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இணையத்தளம்) www.health.gov.lk
website)

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My No.)

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Your No.)

දිනය) 02/01/ 2014
திகதி)
Date

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சுகாதார அமைச்சு
Ministry of Health

Provincial Directors of Health Services,
Regional Directors of Health Services,
Heads/ Directors of Institutions,
Directors of National Hospital/Teaching Hospitals/Provincial & District General Hospitals, Base Hospitals,
All Medical Superintendents of other Hospitals,
All Regional Epidemiologists/ Medical Officers (Maternal and Child Health),
All Medical Officers of Health,

Elimination of Measles/ Rubella/ CRS by 2018

Measles is a highly infectious disease responsible for a high degree of morbidity and mortality among children. Fatal cases of measles is now rarely reported after successful implementation of the National Immunization Programme. The measles vaccine was introduced into the Expanded Programme on Immunization (EPI) in Sri Lanka in 1984. Morbidity and mortality of measles were reduced remarkably since then. But an outbreak of measles with over 15,000 infected cases was experienced in Sri Lanka from September 1999 to June 2000. This was identified as accumulation of susceptible individuals over the years since the efficacy of measles vaccine is only 85%. The decision to introduce the 2nd dose of measles was taken based on this incident and MR vaccine (Rubella containing Measles vaccine) was introduced to all children at the age of 3 years since 2001. After 12 years, an outbreak of measles with near 4,000 suspected cases including around 1,800 laboratory confirmed, was experienced from January to December 2013.

Rubella is a mild disease affecting children and adults. It assumes considerable significance in pregnant women where it is transmitted to the foetus across the placental barrier sometimes with significant teratogenic effects. Rubella vaccine was introduced into the National EPI in 1996 targeting all reproductive aged females of 11-44 years, with the objective of preventing Congenital Rubella Syndrome (CRS). This was carried out as a school based programme by giving rubella vaccine to all children aged 11-15 years , and vaccinating the rest at the community clinics. Number of Measles and CRS cases were markedly reduced and surveillance of measles, Rubella and CRS was strengthened in 2005-2010 under the plan of 'intensification of the surveillance of Measles, Rubella, CRS' and facility of Laboratory confirmation was made available for all suspected cases of Measles, Rubella and CRS.

In 2011, MMR (Measles, Mumps, and Rubella) vaccine was introduced in 2 doses at the age of 1 year and at the age of 3 years, replacing measles (9 months) and MR (3 years).

1. **Elimination Plan 2013-2018**

In par with the Regional Measles, Rubella and CRS elimination strategic plans, Sri Lanka has set the goal of elimination of Measles, Rubella, CRS by 2018.

Vision : Sri Lanka to be free from Measles, Rubella and CRS

Goal: To achieve a status that Measles, Rubella and CRS are not major public health problems in Sri Lanka

Objectives: To achieve and maintain zero mortality and eliminate Measles ,Rubella/CRS in Sri Lanka

Elimination targets:

- <5 measles cases/ million population by 2015 and < 1 case per / million population by 2018
- <10 Rubella cases/ million population by 2018
- < 1 CRS case/ 100,000 Live births by 2018

Components of elimination strategies:

1. Achieve and maintain high levels of population immunity by providing two doses of Measles and Rubella containing vaccines with high vaccination coverage.
2. Monitor diseases with strengthened disease surveillance including laboratory confirmation of all suspected cases of Measles, Rubella, CRS cases: case based investigation.
3. Strengthen Country preparedness for outbreak investigation, confirmation and response.
4. Adequate patient care management to prevent the transmission and mortality.
5. Perform research to identify evidence based support for cost effective implementation strategies for vaccination, population level seroprevalence (immunity levels), surveillance and diagnosis including laboratory confirmation.

2. **Measles and Rubella vaccination**

- All eligible children who have completed the age of 1 year and the age of 3 years are to be vaccinated with MMR vaccine according to the current National EPI schedule in Sri Lanka.
- Required to achieve and maintain above 95% coverage in each of the two doses of MMR vaccines at the district and national levels.
- Ensure all women in the reproductive age are protected with at least one Rubella/ Rubella containing vaccine.
- Ensure that all women are protected/vaccinated for Rubella at the time the Public Health Midwife (PHM) includes them in the Eligible couple register.

