

# Iowa Department of Public Health Rash Investigation Form

## Patient and Contact Information

Patient Name \_\_\_\_\_  
Last      First      Middle

DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Hm Phone (\_\_\_\_) \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

School/Place of Business \_\_\_\_\_

Child Care Center \_\_\_\_\_

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Person Reporting \_\_\_\_\_

Agency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Where is the patient now?    Home    Dr. Office

Hospital   Other: \_\_\_\_\_

## Final Diagnosis

Measles                       Chickenpox  
 Rubella                       Smallpox  
 Other \_\_\_\_\_

Investigator \_\_\_\_\_

Agency \_\_\_\_\_

Investigation Began \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Investigation Completed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

How is patient now? \_\_\_\_\_

## Vaccine History

Are all vaccines up to date? YES / NO

MMR #1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MMR #2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of previous infection if not immunized  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_   Lab Confirmed? YES / NO

Varicella #1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Varicella #2 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Has the patient ever had chickenpox/shingles?  
 If yes when \_\_\_\_ / \_\_\_\_ / \_\_\_\_   Age: \_\_\_\_\_

Lab Confirmed? YES / NO

Has the patient ever had Smallpox?  
 If yes when \_\_\_\_ / \_\_\_\_ / \_\_\_\_   Age: \_\_\_\_\_

Lab Confirmed? YES / NO

## Diagnostic Data

<p>Is the patient pregnant? YES / NO</p> <p>Are any close contacts pregnant? YES / NO</p> <p>Date of fever onset ____ / ____ / ____</p> <p>Highest recorded fever _____</p> <p>Fever 1-4 days BEFORE rash onset / WITH rash onset?</p> <p>Did fever continue with rash onset? Yes/No</p> <p>Duration of Fever _____</p> <p>Date of rash onset: ____ / ____ / ____</p> <p>Duration of rash _____</p> <p>First location of rash: Arms/Legs/Trunk/Face/Inside Mouth</p> <p>Is the rash spreading? YES / NO</p> <p>Rash equally distributed YES / NO</p>	<p>Area with heaviest lesions: Arms/Legs/Trunk/Face/Scalp</p> <p>Is rash present in any of these areas? Inside Mouth/Palms/Soles</p> <p>Did the rash appear all at once? YES / NO</p> <p>Average size of non-infected lesion _____</p> <p>Was the patient hospitalized for rash illness? YES / NO / UNK</p> <p>Hospital Dates ____ / ____ / ____ to ____ / ____ / ____</p> <p>Hospital _____ Phone: _____</p> <p>Outcome: Survival / Death</p> <p>Date of Death ____ / ____ / ____</p> <p>Medication taken before rash onset: _____</p> <p>Is the patient immunocompromised (ie HIV, AIDS, Cancer)?        YES / NO</p>
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## Rash Description

