


29. Centres for Disease Control and Prevention. Update: vaccine side effects, adverse reaction, contraindications and precautions - recommendations of the Advisory Committee on Immunisation Practices (ACIP). MMWR 1996;45(No. RR-12)


52. CDC. 1993 Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. MMWR 1992;41(No. RR-17).
53. CDC. 1994 Revised classification system for human immunodeficiency virus infection in children less than 13 years of age. MMWR 1994;43(No. RR-12):1-10.

54. ACIP Recommendations of the Advisory Committee on Immunization Practices (ACIP): use of vaccines and immune globulins in persons with altered immunocompetence. MMWR 1993;42(No. RR-4).


59. Eggers R. The Immunisation Programme in the HF Verwoerd Hospital, Pretoria: Assessment and recommendations.


61. WHO/EPI. Measles control in the ‘90s: Minimising nosocomial transmission. WHO/EPI/GEN/94.6
ANNEXURE A: MEASLES CASE INVESTIGATION FORM

ANNEXURE B: DISTRICT SUSPECTED MEASLES CASE LINE LISTING
INSTRUCTIONS: This form should be completed in full for each suspected measles cases. The minimal clinical criteria for suspected measles cases are: FEVER AND BLOTCHY RED (MACULOPAPULAR) RASH AND ONE OF THE FOLLOWING: COUGH OR RUNNY NOSE (CORYZA) OR CONJUNCTIVITIS

<table>
<thead>
<tr>
<th>Official use only: EPIDNUMBER:</th>
<th>Received on <em><strong>/</strong></em>/19</th>
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IDENTIFICATION OF PATIENT

Surname of patient: 
First names of patient: 
Names of father/mother: 
Sex Male    Fem. Date of birth ___/___/19 Age ___ months ___ yrs 
Res. address / Contact information: 
Clinic/Hospital name: 
Town: 
District: 
Province: 

NOTIFICATION / INVESTIGATION / RESPONSE

Date district notified: ___/___/19 Date case investigation ___/___/19 Date of response ___/___/19

CLINICAL INFORMATION / ADMISSION TO HOSPITAL / COMPLICATIONS

Date of onset of rash ___/___/19 
Admitted to hospital? Yes  No  Unk 
If yes, date of admission: ___/___/19 
Name of hospital: 
Hospital number: 
Did patient die? Yes  No  Unk 
If yes, date of death: ___/___/19 

IMMUNISATION HISTORY

Number of documented doses of measles vaccine ___ Date of last dose: ___/___/19

LABORATORY DATA

<table>
<thead>
<tr>
<th>Serum sample for IgM</th>
<th>Date collected</th>
<th>Date sent to lab</th>
<th>Date received at lab</th>
<th>Date received at NIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urine sample for virus isolation</td>
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SEROLOGY RESULTS

<table>
<thead>
<tr>
<th>Results</th>
<th>Measles IgM (indirect)</th>
<th>Rubella IgM (indirect)</th>
<th>Other</th>
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<tbody>
<tr>
<td>Positive</td>
<td>Negative</td>
<td>Indetermin.</td>
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<tr>
<td>Positive</td>
<td>Negative</td>
<td>Indetermin.</td>
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<tr>
<td>Other</td>
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Result of virus isolation: 

POSSIBLE SOURCE OF INFECTION

Travel 7 -18 days prior to onset of Yes  No  Unk 
Contact with lab confirmed cases Yes  No  Unk 
Other measles cases in the area Yes  No  Unk 

FINAL DIAGNOSIS (MADE BY PROVINCIAL EPI COORDINATOR)

Date of final diagnosis ___/___/19 
Imported? Yes  No  Unk 

CLASSIFICATION

<table>
<thead>
<tr>
<th>DISCARDED</th>
<th>CONFIRMED</th>
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<tbody>
<tr>
<td>Rubella positive</td>
<td>Laboratory confirmed</td>
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<tr>
<td>Other</td>
<td>Epidemiolog. linked</td>
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<td></td>
<td>Clinical confirmation</td>
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INVESTIGATOR: Name 
Tel: 
Position and facility/district 
Fax: 

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<table>
<thead>
<tr>
<th>EPID No</th>
<th>Name of case</th>
<th>Sex</th>
<th>Date of birth</th>
<th>Date: Onset of rash</th>
<th>Date reported</th>
<th>Date investigated</th>
<th>No. of measles doses</th>
<th>Date of last dose</th>
<th>Blood sample - Measles IgM</th>
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### DISTRICT LINE LISTING OF SUSPECTED MEASLES CASES

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<tr>
<th>EPID No</th>
<th>Result of viral isolation</th>
<th>Final Diagnosis</th>
<th>Import (Y/N)</th>
<th>Hospitalized (Y/N)</th>
<th>Died (Y/N)</th>
<th>Date control activities began</th>
<th>Comment</th>
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* CONFIRMED: L = Laboratory, E = Epidemiological linkage, F = Lack of follow-up, X = Death in a compatible case, C = Classical clinical measles

** DISCARDED: R = Rubella, U = Rash of unknown cause, D = drug reaction, O = Other