- If any pregnant woman is found unvaccinated for Rubella, (and if the family has not been completed) she should be vaccinated for Rubella after delivery to prevent a future CRS case.

3. Case definitions

3.1 Surveillance case definition of Measles

Any person with: Fever **and** Maculopapular (i.e. non vescicular) rash **and at least one of the following:**

- Cough
- Coryza (i.e. runny nose)
- Conjunctivitis (i.e. red eyes)

3.2 Surveillance case definition of Rubella

Any person with: Acute onset of generalized maculopapular rash; temperature above 99.0^{0}F. (above 37.2^{0}C); arthralgia, arthritis, lymphadenopathy (usually suboccipital/ postauricular/ cervical) or conjunctivitis.

3.3 Surveillance case definition of CRS

Any infant with : Maternal history of Rubella infection and / or with signs and symptoms from following categories

- cataract, congenital glaucoma, pigmentary retinopathy, Congenital heart disease (PDA/peripheral pulmonary artery stenosis/VSD), Loss of hearing
- Purpura, splenomegaly, microcephaly, mental retardation, Meningo-encephalitis, Radiolucent bone disease, jaundice (within 24 hours of delivery)

or

Laboratory data consistent with Congenital Rubella Infection
(Rubella IgM positive or Rubella virus isolated)

4. Measles/Rubella/CRS case reporting

National Measles/Rubella and CRS registers are maintained at the Epidemiological Unit.

It has been decided to consider all AFP surveillance sentinel sites as Measles/Rubella/CRS surveillance sites. These sentinel site health care institutions are the hospitals where a paediatrician and/ or physician are available.

- All suspected Measles and Rubella patients should be notified to the Epidemiology Unit through the new format 'Suspected Measles / Rubella Patient Information Form' (EPID/151/1/2013, Blue Form) [**Annexure 1**] filled by the Clinician/Medical Officer who is treating the patient at first patient contact.

- The routine notification has to be sent to the Medical Officer of Health (MOH) of the patient's residential area (Notification of Communicable Diseases: Health-544) for all suspected cases of Measles, Rubella, CRS by the Clinician who is treating the patient.

- All suspected CRS cases need to be reported to the Epidemiology Unit immediately by phone/fax/E-mail and special investigation form (EPID/DS/CRS/2013) [**Annexure 2**] is required to be properly completed by the Clinician/Medical Officer who is treating the patient at the health institution and sent to the Epidemiology Unit.

- All infection control nursing officers (ICNO) at the sentinel site hospitals are expected to maintain a Measles/Rubella and CRS registers (Format: **Annexure 3 and 4**). The infection control nurses are also expected to visit medical, paediatric, obstetric, cardiology, ophthalmology and ENT wards regularly for detection of cases (all Measles, Rubella, CRS) and to notify promptly to the Epidemiology Unit.

- All suspected cases of Measles, Rubella/CRS presented to sentinel site hospitals should be included in the Weekly reporting form for AFP, Measles, Rubella cases from hospital (sentinel sites) – EPID/37/5/R2004 (**Annexure 5**), and should be sent on every Friday to the Chief Epidemiologist, Epidemiology Unit, Colombo with copy to the Regional Epidemiologist. This form should be sent even if no cases have been detected (nil reporting) for the week. A total of 52 reports should be received from each site per year and the timeliness of the return needs to be maintained at 7 days to be received at the Epidemiology Unit. The performance rate of completeness of timeliness of the return will be measured.

- The patients identified in other health institutions other than sentinel sites, or by a General Practitioner, are required to be promptly notified to the relevant MOH (Notification of Communicable Disease, [Health 544] form or any other means of notification) and the laboratory confirmation should be carried out as instructed.

- The MOH has to proceed with routine surveillance procedure for all notified or community detected Measles, Rubella, CRS cases and complete the special field investigation form for clinical confirmation, contact tracing and outbreak prevention.