<p><input type="checkbox"/> Reddish</p> <p><input type="checkbox"/> Dusky brown</p> <p><input type="checkbox"/> Marked itching</p> <p><input type="checkbox"/> Burning</p> <p><input type="checkbox"/> Painful</p> <p><input type="checkbox"/> Numbness</p> <p><input type="checkbox"/> Scaling/crusting</p>	<p><input type="checkbox"/> Could be felt (Papule)</p> <p><input type="checkbox"/> Could not be felt (Macule)</p> <p><input type="checkbox"/> Pustule</p> <p><input type="checkbox"/> Distinct sharp borders</p> <p><input type="checkbox"/> Discrete lesions</p> <p><input type="checkbox"/> Confluent lesions</p> <p><input type="checkbox"/> Umbilicated</p>	<p><input type="checkbox"/> Linear arrangement</p> <p><input type="checkbox"/> Fluid filled (Vesicles)</p> <p><input type="checkbox"/> Solid lumps</p> <p><input type="checkbox"/> Deep seated lesions</p> <p><input type="checkbox"/> Superficial lesions</p> <p><input type="checkbox"/> Lesions crust less than 24 hours</p>	<p><input type="checkbox"/> How long did it take for first lesion to crust? _____</p> <p><input type="checkbox"/> All lesions in same stage of development on a given part of the body? YES / NO</p> <p><input type="checkbox"/> Lesions in different stages of development</p> <p><input type="checkbox"/> 50-100 lesions (can be counted easily)</p> <p><input type="checkbox"/> 100-150 lesions (best estimation)</p> <p><input type="checkbox"/> &gt;500 lesions (unable to count)</p> <p><input type="checkbox"/> Other information _____</p>
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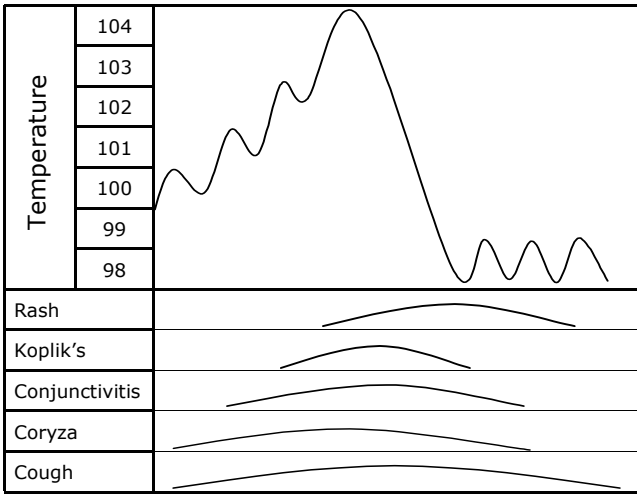
## Symptoms

<p><input type="checkbox"/> No/mild prodrome (&lt;1 day)</p> <p><input type="checkbox"/> Koplik's Spots</p> <p>Seen By _____</p> <p>Date Seen _____</p> <p><input type="checkbox"/> Cough</p> <p><input type="checkbox"/> Runny nose</p> <p><input type="checkbox"/> Watery or red eyes</p>	<p><input type="checkbox"/> Photophobia</p> <p><input type="checkbox"/> Nausea / Vomiting</p> <p><input type="checkbox"/> Excessive fatigue</p> <p><input type="checkbox"/> Sore throat</p> <p><input type="checkbox"/> Headache</p> <p><input type="checkbox"/> Backache</p>	<p><input type="checkbox"/> Chills</p> <p><input type="checkbox"/> Abdominal pain</p> <p><input type="checkbox"/> Muscle aches</p> <p><input type="checkbox"/> Joint pain</p> <p><input type="checkbox"/> Complications</p> <p><input type="checkbox"/> Pneumonia</p>	<p>Swollen lymph nodes</p> <p><input type="checkbox"/> Behind ear</p> <p><input type="checkbox"/> Front of neck</p> <p><input type="checkbox"/> Back of neck</p> <p><input type="checkbox"/> Encephalitis</p> <p><input type="checkbox"/> Otitis Media</p>
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# Iowa Department of Public Health Rash Investigation Form

### Measles Case Definition

Day of Illness    1    2    3    4    5    6    7    8    9    10



Measles: Fever of >101 followed by rash lasting 3 or more days, and cough, coryza, or conjunctivitis.

### SMALLPOX CASE DEFINITION

**Febrile prodrome occurring** 1-4 days before rash onset. (fever  $\geq 101^\circ\text{F}$ ) At least one of the following must also be present: prostration, headache, back-ache, chills, vomiting or severe abdominal pain. The fever may drop with rash onset.

**Classic Smallpox Lesions** are deep-seated, firm, hard, round, well circumscribed vesicles or pustules. May be umbilicated or confluent.

