

MEASLES MMG

## Measles Surveillance Worksheet

GENERIC MMG

<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> <span style="border: 1px solid red;">48766-0</span> <b>NAME</b> _____		<b>SUBJECT ADDRESS CITY</b> <span style="border: 1px solid red;">PID-11.3</span> _____			
<input type="checkbox"/> physician <input type="checkbox"/> PH clinic <b>ADDRESS</b> _____		<b>SUBJECT ADDRESS STATE</b> <span style="border: 1px solid red;">PID-11.4</span> _____			
<input type="checkbox"/> nurse <input type="checkbox"/> laboratory <b>ZIP CODE</b> <span style="border: 1px solid red;">52831-5</span> _____		<b>SUBJECT ADDRESS COUNTY</b> <span style="border: 1px solid red;">PID-11.9</span> _____			
<input type="checkbox"/> hospital <input type="checkbox"/> other clinic <b>PHONE (_____)</b> _____		<b>SUBJECT ADDRESS ZIP CODE</b> <span style="border: 1px solid red;">PID-11.5</span> _____			
<input type="checkbox"/> other source type _____		<b>LOCAL SUBJECT ID</b> <span style="border: 1px solid red;">PID-3</span> _____			

  

CASE INFORMATION					
<b>Date of Birth</b> _____ <span style="border: 1px solid red;">PID-7</span> month   day   year		<b>Sex</b> M=male F=female <input type="checkbox"/> <span style="border: 1px solid red;">PID-8</span>		<b>Ethnic Group</b> H=Hispanic/Latino N=Not Hispanic/Latino O=Other _____ U=Unknown <input type="checkbox"/> <span style="border: 1px solid red;">PID-22</span>	
<b>Race</b> <span style="border: 1px solid red;">PID-10</span> n 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 <span style="border: 1px solid red;">32624-9</span> nknown					
<b>Country of Birth</b> <span style="border: 1px solid red;">78746-5</span>		<b>Other Birth Place</b> <span style="border: 1px solid red;">21842-0</span>		<b>Country of Usual Residence</b> <span style="border: 1px solid red;">77983-5</span>	
<b>Age at Case Investigation</b> <span style="border: 1px solid red;">77998-3</span>		<b>Age Unit*</b> <span style="border: 1px solid red;">OBX-6 for 77998-3</span>		<b>Reporting County</b> <span style="border: 1px solid red;">77967-8</span> <b>Reporting State</b> <span style="border: 1px solid red;">77966-0</span>	
<b>Date Reported</b> _____ <span style="border: 1px solid red;">77995-9</span> month   day   year		<b>Date First Reported to PHD</b> _____ <span style="border: 1px solid red;">77970-2</span> month   day   year		<b>National Reporting Jurisdiction</b> _____ <span style="border: 1px solid red;">77968-6</span>	
<b>Earliest</b> <span style="border: 1px solid red;">77972-8</span> <b>Reported to County</b> _____ (mm/dd/yyyy)		<b>Earliest</b> <span style="border: 1px solid red;">77973-6</span> <b>Reported to State</b> _____ (mm/dd/yyyy)			
*UNITS      a=year   d=day   mo=month   w=week   OTH=other   UNK=unknown					
<b>CASE STATUS</b> <span style="border: 1px solid red;">77990-0</span>	<input type="checkbox"/> Suspected	<input type="checkbox"/> Probable	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Not a case	<input type="checkbox"/> Unknown <b>Date Confirmed</b> <span style="border: 1px solid red;">INV162</span> month   day   year
<b>CASE INVESTIGATION STATUS CODE</b> <span style="border: 1px solid red;">INV109</span>	<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"/> Closed	<input type="checkbox"/> In progress	<input type="checkbox"/> Other _____	<input type="checkbox"/> Rejected	<input type="checkbox"/> Suspended
<b>CASE DETECTION METHOD</b> <span style="border: 1px solid red;">INV159</span>	<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> <span style="border: 1px solid red;">INV161</span>	<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

  