- All clinically confirmed cases of Measles, Rubella and CRS need to be completed with special investigation forms by the MOH ([EPID/DS/MEASLES/2007] , [EPID/DS/RUBELLA.2007], [EPID/DS/CRS/2013])_(**Annexure 6, 7 & 2**) and duly completed forms should be sent to the Epidemiology unit as early as possible.

- If the notified Measles/Rubella case has not been laboratory confirmed due to any reason by the Health Institution, the MOH should perform the laboratory confirmation at the time of special field investigation as per the Epidemiology Unit letter No: EPID/151/2011 dated 20/09/2012.

- All Measles/Rubella cases detected at the community level by any of the public health staff, need to be adequately investigated , in accordance with the routine surveillance and special investigation procedure, with laboratory confirmation to complete case based investigation by the MOH.

6. **Laboratory investigations for suspected Measles/Rubella and CRS cases**

- A blood sample of 2-3ml for Measles /Rubella IgM should be collected from each suspected case of Measles, or Rubella from the 3rd day to 28th day of the onset of signs and symptoms, into a sterile, dry, screw capped container without any anti coagulant.

- A blood sample for Rubella IgM (or for TORCH screen as for Toxoplasma, Rubella, Cytomegalovirus, Herpes simplex virus in screening for congenital abnormalities) should be taken from all suspected infants of CRS and from newborns in instances where the mother has declared a history of suspected/confirmed Rubella infection in any gestational age of pregnancy.

- If any pregnant woman who does not give a history of Rubella vaccination is identified in any Obstetric Unit, she is required to be tested for Rubella IgM to identify recent possible Rubella infection during gestational period. In case a positive result is obtained, the baby is required to be investigated on delivery and followed up for possible CRS.

- Once the blood sample has been collected, it should be labeled and left at room temperature for about 30 minutes and send to the laboratory in a cold box as soon as possible.

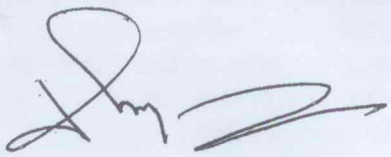
- If facilities to centrifuge is available, properly labelled separated serum should be sent to the Virology laboratory, MRI for Measles or Rubella IgM detection.

- The sample should be received at the laboratory within 48 hours of collection for adequate antibody detection and if there is any delay of transport more than 6 hours the sample should be refrigerated until dispatch to prevent destruction of antibodies.

- The sample should be sent to Measles/Rubella Virology Laboratory at the Medical Research Institute for IgM antibodies for confirmation of the diagnosis with the MRI request form with adequate information.

- Naso-pharyngeal aspirates, throat and/or nasal swabs or gingival swabs for Measles/Rubella virus or antigen detection can be done within the first 5 days of the onset of symptoms and samples should be transported to the laboratory in virus transport media , properly labelled, with a request form, in a cold box with ice.

Please bring the contents of this circular to the notice of all relevant staff at your institution/district/province and arrange to implement the programme accordingly.



Dr. P. G. Mahipala
Director General of Health Services
Ministry of Health

Copy:

- Secretary Health
- DDG/PHS 1
- DDG/PHS 11
- DDG/MS
- Chief Epidemiologist

Annexure 1

EPID/151/1/2013

EPIDEMIOLOGY UNIT – MINISTRY OF HEALTH

Measles / Rubella Elimination Initiative

Suspected Measles / Rubella Patient Information

Please Mark	*For Office use only*
Measles ☐ Rubella ☐	Mea/Rub ID Code SRL/☐☐/☐☐/☐☐/☐☐☐

To be filled in by the Medical Officer treating the case, on suspicion of the diagnosis and sent to the EPIDEMIOLOGY UNIT, 231, DE SARAM PLACE, COLOMBO 10 (Fax: 2696583, email: chepid@sltnet.lk, epidunit@sltnet.lk at your earliest)

Name of Hospital							
Inward patient		Ward No.	BHT No.	Date of Admission	OPD patient		OPD No
Yes	No				Yes	No	

Particulars of the Patient

Name :- .....