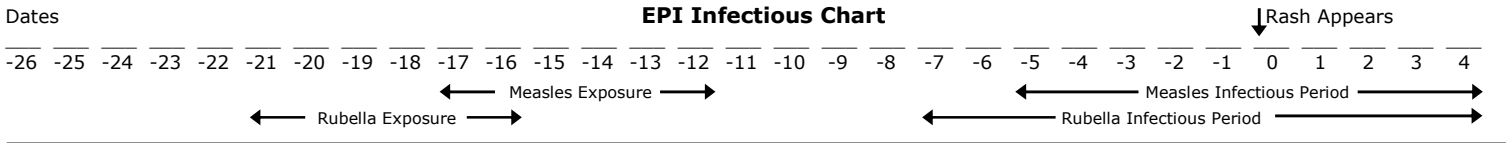
**All lesions are in the same stage of development on a given part of the body.**

#### Minor Smallpox Criteria:

- Centrifugal distribution – greatest concentration of lesions on face and distal extremities
- First lesions on the oral mucosa / palate, face, or forearms
- Patient appears toxic or moribund
- Slow evolution – lesions evolve from macules to papules to pustules, with each stage lasting 1-2 days
- Lesions on the palms and the soles

### CHICKENPOX CASE DEFINITION

- No or mild prodrome
- Lesions are "dew drop on a rose petal"
- Lesions appear in "crops". On any one part of the body there are lesions in different stages of development. (papules, vesicles, and crusts)
- Centripital distribution – greatest concentration of lesions on the trunk, fewest lesions on distal extremities. May involve the face and scalp. Lesions evolve from macules to papules to crusts quickly (24 hours)



### Epidemiology Infectious Information (To Assist in Diagnosis)

Disease	Incubation Period	Infectious Period	Mode of Transmission
Measles	7-18 days from exposure to onset of fever, usually 14 days until rash appears	5 days before rash onset to 5 days after rash onset	Highly communicable. Spread through respiratory droplets, or direct contact with saliva or nasal secretions
Rubella	14-21 days before the onset of the rash	7 days before rash onset to 5 days after rash onset	Respiratory droplets, or direct contact with nasopharyngeal secretions
Smallpox	10-14 days to onset of illness and additional 2-4 days to onset of rash	From the time of development of the earliest lesion until all scabs disappear.	Highly communicable.
Chickenpox	10-21 days prior to onset of rash. May recall exposure	5 days before rash until all lesions are crusted over. (~ 5 days)	Highly communicable. Person to person through direct contact, respiratory droplets or fomites.

## Iowa Department of Public Health Rash Investigation Form

### Laboratory Data

Date of 1 <sup>st</sup> blood draw ____ / ____ / ____	Date of convalescent blood ____ / ____ / ____	Skin Biopsy Date ____ / ____ / ____
CBC results:	Results _____	Results _____
Total WBC/mm <sup>3</sup> _____	Throat Culture Date ____ / ____ / ____	KOH Date ____ / ____ / ____
Neutrophils _____%	Results _____	Results _____
Lymphocytes _____%	IgM Antibodies	Tzank Smear Date ____ / ____ / ____
Monocytes _____%	_____ Measles _____ Rubella	Results _____
Eosinophils _____%		

### Has the Patient Done Any of the Following Activities Over the Past 3 Weeks

- |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Ride Bus (public or school) Date ____ / ____ / ____<br><input type="checkbox"/> Work outside of home Date ____ / ____ / ____<br><input type="checkbox"/> Dr. or Hospital visit Date ____ / ____ / ____<br><input type="checkbox"/> Church Date ____ / ____ / ____<br><input type="checkbox"/> Group Meeting Date ____ / ____ / ____ | <input type="checkbox"/> Babysitter Date ____ / ____ / ____<br><input type="checkbox"/> Family Gathering Date ____ / ____ / ____<br><input type="checkbox"/> Travel Date ____ / ____ / ____<br><input type="checkbox"/> School Date ____ / ____ / ____ |
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Specify name and contact information of any positives:


### Primary and Household Contacts (Include all contacts from 5-7 days before & 4 days after rash onset)

Name	Age	Address	Relation	Phone	Vaccinated	Date of Follow up call	Date of Illness onset

### Persons with Similar Illness 12-21 Days Prior to This Cases Rash Onset

Name	Age	Address	Phone	Illness onset date	Describe Illness