease 2025 Guidance, EAIDG](#).
- For questions, email EAIDUmeasles2025@dshs.texas.gov.