

Measles MMG Measles Surveillance Worksheet GENERIC MMG

Name (Last, First)				Hospital Record Number			
Address (Street and Number)		City	County	State	Zip Code	Phone	
Reporting Physician/Nurse/Hospital/Clinic/Lab			Address			Phone	

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

Measles Surveillance Worksheet

County	State	Zip
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Birth Date	Age	Age Type	Ethnicity	Race	Sex
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Event Date	Event Type	Outbreak Associated	Reported	Imported	Report St
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Any Rash?	Rash Onset	Rash Duration
Rash Generalized?	Fever?	If Recorded, Highest Measured Temp.
Cough?	Coyza?	Conjunctivitis?

Otitis?	Diarrhea?	Pneumonia?	Encephalitis?
Thrombocytopenia?	Death?	Other Complications?	
Hospitalized? Days Hospitalized		If Yes, please specify:	

Was Laboratory Testing for Measles Done?	
Date IgM Specimen Taken	Result
Date IgG Acute Specimen Taken	Date IgG Convalescent Specimen Taken
Result	Other Lab Result
Specify Other Lab Method:	

Vaccinated? (Received measles-containing vaccine?)	If Not Vaccinated, What Was The Reason?		
Vaccination Date	Vaccine Type	Vaccine Manuf	Lot Number
Number of doses received BEFORE first 1st birthday		Reason Codes	
Number of doses ON or AFTER 1st birthday		Vaccine Type Codes	
If vaccinated BEFORE 1st birthday, but no doses given ON or AFTER 1st birthday, what was the reason?		Vaccine Manuf. Codes	
If received one dose after 1st birthday, But never received 2nd dose after 1st birthday, what was the reason?			

Date First Reported to a Health Department 77970-2

Month	Day	Year	

Date Case Investigation Started 77979-3

Month	Day	Year

Transmission Setting (Where did this case acquire measles?) 81267-7

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1=Day Care        | <input type="checkbox"/> 6=Hospital outpatient clinic | <input type="checkbox"/> 11=Military              |
| <input type="checkbox"/> 2=School          | <input type="checkbox"/> 7=Home                       | <input type="checkbox"/> 12=Correctional Facility |
| <input type="checkbox"/> 3=Doctor's Office | <input type="checkbox"/> 8=Work                       | <input type="checkbox"/> 13=Church                |
| <input type="checkbox"/> 4=Hospital Ward   | <input type="checkbox"/> 9=Unknown                    | <input type="checkbox"/> 14=International Travel  |
| <input type="checkbox"/> 5=Hospital ER     | <input type="checkbox"/> 10=College                   | <input type="checkbox"/> 15=Other                 |

Were Age and Setting Verified? (Is age appropriate for setting, i.e., that is aged 49 years and in day care, etc.)

Y=Yes 85700-3  
 N=No  
 U=Unknown

If Transmission Setting Not Among Those Listed and Known, What Was the Transmission Setting?

Outbreak Related? 77980-1 If Yes, Outbreak Name 77981-9

Y=Yes  
 N=No  
 U=Unknown

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

State 77993-4 Country 77984-3

Epi-Linked to Another Confirmed or Probable Case? INV217

Y=Yes  
 N=No  
 U=Unknown

Is Case Traceable Within 2 Generations to an International Import? INV286

Y=Yes  
 N=No  
 U=Unknown

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 > 3 days, a temperature > 101.0° F (>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.