Address :- .....

.....

Telephone No. :- .....

MOH Area :- .....

District :- .....

Date of Birth :- Year ☐☐☐☐ Month ☐☐ Date ☐☐

Age :- .....

Sex :- Male ☐ Female ☐

Clinical History

Date of onset of fever :- Year ☐☐☐☐ Month ☐☐ Date ☐☐

Date of onset of rash :- Year ☐☐☐☐ Month ☐☐ Date ☐☐

Cough ☐

Coryza ☐

Conjunctivitis ☐

Lymphadenopathy ☐ (sub occipital / post auricular / cervical)

Other (specify) :- .....

Specimen collection :- Serology ☐ Virus Isolation ☐

Specimen details

Date of collection of blood (IgM)	Date of dispatch to MRI	Date of collection of swabs (Nasal/ Throat swabs for Virus Isolation)	Date of dispatch to MRI

.....
Name of the medical officer

.....
Designation

.....
Date

.....
Signature

Annexure 2

EPID/DS/CRS/2013

SURVEILLANCE OF CONGENITAL RUBELLA SYNDROME (CRS) - CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

The Medical Officer/Hospital and REE/MOH should carry out the investigation personally. Necessary data should be obtained from the mother of the new baby/BHT/Physician/investigation reports/diagnosis cards. Early investigation and return is essential.

Serial No: ☐☐/☐☐/☐☐/☐☐

A. GENERAL

1. Date of notification to MOH : ☐☐/ ☐☐ / ☐☐☐☐ (dd/mm/yy)
2. Date of notification to Epidemiology Unit : ☐☐/ ☐☐ / ☐☐☐☐ (dd/mm/yy)
3. Name of the reporting Institution / Hospital .....
4. Ward No: .....
5. BHT No: .....
6. Name of the hospital where the baby was born .....
7. Ward No: .....
8. BHT No: .....

B. PARTICULARS OF PATIENT *(Please (✓) appropriate box where applicable)*

9. Name of patient (BLOCK LETTERS) .....
10. Name of the parent/guardian .....
11. Residential Address: .....
12. Date of Birth : ☐☐/ ☐☐ / ☐☐☐☐ (dd/mm/yy)

13. Age	14. Sex	15. Ethnic group	
☐☐ ☐☐ ☐☐ Yrs Months Days	☐ 1. Male ☐ 2. Female	☐ 1. Sinhalese ☐ 2. Tamil ☐ 3. Moor ☐ 4. Others ☐ 9. Unknown	16. Mother's occupation ..... 17. District ..... 18. MOH area .....

B. PRESENT ILLNESS /OUTCOME

19. Date of detection of signs and symptoms of CRS:
☐☐ ☐☐ ☐☐
d d m m y y

20. Where did the patient detect first
☐ 1. Government hospital
☐ 2. Private hospital
☐ 3. Medical Officer of Health
☐ 4. Private practitioner
☐ 5. Ayurvedic institution
☐ 6. Other (specify)
.....

21. Outcome of the event
☐ 1. Still under treatment
☐ 2. Died
☐ 3. Transferred
☐ 4. Discharged

22. Date of discharge, transfer or death (where relevant)
☐☐ ☐☐ ☐☐
d d m m y y

23. If transferred, name of hospital
.....

24. Was patient transferred from some other hospital
Yes ☐ / No ☐

25. If "yes", where was the patient transferred from ?
.....

C. CLINICAL DATA

Surveillance Case definition:

Child <1 year of age with maternal history of Rubella infection and/or following signs and symptoms.

