

Measles Surveillance Worksheet

APPENDIX 7

NAME (Last, First)				Hospital Record No.
Address (Street and No.)	City	County	Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab	Address			Phone

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Measles Surveillance Worksheet

County			State			Zip											
Birth Date Month Day Year		Age Unk = 999		Age Type 0 = 0-120 years 1 = 0-11 months 2 = 0-52 weeks 3 = 0-28 days 9 = Age unknown		Ethnicity H = Hispanic N = Not Hispanic U = Unknown		Race N = Native Amer./Alaskan Native A = Asian/Pacific Islander B = African American W = White O = Other U = Unknown		Sex M = Male F = Female U = Unknown							
Event Date Month Day Year		Event Type 1 = Onset Date 2 = Diagnosis Date 3 = Lab Test Done 4 = Reported to County 5 = Reported to State or MMWR Report Date 9 = Unknown			Outbreak Associated Unk = 999		Reported Month Day Year		Imported 1 = Indigenous 2 = International 3 = Out of State 9 = Unknown		Report Status 1 = Confirmed 2 = Probable 3 = Suspect 9 = Unknown						
Any Rash? Y = Yes N = No U = Unknown		Rash Onset Month Day Year		Rash Duration 0 - 30 Days 99 = Unknown		Otitis? Y = Yes N = No U = Unknown		Diarrhea? Y = Yes N = No U = Unknown		Pneumonia? Y = Yes N = No U = Unknown		Encephalitis? Y = Yes N = No U = Unknown					
Rash Generalized? Y = Yes N = No U = Unknown		Fever? Y = Yes N = No U = Unknown		If Recorded, Highest Measured Temp. 36.0 - 110.0 degrees 999.9 = Unknown		Thrombocytopenia? Y = Yes N = No U = Unknown		Death? Y = Yes N = No U = Unknown		Other Complications? Y = Yes N = No U = Unknown							
Cough? Y = Yes N = No U = Unknown		Coryza? Y = Yes N = No U = Unknown		Conjunctivitis? Y = Yes N = No U = Unknown		Hospitalized? Y = Yes N = No U = Unknown		Days Hospitalized 0 - 998 999 - Unknown		If Yes, Please Specify:							
Was Laboratory Testing For Measles Done? Y = Yes N = No U = Unknown						Vaccinated? (Received measles-containing vaccine?) Y = Yes N = No U = Unknown			If Not Vaccinated, What Was The Reason? (See Reason Codes Below)								
Date IgM Specimen Taken Month Day Year						Result P = Positive N = Negative I = Indeterminate E = Pending X = Not Done U = Unknown		Vaccination Date Month Day Year		Vaccine Type		Vaccine Manuf		Lot Number			
Date IgG Acute Specimen Taken Month Day Year						Date IgG Convalescent Specimen Taken Month Day Year		Number of doses received BEFORE 1st birthday		Number of doses received ON or AFTER 1st birthday		If vaccinated BEFORE 1st birthday, but no doses given ON or AFTER 1st birthday, what was the reason?		If received one dose after 1st birthday, but never received 2nd dose after 1st birthday, what was the reason?			
Result P = Significant Rise in IgG N = No Significant Rise in IgG I = Indeterminate E = Pending X = Not Done U = Unknown						Other Lab Result P = Positive N = Negative I = Indeterminate E = Pending X = Not Done U = Unknown		Reason Codes 1 = Religious Exemption 2 = Medical Contraindication 3 = Philosophical Objection 4 = Lab. Evidence of Previous Disease 5 = MD Diagnosis of Previous Disease 6 = Under Age For Vaccination 7 = Parental Refusal 8 = Other 9 = Unknown		Vaccine Type Codes A = MMR B = Measles O = Other U = Unknown		Vaccine Manuf. Codes M = Merck O = Other U = Unknown					
Specify Other Lab Method:																	
Date First Reported to a Health Department Month Day Year						Date Case Investigation Started Month Day Year											
Transmission Setting (Where did this case acquire measles?) 1 = Day Care 2 = School 3 = Doctor's Office 4 = Hospital Ward 5 = Hospital ER 6 = Hospital Outpatient Clinic 7 = Home 8 = Work 9 = Unknown 10 = College 11 = Military 12 = Correctional Facility 13 = Church 14 = International Travel 15 = Other						Outbreak Related? Y = Yes N = No U = Unknown						If Yes, Outbreak Name					
Were Age and Setting Verified? (Is age appropriate for setting, i.e. aged 49 years and in day care, etc.) Y = Yes N = No U = Unknown						If Transmission Setting Not Among Those Listed And Known, What Was The Transmission Setting?						Source of Exposure For Current Case (Enter State ID if source was an in-state case; enter Country if source was out of US; enter State if source was out-of-state)					
Epi-Linked to Another Confirmed or Probable Case? Y = Yes N = No U = Unknown						Is Case Traceable Within 2 Generations to an International Import? 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	

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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 $\geq 101.0^\circ \text{ F}$ ($\geq 38.3^\circ \text{ C}$), 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.
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