CLINICAL INFORMATION					
<b>Hospitalized?</b> Y=yes N=no U=unknown <input type="checkbox"/> <span style="border: 1px solid red;">77974-4</span>		<b>Hospital Admit Date</b> _____ <span style="border: 1px solid red;">8656-1</span> month   day   year		<b>Hospital Discharge Date</b> _____ <span style="border: 1px solid red;">8649-6</span> month   day   year	
<b>Hospital Stay Duration</b> 0-998 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <span style="border: 1px solid red;">78033-8</span> 999=unknown   days		<b>Illness Onset Date</b> _____ <span style="border: 1px solid red;">11368-8</span> month   day   year		<b>Illness End Date</b> _____ <span style="border: 1px solid red;">77976-9</span> month   day   year	
<b>Illness Duration</b> _____ <span style="border: 1px solid red;">77977-7</span>		<b>Illness Duration Units*</b> _____ <span style="border: 1px solid red;">OBX-6 for 77977-7</span>		<b>Date of Diagnosis</b> _____ <span style="border: 1px solid red;">77975-1</span> month   day   year	
				<b>Pregnancy Status</b> <span style="border: 1px solid red;">77996-7</span> Y=yes   N=no   U=unknown <input type="checkbox"/>	
<b>SIGNS and SYMPTOMS</b> <span style="border: 1px solid red;">56831-1</span>	Y   N   U		Onset Date		Duration
	Rash	<input type="checkbox"/>	<input type="checkbox"/>	<span style="border: 1px solid red;">81268-5</span> month   day   year	<span style="border: 1px solid red;">81269-3</span> month   day   year
	Fever	<input type="checkbox"/>	<input type="checkbox"/>	<span style="border: 1px solid red;">81266-9</span> month   day   year	<b>Highest Measured Temperature</b> <span style="border: 1px solid red;">81265-1</span> °C      °F
			Y   N   U		Y   N   U
	Cough	<input type="checkbox"/>	<input type="checkbox"/>	Conjunctivitis	<input type="checkbox"/>
	Coryza	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
				Y=Yes   N=No   U=Unknown <span style="border: 1px solid red;">INV919</span>	
<b>COMPLICATIONS</b> <span style="border: 1px solid red;">67187-5</span>	Y   N   U		Y   N   U		Y   N   U
	Croup	<input type="checkbox"/>	Otitis	<input type="checkbox"/>	Pneumonia
	Diarrhea	<input type="checkbox"/>	Thrombocytopenia	<input type="checkbox"/>	Unknown
	Encephalitis	<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>	Died? <span style="border: 1px solid red;">77978-5</span>
	Hepatitis	<input type="checkbox"/>	Y=Yes   N=No   U=Unknown <span style="border: 1px solid red;">INV920</span>	<b>Date of death?</b> <span style="border: 1px solid red;">PID-29</span> (mm/dd/yyyy)	