List A	List B	Laboratory data consistent with Congenital Rubella Infection (CRI)	**For office use only**
☐ 1. Cateract/s ☐ 2. Congenital glaucoma ☐ 3. Congenital hearth disease ☐ 4. Loss of hearing ☐ 5. Pigmentary Retinopathy	☐ 1. Purpura ☐ 2. Splenomegaly ☐ 3. Microcephaly ☐ 4. Mental Retardation ☐ 5. Meningo-encephalitis ☐ 6. Radiolucent bone disease ☐ 7. Jaundice (within 24hr of delivery)	☐ positive result of rubella IgM	Compatible with the case definition. ☐ 1. Yes ☐ 2. No

D. LABORATORY FINDINGS

26. Was blood taken for rubella serological investigations? ☐ 1. yes ☐ 2. no if no reason .....

27. Was specimens collected for rubella virus isolation ? ☐ 1. yes ☐ 2. no if no reason .....

28. If yes:

Investigation	Date of collection of specimen (dd/mm/yy)	Laboratory MRI/ other govt./ private/ not known	Results (mark **NA** if test results are not available and **RP** if pending)
1. maternal IgG persisting >6/52 in infant			
2. rubella specific IgM			
3. virus isolation / PCR			

E. MATERNAL HISTORY

29. Age of mother at time of delivery:
☐☐ years

30. Did the mother have a rubella-like illness during the present pregnancy?
☐ 1. yes
☐ 2. no
☐ 3. not known

31. If yes, period of gestation at the time of illness
☐☐ in weeks
☐ not known

32. Which of the following symptoms and signs were present?
☐ 1. fever
☐ 2. rash
☐ 3. lymphadenopathy
☐ 4. conjunctivitis
☐ 5. arthritis/arthralgia
☐ 6. others (specify)
.....

33. Was rubella serologically confirmed during pregnancy ?
☐ 1. yes
☐ 2. no
☐ 3. not known

F. MOTHER'S IMMUNIZATION HISTORY

34. Was the mother immunized for rubella?
☐ 1. yes ☐ 2. no ☐ 3. not known

35. If yes, date of vaccination:
☐☐ ☐☐ ☐☐
d d m m y y
☐ not known

36. Type of vaccine used:
☐ 1. Rubella ☐ 3. MR
☐ 2. MMR ☐ 4. Not known

37. Place of vaccination
☐ 1. MOH clinic
☐ 2. school
☐ 3. government hospital
☐ 4. private dispensary/surgery
☐ 5. private hospital
☐ 6. other (specify)
.....
☐ 7. not known

38. If not immunized, reason:
☐ 1. medical contraindication
☐ 2. unaware of the need for vaccination
☐ 3. non-availability of vaccine
☐ 4. no faith in the vaccine
☐ 5. others (specify)
.....
☐ 6. not known

G. CONTACT HISTORY

39. Was the mother in contact with a known or suspected case of rubella during the index pregnancy?
☐ 1. yes
☐ 2. no
☐ 3. not known

40. If yes, period of gestation in weeks:
☐☐
☐ not known

FOR OFFICE USE
Time between immunization and development of maternal infection
☐☐ yrs ☐☐ months

41. Remarks: .....
.....
.....
.....

Signature: ..... Name: .....

Date: ..... Designation: .....

For office use only

Final classification

Laboratory confirmed	☐
Clinically confirmed	☐
C R I	☐

Annexure 3

Measles / Rubella Register Format

Serial Number (Annual number)	Disease	Name of the Patient	Age DOB	Sex	Ward	BHT	Date of admission	Date of onset	Residential address	Date of notification		Specimen collection for confirmation (date & result)	
										To MOH (H 544)	To Epid Unit (EPID/151/1/2013)	Blood for IgM	Virus isolation swabs

Annexure 4

CRS Register Format

Serial Number (Annual number)	Name of the Patient & Name of the mother	Age at detection of CRS & DOB	Sex	Ward/ Unit	BHT	Date of admission	Date of detection	Mother's vaccination status Rubella (Y/N)	Residential address	Date of notification		Specimen collection for confirmation (date & result)	
										To MOH (H 544)	To Epid Unit (EPID/DS/CRS/2013)	Blood for IgM	Virus isolation swabs

Annexure 5

FORM: EPID/37/5/R2004

WEEKLY REPORTING FORM FOR AFP*, MEASLES, RUBELLA /CRS CASES FROM HOSPITALS

(SENTINEL SITES)

INSTITUTION:.....

