Measles Surveillance Worksheet

NAME _____ (last) _____ (first) **ADDRESS (Street and No.)** _____ **Phone** _____ **Hospital Record No.** _____

This information will not be sent to CDC

REPORTING SOURCE TYPE
☐ physician ☐ PH clinic
☐ nurse ☐ laboratory
☐ hospital ☐ other clinic
☐ other source type _____

NAME _____
ADDRESS _____
ZIP CODE _____
PHONE (__ __ __) __ __ __ __ __ __ __

SUBJECT ADDRESS CITY _____
SUBJECT ADDRESS STATE _____
SUBJECT ADDRESS COUNTY _____
SUBJECT ADDRESS ZIP CODE ___ ___ ___ ___ ___
LOCAL SUBJECT ID _____

CASE INFORMATION

Date of Birth __ __ __ __ __ __ __ __ (month day year)
Sex M=male F=female U=unknown ☐
Ethnic Group H=Hispanic/Latino N=Not Hispanic/Latino O=Other _____ U=Unknown ☐

Race ☐American Indian/Alaskan Native ☐Asian ☐Black/African American ☐Native Hawaiian/Pacific Islander ☐White ☐Not asked ☐ Refused to answer ☐Other ☐ Unknown

Country of Birth _____ **Other Birth Place** _____ **Country of Usual Residence** _____

Age at Case Investigation _____ **Age Unit*** _____ **Reporting County** _____ **Reporting State** _____

Date Reported __ __ __ __ __ __ __ __ (month day year)
Date First Reported to PHD __ __ __ __ __ __ __ __ (month day year)
National Reporting Jurisdiction _____

Earliest Date Reported to County __ __ __ __ __ __ __ __ (mm/dd/yyyy)
Earliest Date Reported to State __ __ __ __ __ __ __ __ (mm/dd/yyyy)

*UNITS a=year d=day mo=month w=week OTH=other UNK=unknown

CASE CLASS STATUS: Suspect ☐ | Probable ☐ | Confirmed ☐ | Not a case ☐ | Unknown ☐
Date Confirmed __ __ __ __ __ __ __ __ (month day year)

CASE INVESTIGATION STATUS CODE

Approved ☐	Deleted ☐	Notified ☐	Ready for review ☐	Reviewed ☐	Unknown ☐
Closed ☐	In progress ☐	Other _____ ☐	Rejected ☐	Suspended ☐	

CASE DETECTION METHOD

☐ Laboratory reported	☐ Prison entry screening	☐ Routine physical exam	☐ Self-referral
☐ Prenatal testing	☐ Provider reported	☐ Other _____	☐ Unknown

CASE CONFIMATION METHOD

Active surveillance ☐	Epi-linked ☐	Local/state specified ☐	Occupational disease surveillance ☐
Case/outbreak investigation ☐	Lab diagnosis ☐	Medical records review ☐	Other (specify) _____ ☐
Clinical diagnosis ☐	Lab reporting ☐	No information given ☐	Provider certified ☐

CLINICAL INFORMATION

Hospitalized? Y=yes N=no U=unknown ☐
Hospital Admit Date __ __ __ __ __ __ __ __ (month day year)
Hospital Discharge Date __ __ __ __ __ __ __ __ (month day year)

Hospital Stay Duration 0 – 998 ☐☐☐ days; 999=unknown
Illness Onset Date __ __ __ __ __ __ __ __ (month day year)
Illness End Date __ __ __ __ __ __ __ __ (month day year)

Illness Duration _____ **Illness Duration Units*** _____
Date of Diagnosis __ __ __ __ __ __ __ __ (month day year)
Pregnancy Status ☐ Y=yes N=no U=unknown

SIGNS and SYMPTOMS

	Y	N	U	Onset Date	Duration		
Rash	☐	☐	☐	__ __ __ __ __ __ __ __ (month day year)	___	Was rash generalized? Y=yes N=no U=unknown ☐	Age at rash onset? ☐☐☐ Age Type Units ☐☐☐
Fever	☐	☐	☐	__ __ __ __ __ __ __ __ (month day year)		Highest Measured Temperature ☐☐☐.☐	Temperature Units ☐ °Cel ☐ °F