LABORATORY TESTING									
<b>VPD Lab Message Reference Laboratory</b> <div style="border: 1px solid red; padding: 2px;">LAB143</div>			<b>VPD Lab Message Patient Identifier</b> <div style="border: 1px solid red; padding: 2px;">LAB598</div>			<b>VPD Lab Message Specimen Identifier</b> <div style="border: 1px solid red; padding: 2px;">LAB125</div>			
<b>Was there laboratory testing done to confirm the diagnosis?</b> <div style="border: 1px solid red; padding: 2px;">LAB630</div> Y=Yes    N=No    U=Unknown <input type="checkbox"/>									
<b>Was case labo</b> <div style="border: 1px solid red; padding: 2px;">INV164</div> <b>confirmed?</b> Y=yes    N=no    U=unknown <input type="checkbox"/>					<b>Was a spec</b> <div style="border: 1px solid red; padding: 2px;">82314-6</div> <b>sent to CDC for testing?</b> 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	Date Specimen Sent to CDC	Specimen Analyzed Date	Performing Laboratory Type
<div style="border: 1px solid red; padding: 2px;">INV290</div>	<div style="border: 1px solid red; padding: 2px;">INV291</div>	<div style="border: 1px solid red; padding: 2px;">LAB628</div>	<div style="border: 1px solid red; padding: 2px;">LAB115</div>	<div style="border: 1px solid red; padding: 2px;">31208-2</div>	<div style="border: 1px solid red; padding: 2px;">66746-9</div>	<div style="border: 1px solid red; padding: 2px;">68963-8</div> mm/dd/yyyy	<div style="border: 1px solid red; padding: 2px;">85930-6</div> (mm/dd/yyyy)	<div style="border: 1px solid red; padding: 2px;">45375-3</div> (mm/dd/yyyy)	<div style="border: 1px solid red; padding: 2px;">82771-7</div>
IgM EIA Capture						-----	-----	-----	
IgM EIA						-----	-----	-----	
IgG EIA Acute						-----	-----	-----	
IgG EIA Conv						-----	-----	-----	
IF IgG Ab						-----	-----	-----	
Culture						-----	-----	-----	
Genotype <div style="border: 1px solid red; padding: 2px;">60422-3</div>						-----	-----	-----	
PCR						-----	-----	-----	
Ag by IFA						-----	-----	-----	
OTHER						-----	-----	-----	
unspec serology						-----	-----	-----	
unknown						-----	-----	-----	
<b>Test Results Codes</b>		<b>Specimen Source (Type) 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		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;">1=bacterial isolate</div> <div style="width: 25%;">8=cataract</div> <div style="width: 25%;">15=NP aspirate</div> <div style="width: 25%;">22=RNA</div> <div style="width: 25%;">29=lavage</div> <div style="width: 25%;">36=throat swab</div> <div style="width: 25%;">2=blood</div> <div style="width: 25%;">9=CSF</div> <div style="width: 25%;">16=NP swab</div> <div style="width: 25%;">23=saliva</div> <div style="width: 25%;">30=stool</div> <div style="width: 25%;">37=tissue</div> <div style="width: 25%;">3=body fluid</div> <div style="width: 25%;">10=crust</div> <div style="width: 25%;">17=NP washing</div> <div style="width: 25%;">24=scab</div> <div style="width: 25%;">31=swab</div> <div style="width: 25%;">38=urine</div> <div style="width: 25%;">4=BAL</div> <div style="width: 25%;">11=DNA</div> <div style="width: 25%;">18=nucleic acid</div> <div style="width: 25%;">25=serum</div> <div style="width: 25%;">32=swab (skin lesion)</div> <div style="width: 25%;">39=vesicle fluid</div> <div style="width: 25%;">5=buccal smear</div> <div style="width: 25%;">12=lesion</div> <div style="width: 25%;">19=oral fluid</div> <div style="width: 25%;">26=skin lesion</div> <div style="width: 25%;">33=swab (nasal sinus)</div> <div style="width: 25%;">40=viral isolate</div> <div style="width: 25%;">6=buccal swab</div> <div style="width: 25%;">13=macular scraping</div> <div style="width: 25%;">20=oral swab</div> <div style="width: 25%;">27=specimen</div> <div style="width: 25%;">34=vesicular swab</div> <div style="width: 25%;">41=other</div> <div style="width: 25%;">7=capillary blood</div> <div style="width: 25%;">14=microbial isolate</div> <div style="width: 25%;">21=plasma</div> <div style="width: 25%;">28=lung</div> <div style="width: 25%;">35=swab (internal nose)</div> <div style="width: 25%;">42=unknown</div> </div>							
<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 ☐

77982-7

**Imported Country** INV153 **Imported State** INV154 **Imported County** INV156 **Imported City** INV155

**IMPORT STATUS: Did onset occur within 7-21 days** INV293 **ring the U.S. following any travel?** Y=yes N=no U=unknown ☐

**IMPO** INV516 **US: US-Acquired** 1=import-linked case 2=imported virus case 3=endemic case 4=unknown source case 5=other ☐

**Traceab** INV286 **international import?** Y=yes N=no U=unknown ☐ **Was** 223366009 **healthcare provider?** Y=yes N=no U=unknown ☐

<b>INTERNATIONAL DESTINATIONS OF RECENT TRAVEL</b> 82764-2	<b>Travel Return Date</b> TRAVEL08 month day year	<b>Length of time in the U.S since last travel:</b> DEM225
	<b>Travel Return Date</b> TRAVEL08 month day year	<b>UNITS<sup>†</sup> LENGTH of TIME in the U.S.</b> OBX-6 for DEM225

