Figure 6.7 Health centre level measles line list example

Line list – Measles suspected cases

Health centre:	Date list started:
District:	Date list ended:

Case ID #	Name	Address/contact details	# measles vaccine doses received	Possible source of infection*	Date of birth	Sex	Date of rash onset	Date of first visit to HC	Symptoms (Y or N)				Lab specimen (date)	Lab specimen results	Outcome**	Final classification***
									Fever	Cough	Coryza	Conjunctivitis				

* Possible source of infection = contact/relationship &/or Case ID #
** Outcome: R = recovery; S = recovery with sequelae; M = mortality
*** Final classification: C = clinically confirmed; E = confirmed by epidemiologic linkage; L = laboratory confirmed; D = discarded