	Y	N	U		Y	N	U		Y	N	U
Cough	☐	☐	☐	Conjunctivitis	☐	☐	☐	Other (specify) _____	☐	☐	☐
Coryza	☐	☐	☐	Unknown	☐	☐	☐	Y=Yes N=No U=Unknown			

COMPLICATIONS

	Y	N	U		Y	N	U		Y	N	U		
Croup	☐	☐	☐	Otitis	☐	☐	☐	Pneumonia	☐	☐	☐	Chest X-ray for Pneumonia	☐ Positive ☐ Negative ☐ Not Done ☐ Unknown
Diarrhea	☐	☐	☐	Thrombocytopenia	☐	☐	☐	Unknown	☐	☐	☐		
Encephalitis	☐	☐	☐	Other (specify) _____	☐	☐	☐	Died?	☐	☐	☐		
Hepatitis	☐	☐	☐					Date of Death __ __ __ __ __ __ __ __ (mm/dd/yyyy)					

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 ☐

Was case laboratory confirmed? Y=yes N=no U=unknown ☐ **Was a specimen sent to CDC for testing?** Y=yes N=no U=unknown ☐

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						__ __ __ __ __ __	__ __ __ __ __ __	__ __ __ __ __ __	

Test Results Codes

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

Specimen Source (Type) Codes

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

Genotype Sequence: A B2 B3 C1 C2 D2 D3 D4 D5 D6 D7 D8 D9 D10 G2 G3 H1 H2 other unknown

Performing Laboratory Type: 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 detemine 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 ☐

INTERNATIONAL DESTINATIONS OF RECENT TRAVEL	_____ _____	**Travel Return Date** __ __ (month) __ __ (day) __ __ __ __ (year)	**Length of time in the U.S since last travel:** _____
	_____ _____	**Travel Return Date** __ __ (month) __ __ (day) __ __ __ __ (year)	**Units†** **Length of Time in the U.S.** ____

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 ☐

†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 ☐

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

Number of vaccine doses received on or after first birthday? 0 – 6 99 = unknown ☐☐ (doses)

Number of vaccine doses received prior to illness onset? 0–6 99=unknown ☐☐ (doses)

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

Was case-patient vaccinated as recommended by the ACIP? Y=yes N=no U=unknown ☐

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
____	__ __ __ __ __ __ __ __	____	_____	__ __ __ __ __ __ __ __	_____	_____	_____	___
____	__ __ __ __ __ __ __ __	____	_____	__ __ __ __ __ __ __ __	_____	_____	_____	___
____	__ __ __ __ __ __ __ __	____	_____	__ __ __ __ __ __ __ __	_____	_____	_____	___
____	__ __ __ __ __ __ __ __	____	_____	__ __ __ __ __ __ __ __	_____	_____	_____	___

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
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
2 = medical contraindication
3 = philosophical objection
4 = lab evidence of previous disease
5 = MD diagnosis of previous disease
6 = too young
7 = parent/patient refusal
8 = other _____
9 = unknown
10 = parent/patient forgot to vaccinate
11 = vaccine record incomplete/unavailable
12 = parent/patient report of previous disease
13 = parent/patient unaware of recommendation ☐☐
14 = missed opportunity
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 _ _ _ _ _ _ _ _ _ _ (month day year) | **Date Report First Electonically Submitted** _ _ _ _ _ _ _ _ _ _ (month day year)

Date of Electronic Case Notification to CDC _ _ _ _ _ _ _ _ _ _ (month day year) | **MMWR Week** _____ | **MMWR Year** _____

Notification Result Status ☐ Final results ☐ Record coming as correction ☐ Results cannot be obtained

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

Current Occupation _____ | **Current Occupation Standardized** _____

Current Industry _____ | **Current Industry Standardized** _____

COMMENTS

CLINICAL CASE DEFINITION ₸

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§ with:

- Isolation of measles virus¶ from a clinical specimen; or
- Detection of measles-virus specific nucleic acid¶ from a clinical specimen using polymerase chain reaction; or
- IgG seroconversion§ or a significant rise in measles immunoglobulin G antibody¶ using any evaluated and validated method; or
- A positive serologic test for measles immunoglobulin M antibody¶#; 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.

₸CSTE Position Statement 11-ID-18 at https://wwwn.cdc.gov/nndss/conditions/measles/case-definition/2013/