**Is this case epi-linked to another confirmed or probable case?** INV217 Y=yes N=no U=unknown ☐

**Outbreak related?** Y=yes N=no U=unknown ☐ **Outbreak Name** 77981-9 **Investigation Start Date** 77979-3 month day year

**Country of Exposure** 77984-3 **State/Province of Exposure** 77985-0 **County of Exposure** 77987-6 **City of Exposure** 77986-8

**TRANSMISSION SETTING** 81267-7

1 = day care 4 = hospital ward 7 = home  
2 = school 5 = hospital ER 8 = other  
3 = doctor's office 6 = hospital outpatient 9 = unknown

**Transmission Mode** 77989-2

10 = college 13 = place of worship 16 = work  
11 = military 14 = international travel 17 = athletics  
12 = correctional facility 15 = community

**Age & setting verified: does the age of the case match or make sense for the listed transmission setting?** 85700-3 Y=yes N=no U=unknown ☐

**†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)?** VAC126 Y=yes N=no U=unknown ☐

**Number of vaccine doses received before first birthday?** VAC128 0-6 99 = unknown ☐ (doses)

**Number of** VAC129 **e doses received on or after first birthday?** 0-6 99 = unknown ☐ (doses)

**Number of vaccine doses received prior to illness onset?** 82745-1 0-6 99=unknown ☐ (doses)

**Date of last vaccine dose prior to illness onset:** VAC142 (mm/dd/yyyy)

**Was case-patient vaccinated as recommended by the ACIP?**

Y=yes VAC148  
N=no U=unknown ☐

Vaccine Type	Vaccination Date	Vaccine Manuf	Vaccine Lot Number	Vaccine Expiration Date	National Drug Code	Vaccination Record Identifier	Vaccine Event Information Source	Vaccine Dose Number
30956-7	30952-6 month day year	30957-5	30959-1	VAC109 month day year	VAC153	VAC102	VAC147	30973-2

## VACCINE TYPE CODES

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

## VACCINE MANUFACTURER CODES

M = Merck  
O = other  
U = unknown

## VACCINE EVENT INFORMATION SOURCE CODES

00=new immunization record 08=historical information, public agency  
01=historical information, source unspecified 09=historical information, patient/parent recall  
02=historical information, other provider 10=historical information, patient/parent's written record  
05=historical information, other registry  
06=historical information, birth certificate 11=immunization information system (IIS)  
07=historical information, school record UNK=unknown OTH=other

**REASON NOT VACCINATED PER ACIP** VAC149

- |                                      |   |  |
|--------------------------------------|---|--|
| 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** VAC133**CASE NOTIFICATION****Condition Code** 10140**Immediate National Notifiable Condition** Y=yes N=no U=unknown ☐**Legacy Case ID** 77997-5

OBR-31

77965-2

**State Case ID** 77993-4**Local Record ID** OBR-3**Jurisdiction Code** 77969-4**Binational Reporting Criteria** 77988-4**Date First Verbal Notification to CDC** \_\_\_\_\_

77994-2

month day year

**Date Report First Electronically Submitted** \_\_\_\_\_

OBR-7

month day year

**Date of Electronic Case Notification to CDC** \_\_\_\_\_

OBR-22

month day year

**MMWR Week** \_\_\_\_\_

77991-8

**MMWR Year** \_\_\_\_\_

77992-6

**Notification Result Status** OBR-25☐

Final results

☐

Record coming as correction

☐

Results cannot be obtained

**Person Reporting to CDC** \_\_\_\_\_

(first)

**NAME** 74549-7

(last)

**Person Reporting to CDC Email** 74547-1

@

**Person Reporting to CDC Phone No.** 74548-9 (\_\_\_\_) \_\_\_\_\_**Current Occupation** 85658-3**Current Occupation Standardized** 85659-1**Current Industry** 85078-4**Current Industry Standardized** 85657-5**COMMENTS** 77999-1**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.

<sup>§</sup> Temperature does not need to reach ≥101°F/38.3°C and rash does not need to last ≥3 days.<sup>¶</sup> Not explained by MMR vaccination during the previous 6-45 days.<sup>#</sup> 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.