

## Measles Surveillance Worksheet

<b>NAME</b> _____ (last)                      (first)		<b>ADDRESS (Street and No.)</b> _____		<b>Phone</b> _____	<b>Hospital Record No.</b> _____	
This information will not be sent to CDC						
<b>REPORTING SOURCE TYPE</b>		<b>NAME</b> _____		<b>SUBJECT ADDRESS CITY</b> _____		
<input type="checkbox"/> physician <input type="checkbox"/> PH clinic		<b>ADDRESS</b> _____		<b>SUBJECT ADDRESS STATE</b> _____		
<input type="checkbox"/> nurse <input type="checkbox"/> laboratory		<b>ZIP CODE</b> _____		<b>SUBJECT ADDRESS COUNTY</b> _____		
<input type="checkbox"/> hospital <input type="checkbox"/> other clinic		<b>PHONE (____)</b> _____		<b>SUBJECT ADDRESS ZIP CODE</b> _____		
<input type="checkbox"/> other source type _____				<b>LOCAL SUBJECT ID</b> _____		
<b>CASE INFORMATION</b>						
<b>Date of Birth</b> ____-____-____ month   day   year		<b>Sex</b> M=male F=female <input type="checkbox"/>		<b>Ethnic Group</b> H=Hispanic/Latino N=Not Hispanic/Latino O=Other ____ U=Unknown <input type="checkbox"/>		
<b>Race</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not asked <input type="checkbox"/> Refused to answer <input type="checkbox"/> Other <input type="checkbox"/> Unknown						
<b>Country of Birth</b> _____		<b>Other Birth Place</b> _____		<b>Country of Usual Residence</b> _____		
<b>Age at Case Investigation</b> _____		<b>Age Unit*</b> _____		<b>Reporting County</b> _____		
				<b>Reporting State</b> _____		
<b>Date Reported</b> ____-____-____ month   day   year		<b>Date First Reported to PHD</b> ____-____-____ month   day   year		<b>National Reporting Jurisdiction</b> _____		
<b>Earliest Date Reported to County</b> ____-____-____ (mm/dd/yyyy)			<b>Earliest Date Reported to State</b> ____-____-____ (mm/dd/yyyy)			
*UNITS   a=year   d=day   mo=month   w=week   OTH=other   UNK=unknown						
<b>CASE CLASS STATUS</b>		<input type="checkbox"/> Suspect <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed <input type="checkbox"/> Not a case <input type="checkbox"/> Unknown		<b>Date Confirmed</b> ____-____-____ month   day   year		
<b>CASE INVESTIGATION STATUS CODE</b>		<input type="checkbox"/> Approved <input type="checkbox"/> Deleted <input type="checkbox"/> Notified <input type="checkbox"/> Ready for review <input type="checkbox"/> Reviewed <input type="checkbox"/> Unknown				
		<input type="checkbox"/> Closed <input type="checkbox"/> In progress <input type="checkbox"/> Other _____ <input type="checkbox"/> Rejected <input type="checkbox"/> Suspended				
<b>CASE DETECTION METHOD</b>		<input type="checkbox"/> Laboratory reported <input type="checkbox"/> Prison entry screening <input type="checkbox"/> Routine physical exam <input type="checkbox"/> Self-referral				
		<input type="checkbox"/> Prenatal testing <input type="checkbox"/> Provider reported <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown				
<b>CASE CONFIRMATION METHOD</b>		<input type="checkbox"/> Active surveillance <input type="checkbox"/> Epi-linked <input type="checkbox"/> Local/state specified <input type="checkbox"/> Occupational disease surveillance				
		<input type="checkbox"/> Case/outbreak investigation <input type="checkbox"/> Lab diagnosis <input type="checkbox"/> Medical records review <input type="checkbox"/> Other (specify) _____				
		<input type="checkbox"/> Clinical diagnosis <input type="checkbox"/> Lab reporting <input type="checkbox"/> No information given <input type="checkbox"/> Provider certified				
<b>CLINICAL INFORMATION</b>						
<b>Hospitalized?</b> Y=yes N=no U=unknown <input type="checkbox"/>		<b>Hospital Admit Date</b> ____-____-____ month   day   year		<b>Hospital Discharge Date</b> ____-____-____ month   day   year		
<b>Hospital Stay Duration</b> 0-998 <input type="text"/> <input type="text"/> <input type="text"/> 999=unknown   days		<b>Illness Onset Date</b> ____-____-____ month   day   year		<b>Illness End Date</b> ____-____-____ month   day   year		
<b>Illness Duration</b> _____		<b>Illness Duration Units*</b> _____		<b>Date of Diagnosis</b> ____-____-____ month   day   year		
				<b>Pregnancy Status</b> <input type="checkbox"/> Y=yes N=no U=unknown		
<b>SIGNS and SYMPTOMS</b>	<b>Y N U</b>		<b>Onset Date</b> ____-____-____ month   day   year		<b>Duration</b> ____-____-____	
	<input type="checkbox"/> Rash		<input type="checkbox"/> Was rash generalized? Y=yes N=no U=unknown <input type="checkbox"/>		<b>Age at rash onset?</b> <input type="text"/> <input type="text"/> <input type="text"/>	
	<input type="checkbox"/> Fever		<b>Highest Measured Temperature</b> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<b>Temperature Units</b> <input type="checkbox"/> °C <input type="checkbox"/> °F	
	<b>Y N U</b>		<b>Y N U</b>		<b>Y N U</b>	
	<input type="checkbox"/> Cough		<input type="checkbox"/> Conjunctivitis		<input type="checkbox"/> Other (specify) _____	
	<input type="checkbox"/> Coryza		<input type="checkbox"/> Unknown		Y=Yes   N=No   U=Unknown	
<b>COMPLICATIONS</b>	<b>Y N U</b>		<b>Y N U</b>		<b>Y N U</b>	
	<input type="checkbox"/> Croup		<input type="checkbox"/> Otitis		<input type="checkbox"/> Pneumonia	
	<input type="checkbox"/> Diarrhea		<input type="checkbox"/> Thrombocytopenia		<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Encephalitis		<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Died?	
	<input type="checkbox"/> Hepatitis				<b>Date of Death</b> ____-____-____ (mm/dd/yyyy)	
				<b>Chest X-ray for Pneumonia</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown		