Week of reporting: (Saturday to Friday) ☐☐.☐☐.200☐ to ☐☐.☐☐.200☐

Disease	Name of the patient	Age	Sex	Ward	B.H.T. No.	** D.O.A	Date of onset	Residential address

Name :..... Designation: .... Signature: .... Date: .....

*AFP – Acute Flaccid Paralysis

** D.O.A – Date of admission

This form should be completed for all cases of **AFP, MEASLES, and RUBELLA/CRS,** *after visiting medical, paediatric, EYE, ENT and neurology wards during the week. Even if no cases have been detected, please forward this return every Friday to Epidemiologist, Epidemiological Unit, 231, de Saram Place, Colombo 01000 with a copy to Regional Epidemiologist, Tel: 2695112, 2681548, Fax: 2696583, E-mail:epidunit@sltnet.lk / chepid@sltnet.lk by Head of the institution/ICN/PHI or any other identified officer.*

FORM: EPID/37/5/R2004

WEEKLY REPORTING FORM FOR AFP*, MEASLES, RUBELLA/CRS CASES FROM HOSPITALS

(SENTINEL SITES)

INSTITUTION:.....

Week of reporting: (Saturday to Friday) ☐☐.☐☐.200☐ to ☐☐.☐☐.200☐

Disease	Name of the patient	Age	Sex	Ward	B.H.T. No.	** D.O.A	Date of onset	Residential address

Name :..... Designation: .... Signature: .... Date: .....

*AFP – Acute Flaccid Paralysis

** D.O.A – Date of admission

This form should be completed for all cases of ***AFP, MEASLES, and RUBELLA/CRS*** *after visiting medical, paediatric EYE, ENT, and neurology wards during the week. Even if no cases have been detected, please forward this return every Friday to Epidemiologist, Epidemiological Unit, 231, de Saram Place, Colombo 01000 with a copy to Regional Epidemiologist, Tel: 2695112, 2681548, Fax: 2696583, E-mail: chepid@sltnet.lk by Head of the institution/ICN/PHI or any other identified officer.*

Annexure 6

EPID/DS/MEASLES/2007

SURVEILLANCE OF MEASLES – CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

The MOH should do the investigation personally. Necessary data should be obtained from the hospital by reference to the BHT / Physician or from the diagnosis card. Early investigation and return are essential.

Week ending of notification ☐☐ ☐☐ ☐☐ (d d m m y y)	Serial no: ☐☐☐☐	Please write the Serial No given in the Infectious Disease Register (ID Register) in the MOH office

A. PARTICULARS OF PATIENT *(Please tick (3) the appropriate box where applicable)*

1. Name of patient (BLOCK LETTERS) .....

2. Residential address: .....

3. Date of birth: ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)

4. Age ☐☐/☐☐ (y y / m m)	5. Sex	6. Ethnic group	7. Occupation	8. DPDHS division (district)	9. MOH area
	☐ 1. male ☐ 2. female ☐ 3. not known	☐ 1. Sinhalese ☐ 2. Tamil ☐ 3. Moor ☐ 4. others ☐ 5. not known	.....	.....	.....
			FOR OFFICE USE ONLY		
			☐☐	☐☐	☐☐

B. PRESENT ILLNESS/OUTCOME

10. Date of onset of symptoms: ☐☐ ☐☐ ☐☐ (d d m m y y)

11. Where did the patient first seek medical advice?
- ☐ 1. government hospital
- ☐ 2. private hospital
- ☐ 3. private practitioner
- ☐ 4. Ayurvedic institution (public/private)
- ☐ 5. other (specify) .....

