Measles Surveillance Worksheet

NAME		ADDRESS (Street and No.)	Phone	Hospital Record No.
___________________ (last)	________________ (first)	_______________________	______________	________________

This information will not be sent to CDC

REPORTING SOURCE TYPE	NAME ___________________________	SUBJECT ADDRESS CITY ___________________________
◻ physician ◻ PH clinic	ADDRESS ___________________________	SUBJECT ADDRESS STATE ___________________________
◻ nurse ◻ laboratory	ZIP CODE ___________________________	SUBJECT ADDRESS COUNTY ___________________________
◻ hospital ◻ other clinic	PHONE (_ _ _) _ _ _ _ _ _ _	SUBJECT ADDRESS ZIP CODE _ _ _ _ _
◻ other source type ___________________________		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, 999=unknown ☐☐☐ days	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	Chest X-ray for Pneumonia
Croup				Otitis				Pneumonia				☐ Positive
Diarrhea				Thrombocytopenia				Unknown				☐ Negative
Encephalitis				Other (specify) ________				Died?				☐ Not Done
Hepatitis								Date of Death _ _ _ _ _ _ _ _ (mm/dd/yyyy)				☐ 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 ☐

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
2=blood
3=body fluid
4=BAL
5=buccal smear
6=buccal swab
7=capillary blood
8=cataract
9=CSF
10=crust
11=DNA
12=lesion
13=macular scraping
14=microbial isolate
15=NP aspirate
16=NP swab
17=NP washing
18=nucleic acid
19=oral fluid
20=oral swab
21=plasma
22=RNA
23=saliva
24=scab
25=serum
26=skin lesion
27=specimen
28=lumg
29=lavage
30=stool
31=swab
32=swab (skin lesion)
33=swab (nasal sinus)
34=vesicular swab
35=swab (internal nose)
36=throat swab
37=tissue
38=urine
39=vesicle fluid
40=viral isolate
41=other
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	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 16 = immigrant
5 = MD diagnosis of previous disease	10 = parent/patient forgot to vaccinate	15 = foreign visitor

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 NAME ____________________ (first) ________________________ (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/