LABORATORY TESTING																																																			
VPD Lab Message Reference Laboratory _____			VPD Lab Message Patient Identifier _____			VPD Lab Message Specimen Identity _____																																													
Was there laboratory testing done to confirm the diagnosis?    Y=yes    N=no    U=unknown <input type="checkbox"/>																																																			
Was case laboratory confirmed?    Y=yes    N=no    U=unknown <input type="checkbox"/>						Was a specimen sent to CDC for testing?    Y=yes    N=no    U=unknown <input type="checkbox"/>																																													
Test Type	Test Result	Test Result Quantitative	Result Units	Specimen Source (Type)	Specimen Source (Site)	Date Specimen Collected mm/dd/yyyy	Date Specimen Sent to CDC (mm/dd/yyyy)	Specimen Analyzed Date (mm/dd/yyyy)	Performing Laboratory Type																																										
IgM EIA capture						_____	_____	_____																																											
IgM EIA						_____	_____	_____																																											
IgG EIA acute						_____	_____	_____																																											
IgG EIA conval						_____	_____	_____																																											
IF IgG Ab						_____	_____	_____																																											
culture						_____	_____	_____																																											
genotype						_____	_____	_____																																											
PCR						_____	_____	_____																																											
Ag by IIFA						_____	_____	_____																																											
OTHER						_____	_____	_____																																											
unspecified serology						_____	_____	_____																																											
unknown						_____	_____	_____																																											
<b>Test Results Codes</b>  P=positive    N=negative X=not done    I=Indeterminate E=pending    O=other NS=no significant rise in titer PS=significant rise in titer U=unknown		<b>Specimen Source (Type) Codes</b>  <table border="0"> <tr> <td>1=bacterial isolate</td> <td>8=cataract</td> <td>15=NP aspirate</td> <td>22=RNA</td> <td>29=lavage</td> <td>36=throat swab</td> </tr> <tr> <td>2=blood</td> <td>9=CSF</td> <td>16=NP swab</td> <td>23=saliva</td> <td>30=stool</td> <td>37=tissue</td> </tr> <tr> <td>3=body fluid</td> <td>10=crust</td> <td>17=NP washing</td> <td>24=scab</td> <td>31=swab</td> <td>38=urine</td> </tr> <tr> <td>4=BAL</td> <td>11=DNA</td> <td>18=nucleic acid</td> <td>25=serum</td> <td>32=swab (skin lesion)</td> <td>39=vesicle fluid</td> </tr> <tr> <td>5=buccal smear</td> <td>12=lesion</td> <td>19=oral fluid</td> <td>26=skin lesion</td> <td>33=swab (nasal sinus)</td> <td>40=viral isolate</td> </tr> <tr> <td>6=buccal swab</td> <td>13=macular scraping</td> <td>20=oral swab</td> <td>27=specimen</td> <td>34=vesicular swab</td> <td>41=other</td> </tr> <tr> <td>7=capillary blood</td> <td>14=microbial isolate</td> <td>21=plasma</td> <td>28=lumg</td> <td>35=swab (internal nose)</td> <td>42=unknown</td> </tr> </table>								1=bacterial isolate	8=cataract	15=NP aspirate	22=RNA	29=lavage	36=throat swab	2=blood	9=CSF	16=NP swab	23=saliva	30=stool	37=tissue	3=body fluid	10=crust	17=NP washing	24=scab	31=swab	38=urine	4=BAL	11=DNA	18=nucleic acid	25=serum	32=swab (skin lesion)	39=vesicle fluid	5=buccal smear	12=lesion	19=oral fluid	26=skin lesion	33=swab (nasal sinus)	40=viral isolate	6=buccal swab	13=macular scraping	20=oral swab	27=specimen	34=vesicular swab	41=other	7=capillary blood	14=microbial isolate	21=plasma	28=lumg	35=swab (internal nose)	42=unknown
1=bacterial isolate	8=cataract	15=NP aspirate	22=RNA	29=lavage	36=throat swab																																														
2=blood	9=CSF	16=NP swab	23=saliva	30=stool	37=tissue																																														
3=body fluid	10=crust	17=NP washing	24=scab	31=swab	38=urine																																														
4=BAL	11=DNA	18=nucleic acid	25=serum	32=swab (skin lesion)	39=vesicle fluid																																														
5=buccal smear	12=lesion	19=oral fluid	26=skin lesion	33=swab (nasal sinus)	40=viral isolate																																														
6=buccal swab	13=macular scraping	20=oral swab	27=specimen	34=vesicular swab	41=other																																														
7=capillary blood	14=microbial isolate	21=plasma	28=lumg	35=swab (internal nose)	42=unknown																																														
<b>Genotype Sequence</b>	A   B2   B3   C1   C2   D2   D3   D4   D5   D6   D7   D8 D9   D10   G2   G3   H1   H2   other   unknown					<b>Performing Laboratory Type</b>		1=CDC lab    2=commercial lab    3=hospital lab 4=other clinical lab    5=public health lab 6=VPD testing lab    8=other    9=unknown																																											