12. Was patient admitted to hospital?
- ☐ 1. yes → to Q. 13
- ☐ 2. no } skip to Q. 21
- ☐ 3. not known }

13. If yes, date of admission: ☐☐ ☐☐ ☐☐ (d d m m y y)

14. Name of hospital: .....

15. Ward: .....

16. BHT no: .....

17. Date of discharge/transfer or death: ☐☐ ☐☐ ☐☐ (d d m m y y)

18. If transferred, name of hospital .....

19. Was patient transferred from some other hospital?
☐ 1. yes ☐ 2. no

20. If "yes", where was the patient transferred from? .....

21. Outcome of the case
☐ 1. cured ☐ 3. transferred
☐ 2. died ☐ 4. not known

C. CLINICAL DATA

Case definition: any person with fever with maculopapular rash (>3 days) and cough, coryza (runny nose) or conjunctivitis

22. Symptoms and signs
- ☐ 1. fever
- ☐ 2. generalized rash
- ☐ 3. cough
- ☐ 4. coryza
- ☐ 5. conjunctivitis
- ☐ 6. other (specify): .....

23. Complications
- ☐ 1. none
- ☐ 2. diarrhoea
- ☐ 3. pneumonia
- ☐ 4. otitis media
- ☐ 5. encephalitis
- ☐ 6. other (specify): .....

For office use only
Compatible with the case definition:
- ☐ 1. Yes
- ☐ 2. No

D. LABORATORY FINDINGS

24. Was blood taken for measles serology? ☐ 1. yes ☐ 2. no. ☐ 3. not known

25. If yes:

Investigation	Date of collection of specimen (dd/mm/yy)	Laboratory (MRI/govt./private)	Results (mark NA if test results are not available and PP if pending)
1. IgG 1st specimen			
2. IgG 2nd specimen			
3. IgM			

E. MEASLES VACCINATION STATUS

26. Was measles vaccine given before the onset of the present illness?

☐ 1. yes ☐ 2. no ☐ 3. not known

27. If yes, details of immunization:

Dose	Date of immunization* (dd/mm/yy)	Type of vaccine**	Batch number	Place of immunization***
1st dose				
2nd dose				
Other				

*If the date is not known but the particular dose has been given, mark (3) in the relevant cage
** Measles vaccine/ MR vaccine/ MMR vaccine/ not known
***MOH office/ govt. hospital/ PHM field clinic/ private hosp/clinic/GP/ not known/ other

F. CONTACT HISTORY

28. Has the patient been in contact with anyone with fever and/or rash within **3 weeks prior to onset of illness**?

☐ 1. yes ☐ 2. no ☐ 3. not known

(if yes, fill row 1 – 3 with details)

29. Details of the patient's household or other close contacts who developed a similar illness **following the development of measles in the patient**, and their immunization status (fill Row 4 – 7 with details)

		Name	Age	Sex	Date of onset of rash	Relationship to patient	Vaccinated for measles		
							yes	no	not known
28a. contacts with a similar disease prior to onset of illness in the patient	1								
	2								
	3								
29a. contacts of the patient who developed similar illness after the development of measles in the patient	4								
	5								
	6								
	7								

30. Remarks:

.....

.....

.....

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Signature: ..... Name: .....

Date: ..... Designation: .....

For office use only

Final classification

Laboratory confirmed ☐

Epidemiologically confirmed ☐

Clinically confirmed ☐

Please return to:
Epidemiologist, Epidemiology Unit, 231, De Saram Place, Colombo 10
email: epidunit@sltnet.lk Tel: 011-2695112 / 2681548 Fax: 011-2696583

Annexure 7

EPID/DS/RUBELLA/2007

SURVEILLANCE OF RUBELLA – CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

The MOH should do the investigation personally. Necessary data should be obtained from the hospital by reference to the BHT / Physician or from the diagnosis card. Early investigation and return are essential.

Week ending of notification ☐☐ ☐☐ ☐☐ (d d m m y y)	Serial no: ☐☐☐☐	Please write the Serial No given in the Infectious Disease Register (ID Register) in the MOH office

A. PARTICULARS OF PATIENT *(Please tick (✓) the appropriate box where applicable)*

1. Name of patient (BLOCK LETTERS) .....

2. Residential address: .....

3. Date of birth: ☐☐ / ☐☐ / ☐☐☐☐ (dd/mm/yyyy)

4. Age	5. Sex	6. Ethnic group	7. Occupation	8. DPDHS division (district)	9. MOH area
☐☐/☐☐ (y y / m m)	☐ 1. male ☐ 2. female ☐ 3. not known	☐ 1. Sinhalese ☐ 2. Tamil ☐ 3. Moor ☐ 4. others ☐ 5. not known	.....	.....	.....
			FOR OFFICE USE ONLY		
			☐☐	☐☐	☐☐

