Measles Surveillance Worksheet *Appendix 8*

NAME (Last, First)		Hospital Record No.
Address (Street and No.)	City / County / Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab	Address	Phone

-- DETACH HERE and transmit only lower portion if sent to CDC --

Measles Surveillance Worksheet

County | **State** | **Zip**

Birth Date
Month | Day | Year

Age (Unk = 999)

Age Type
0 = 0-120 years
1 = 0-11 months
2 = 0-52 weeks
3 = 0-28 days
9 = Age unknown

Ethnicity
H = Hispanic
N = Not Hispanic
U = Unknown

Race
N = Native Amer./Alaskan Native
A = Asian/Pacific Islander
B = African American
W = White
O = Other
U = Unknown

Sex
M = Male
F = Female
U = Unknown

Event Date
Month | Day | Year

Event Type
1 = Onset Date
2 = Diagnosis Date
3 = Lab Test Done
4 = Reported to County
5 = Reported to State or MMWR Report Date
9 = Unknown

Outbreak Associated (Unk = 999)

Reported
Month | Day | Year

Imported
1 = Indigenous
2 = International
3 = Out of State
9 = Unknown

Report Status
1 = Confirmed
2 = Probable
3 = Suspect
9 = Unknown

CLINICAL DATA

Any Rash?
Y = Yes
N = No
U = Unknown

Rash Onset
Month | Day | Year

Rash Duration
0 - 30 Days
99 = Unknown

Rash Generalized?
Y = Yes
N = No
U = Unknown

Fever?
Y = Yes
N = No
U = Unknown

If Recorded, Highest Measured Temp.
36.0 -110.0 degrees
999.9 = Unknown

Cough?
Y = Yes
N = No
U = Unknown

Coryza?
Y = Yes
N = No
U = Unknown

Conjunctivitis?
Y = Yes
N = No
U = Unknown

COMPLICATIONS

Otitis?
Y = Yes
N = No
U = Unknown

Diarrhea?
Y = Yes
N = No
U = Unknown

Pneumonia?
Y = Yes
N = No
U = Unknown

Encephalitis?
Y = Yes
N = No
U = Unknown

Thrombocytopenia?
Y = Yes
N = No
U = Unknown

Death?
Y = Yes
N = No
U = Unknown

Other Complications?
Y = Yes
N = No
U = Unknown

Hospitalized?
Y = Yes
N = No
U = Unknown

Days Hospitalized
0 - 998
999 - Unknown

If Yes, Please Specify:

LABORATORY

Was Laboratory Testing For Measles Done?
Y = Yes
N = No
U = Unknown

Date IgM Specimen Taken
Month | Day | Year

Result
P = Positive
N = Negative
I = Indeterminate
E = Pending
X = Not Done
U = Unknown

Date IgG Acute Specimen Taken
Month | Day | Year

Date IgG Convalescent Specimen Taken
Month | Day | Year

Result
P = Significant Rise in IgG
N = No Significant Rise in IgG
I = Indeterminate
E = Pending
X = Not Done
U = Unknown

Other Lab Result
P = Positive
N = Negative
I = Indeterminate
E = Pending
X = Not Done
U = Unknown

Specify Other Lab Method:

VACCINE HISTORY

Vaccinated? (Received measles-containing vaccine?)
Y = Yes
N = No
U = Unknown

If Not Vaccinated, What Was The Reason? (See Reason Codes Below)

(See Type and Manuf. Codes Below)

Vaccination Date			Vaccine Type	Vaccine Manuf	Lot Number
Month	Day	Year			

Number of doses received BEFORE 1st birthday

Number of doses received ON or AFTER 1st birthday

If vaccinated BEFORE 1st birthday, but no doses given ON or AFTER 1st birthday, what was the reason?

If received one dose after 1st birthday, but never received 2nd dose after 1st birthday, what was the reason?

Reason Codes
1 = Religious Exemption
2 = Medical Contraindication
3 = Philosophical Objection
4 = Lab. Evidence of Previous Disease
5 = MD Diagnosis of Previous Disease
6 = Under Age For Vaccination
7 = Parental Refusal
8 = Other
9 = Unknown

Vaccine Type Codes
A = MMR
B = Measles
O = Other
U = Unknown

Vaccine Manuf. Codes
M = Merck
O = Other
U = Unknown

EPIDEMIOLOGIC INFORMATION

Date First Reported to a Health Department
Month | Day | Year

Date Case Investigation Started
Month | Day | Year

Transmission Setting (Where did this case acquire measles?)
1 = Day Care
2 = School
3 = Doctor's Office
4 = Hospital Ward
5 = Hospital ER
6 = Hospital Outpatient Clinic
7 = Home
8 = Work
9 = Unknown
10 = College
11 = Military
12 = Correctional Facility
13 = Church
14 = International Travel
15 = Other

Outbreak Related?
Y = Yes
N = No
U = Unknown

If Yes, Outbreak Name

Source of Exposure For Current Case (Enter State ID if source was an in-state case; enter Country if source was out of US; enter State if source was out-of-state)

Were Age and Setting Verified? (Is age appropriate for setting, i.e. aged 49 years and in day care, etc.)
Y = Yes
N = No
U = Unknown

If Transmission Setting Not Among Those Listed And Known, What Was The Transmission Setting?

Epi-Linked to Another Confirmed or Probable Case?
Y = Yes
N = No
U = Unknown

Is Case Traceable Within 2 Generations to an International Import?
Y = Yes
N = No
U = Unknown

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Indicates epidemiologically important items not yet on NETSS screen

Contact Information: (For statistical health department use)

Mother's Name	Father's Name
Phone	

-- DETACH HERE --

The information below is epidemiologically important, but not included on NETSS screens

Activity History For 18 Days Before Rash Onset and 7 Days After Rash Onset
Day -18
Day -17
Day -16
Day -15
Day -14
Day -13
Day -12
Day -11
Day -10
Day -9
Day -8
Day -7
Day -6
Day -5
Day -4
Day -3
Day -2
Day -1
Day 0 (Rash Onset)
Day 1
Day 2
Day 3
Day 4
Day 5
Day 6
Day 7

Clinical Case Definition*:

A generalized rash lasting $\geq$ 3 days, a temperature $\geq$ 101.0° F ($\geq$38.3° C), and cough, coryza, or conjunctivitis.

Case Classification*:

Suspected: Any febrile illness accompanied by rash.

Probable: A case that meets the clinical case definition, has noncontributory or no serologic or virologic testing, and is not epidemiologically linked to a confirmed case.

Confirmed: A case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically-linked to a confirmed case. A laboratory-confirmed case does not need to meet the clinical case definition.

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