# IMPORTATION AND EXPOSURE INFORMATION

**Imported Code** 1=Indigenous 2=International 3=in state, out of jurisdiction 4=out of state 5=imported, unable to determine source 9=unknown ☐

**Imported Country** \_\_\_\_\_ **Imported State** \_\_\_\_\_ **Imported County** \_\_\_\_\_ **Imported City** \_\_\_\_\_

**IMPORT STATUS: Did onset occur within 7-21 days of entering the U.S. following any travel?** Y=yes N=no U=unknown ☐

**IMPORT STATUS: US-Acquired** 1=import-linked case 2=imported virus case 3=endemic case 4=unknown source case 5=other \_\_\_\_\_ ☐

**Traceable to international import?** Y=yes N=no U=unknown ☐ **Was case a healthcare provider?** Y=yes N=no U=unknown ☐

<b>INTERNATIONAL DESTINATIONS OF RECENT TRAVEL</b>	_____	<b>Travel Return Date</b> _____ month day year	<b>Length of time in the U.S since last travel:</b> _____
	_____	<b>Travel Return Date</b> _____ month day year	<b>Units<sup>†</sup> Length of Time in the U.S.</b> _____

**Is this case epi-linked to another confirmed or probable case?** Y=yes N=no U=unknown ☐

**Outbreak related?** Y=yes N=no U=unknown ☐ **Outbreak Name** \_\_\_\_\_ **Investigation Start Date** \_\_\_\_\_  
month day year

**Country of Exposure** \_\_\_\_\_ **State/Province of Exposure** \_\_\_\_\_ **County of Exposure** \_\_\_\_\_ **City of Exposure** \_\_\_\_\_

**TRANSMISSION SETTING** ☐ ☐ **Transmission Mode** \_\_\_\_\_

1 = day care	4 = hospital ward	7 = home	10 = college	13 = place of worship	16 = work
2 = school	5 = hospital ER	8 = other _____	11 = military	14 = international travel	17 = athletics
3 = doctor's office	6 = hospital outpatient	9 = unknown	12 = correctional facility	15 = community	

**Age & setting verified: does the age of the case match or make sense for the listed transmission setting?** Y=yes N=no U=unknown ☐

<sup>†</sup>UNITS a=year h=hour mo=month w=week d=day min=minute s=second OTH=other UNK=unknown

## VACCINATION HISTORY

**Vaccinated (has the case-patient ever received a vaccine against this disease)?** Y=yes N=no U=unknown ☐

<b>Number of vaccine doses received before first birthday?</b> 0 – 6 99 = unknown <input type="checkbox"/> <input type="checkbox"/> (doses)	<b>Was case-patient vaccinated as recommended by the ACIP?</b> Y=yes <input type="checkbox"/> N=no U=unknown
<b>Number of vaccine doses received on or after first birthday?</b> 0 – 6 99 = unknown <input type="checkbox"/> <input type="checkbox"/> (doses)	
<b>Number of vaccine doses received prior to illness onset?</b> 0–6 99=unknown <input type="checkbox"/> <input type="checkbox"/> (doses)	
<b>Date of last vaccine dose prior to illness onset:</b> ____ ____ ____ ____ ____ ____ (mm/dd/yyyy)	