B. PRESENT ILLNESS/OUTCOME

10. Date of onset of symptoms: ☐☐ ☐☐ ☐☐ (d d m m y y)

11. Where did the patient first seek medical advice?
- ☐ 1. government hospital
- ☐ 2. private hospital
- ☐ 3. private practitioner
- ☐ 4. Ayurvedic institution (public/private)
- ☐ 5. other (specify) .....

12. Was patient admitted to hospital?
- ☐ 1. yes → to Q. 13
- ☐ 2. no
- ☐ 3. not known

} skip to Q. 21

13. If yes, date of admission: ☐☐ ☐☐ ☐☐ (d d m m y y)

14. Name of hospital: .....

15. Ward: .....

16. BHT no: .....

17. Date of discharge/transfer or death: ☐☐ ☐☐ ☐☐ (d d m m y y)

18. If transferred, name of hospital .....

19. Was patient transferred from some other hospital?
- ☐ 1. yes ☐ 2. no

20. If "yes", where was the patient transferred from? .....

21. Outcome of the case
- ☐ 1. cured ☐ 3. transferred
- ☐ 2. died ☐ 4. not known

C. CLINICAL DATA

Case definition: An illness with generalized macular papular rash, fever and arthralgia/arthritis, lymphadenopathy or conjunctivitis

22. Symptoms and signs
- ☐ 1. fever
- ☐ 2. rash
- ☐ 3. lymphadenopathy
- ☐ 4. conjunctivitis
- ☐ 5. arthritis/arthralgia
- ☐ 6. other (specify): .....

23. Complications
- ☐ 1. encephalitis
- ☐ 2. other (specify): .....

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Compatible with the case definition:
- ☐ 1. Yes
- ☐ 2. No

D. LABORATORY FINDINGS

24. Was blood taken for measles serology? ☐ 1. yes ☐ 2. no ☐ 3. not known

25. If yes,

Investigation	Date of collection of specimen (dd/mm/yy)	Laboratory (MRI/ other govt./ private/ not known)	Results (mark NA if test results are not available and PP if pending)
1. IgG 1st specimen			
2. IgG 2nd specimen			
3. IgM			
4. Virus isolation			

E. RUBELLA VACCINATION STATUS

26. Was rubella/MMR/MR vaccine given before the onset of the present illness?

☐ 1. yes ☐ 2. no ☐ 3. not known

27. If yes, details of immunization:

Dose	Date of immunization* (dd/mm/yy)	Type of vaccine**	Batch number	Place of immunization***
1st dose				
2nd dose				
Other				

*If the date is not known but the particular dose is given mark (3) in the relevant cage
** Rubella vaccine/ MR vaccine/ MMR vaccine/ not known
***MOH Office/ Govt. hospital/ PHM field clinic/ private hosp, clinic, GP/ not known/ other

28. If not immunized, reason for non-immunization:

☐ 1. medical contraindication ☐ 2. unaware of the need for vaccination ☐ 3. non-availability of the vaccine
☐ 4. no faith in the vaccine ☐ 5. not known ☐ 6. other (specify) .....

F. CONTACT HISTORY

29. Was the patient in contact with a suspected / known case of rubella (fever and rash) in the month prior to the onset of rash?

☐ 1. yes ☐ 2. no ☐ 3. not known

G. EXPOSURE DURING PREGNANCY (for females of reproductive age only)

30. Was the patient pregnant at the time of illness? ☐ 1. yes ☐ 2. no ☐ 3. not known

31. If yes, period of gestation in weeks: ☐☐

Important:

All pregnant mothers who had an acute attack should be followed up. If the baby is found to have acquired CRS, a separate CRS case investigation form No EPID/DS/CRS/2007 must be filled.

32. Remarks:

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Signature: ..... Name: .....

Date: ..... Designation: .....

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