Vaccine Type	Vaccination Date month day year	Vaccine Manuf	Vaccine Lot Number	Vaccine Expiration Date month day year	National Drug Code	Vaccination Record Identifier	Vaccine Event Information Source	Vaccine Dose Number
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

<b>VACCINE TYPE CODES</b> A=MMR R=rubella B=mumps virus vaccine RM=rubella/mumps MR=M/R MM=MMRV M=measles virus vaccine O=other U=unknown N=no vaccine administered	<b>VACCINE MANUFACTURER CODES</b> M = Merck O = other U = unknown	<b>VACCINE EVENT INFORMATION SOURCE CODES</b> 00=new immunization record 01=historical information, source unspecified 02=historical information, other provider 05=historical information, other registry 06=historical information, birth certificate 07=historical information, school record 08=historical information, public agency 09=historical information, patient/parent recall 10=historical information, patient/parent's written record 11=immunization information system (IIS) UNK=unknown OTH=other
--	--	---

**REASON NOT VACCINATED PER ACIP**

1 = religious exemption	6 = too young	11 = vaccine record incomplete/unavailable
2 = medical contraindication	7 = parent/patient refusal	12 = parent/patient report of previous disease
3 = philosophical objection	8 = other _____	13 = parent/patient unaware of recommendation
4 = lab evidence of previous disease	9 = unknown	14 = missed opportunity
5 = MD diagnosis of previous disease	10 = parent/patient forgot to vaccinate	15 = foreign visitor
		16 = immigrant

☐ ☐
**VACCINE HISTORY COMMENTS****CASE NOTIFICATION**
**Condition Code** **10140** **Immediate National Notifiable Condition** Y=yes N=no U=unknown ☐ **Legacy Case ID** \_\_\_\_\_

**State Case ID** \_\_\_\_\_ **Local Record ID** \_\_\_\_\_ **Jurisdiction Code** \_\_\_\_\_ **Binational Reporting Criteria** \_\_\_\_\_

**Date First Verbal Notification to CDC** \_\_\_\_\_ **Date Report First Electronically Submitted** \_\_\_\_\_  
month day year month day year
**Date of Electronic Case Notification to CDC** \_\_\_\_\_ **MMWR Week** \_\_\_\_\_ **MMWR Year** \_\_\_\_\_  
month day year
**Notification Result Status** ☐ Final results ☐ Record coming as correction ☐ Results cannot be obtained

**Person Reporting to CDC** \_\_\_\_\_ (first) **Person Reporting to CDC Email** \_\_\_\_\_ @ \_\_\_\_\_  
**NAME** \_\_\_\_\_ (last) **Person Reporting to CDC Phone No.** (\_\_\_\_) \_\_\_\_\_

**Current Occupation** \_\_\_\_\_ **Current Occupation Standardized** \_\_\_\_\_

**Current Industry** \_\_\_\_\_ **Current Industry Standardized** \_\_\_\_\_
**COMMENTS****CLINICAL CASE DEFINITION <sup>†</sup>**

An acute illness characterized by:

- Generalized, maculopapular rash lasting ≥3 days; **and**
- Temperature ≥101°F or 38.3°C; **and**
- Cough, coryza, or conjunctivitis.

**PROBABLE**

In the absence of a more likely diagnosis, an illness that meets the clinical description with:

- No epidemiologic linkage to a laboratory-confirmed measles case; **and**
- Noncontributory or no measles laboratory testing.

**CONFIRMED**An acute febrile rash illness<sup>§</sup> with:

- Isolation of measles virus<sup>¶</sup> from a clinical specimen; or
- Detection of measles-virus specific nucleic acid<sup>¶</sup> from a clinical specimen using polymerase chain reaction; or
- IgG seroconversion<sup>§</sup> or a significant rise in measles immunoglobulin G antibody<sup>¶</sup> using any evaluated and validated method; or
- A positive serologic test for measles immunoglobulin M antibody<sup>¶#</sup>; or
- Direct epidemiologic linkage to a case confirmed by one of the methods above.

§ Temperature does not need to reach ≥101°F/38.3°C and rash does not need to last ≥3 days.

¶ Not explained by MMR vaccination during the previous 6-45 days.

# Not otherwise ruled out by other confirmatory testing or more specific measles testing in a public health laboratory.

**Case Classification Comment:** CDC does not request or accept reports of **suspect** cases so this category is no longer needed for national reporting purposes.