

## Measles Surveillance Worksheet

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

----- DETACH HERE and transmit only lower portion if sent to CDC -----

## Measles Surveillance Worksheet

County		State		Zip			
<b>Birth Date</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		<b>Age</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Unk = 999		<b>Age Type</b> <input type="checkbox"/> 0 = 0-120 years <input type="checkbox"/> 1 = 0-11 months <input type="checkbox"/> 2 = 0-52 weeks <input type="checkbox"/> 3 = 0-28 days <input type="checkbox"/> 9 = Age unknown			
<b>Ethnicity</b> <input type="checkbox"/> H = Hispanic <input type="checkbox"/> N = Not Hispanic <input type="checkbox"/> U = Unknown		<b>Race</b> <input type="checkbox"/> N = Native Amer./Alaskan Native <input type="checkbox"/> A = Asian/Pacific Islander <input type="checkbox"/> B = African American <input type="checkbox"/> W = White <input type="checkbox"/> O = Other <input type="checkbox"/> U = Unknown		<b>Sex</b> <input type="checkbox"/> M = Male <input type="checkbox"/> F = Female <input type="checkbox"/> U = Unknown			
<b>Event Date</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		<b>Event Type</b> <input type="checkbox"/> 1 = Onset Date <input type="checkbox"/> 2 = Diagnosis Date <input type="checkbox"/> 3 = Lab Test Done <input type="checkbox"/> 4 = Reported to County <input type="checkbox"/> 5 = Reported to State or MMWR Report Date <input type="checkbox"/> 9 = Unknown		<b>Outbreak Associated</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unk = 999			
<b>Reported</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		<b>Imported</b> <input type="checkbox"/> 1 = Indigenous <input type="checkbox"/> 2 = International <input type="checkbox"/> 3 = Out of State <input type="checkbox"/> 9 = Unknown		<b>Report Status</b> <input type="checkbox"/> 1 = Confirmed <input type="checkbox"/> 2 = Probable <input type="checkbox"/> 3 = Suspect <input type="checkbox"/> 9 = Unknown			
CLINICAL DATA		<b>Any Rash?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		<b>Rash Onset</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year			
		<b>Rash Duration</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 - 30 Days 99 = Unknown		<b>Otitis?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown			
		<b>Rash Generalized?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		<b>Fever?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		<b>If Recorded, Highest Measured Temp.</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 36.0 - 110.0 degrees 999.9 = Unknown	
		<b>Cough?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		<b>Coryza?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		<b>Conjunctivitis?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	
LABORATORY		<b>Was Laboratory Testing For Measles Done?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		<b>Vaccinated? (Received measles-containing vaccine?)</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown			
		<b>Date IgM Specimen Taken</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		<b>Result</b> <input type="checkbox"/> P = Positive <input type="checkbox"/> N = Negative <input type="checkbox"/> I = Indeterminate <input type="checkbox"/> E = Pending <input type="checkbox"/> X = Not Done <input type="checkbox"/> U = Unknown			
		<b>Date IgG Acute Specimen Taken</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		<b>Date IgG Convalescent Specimen Taken</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year			
		<b>Result</b> <input type="checkbox"/> P = Significant Rise in IgG <input type="checkbox"/> N = No Significant Rise in IgG <input type="checkbox"/> I = Indeterminate <input type="checkbox"/> E = Pending <input type="checkbox"/> X = Not Done <input type="checkbox"/> U = Unknown		<b>Other Lab Result</b> <input type="checkbox"/> P = Positive <input type="checkbox"/> N = Negative <input type="checkbox"/> I = Indeterminate <input type="checkbox"/> E = Pending <input type="checkbox"/> X = Not Done <input type="checkbox"/> U = Unknown			
VACCINE HISTORY		<b>Specify Other Lab Method:</b>		<b>If Not Vaccinated, What Was The Reason?</b> <input type="checkbox"/> (See Reason Codes Below)			
		<b>Vaccination Date</b> Month Day Year		<b>Vaccine Type</b>			
		<b>Vaccine Manuf</b>		<b>Lot Number</b>			
		Number of doses received BEFORE 1st birthday <input type="text"/>		Number of doses received ON or AFTER 1st birthday <input type="text"/>			
EPIDEMIOLOGIC INFORMATION		<b>Date First Reported to a Health Department</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		<b>Date Case Investigation Started</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year			
		<b>Transmission Setting (Where did this case acquire measles?)</b> <input type="checkbox"/> 1 = Day Care <input type="checkbox"/> 2 = School <input type="checkbox"/> 3 = Doctor's Office <input type="checkbox"/> 4 = Hospital Ward <input type="checkbox"/> 5 = Hospital ER <input type="checkbox"/> 6 = Hospital Outpatient Clinic <input type="checkbox"/> 7 = Home <input type="checkbox"/> 8 = Work <input type="checkbox"/> 9 = Unknown <input type="checkbox"/> 10 = College <input type="checkbox"/> 11 = Military <input type="checkbox"/> 12 = Correctional Facility <input type="checkbox"/> 13 = Church <input type="checkbox"/> 14 = International Travel <input type="checkbox"/> 15 = Other		<b>Outbreak Related?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown			
		<b>Were Age and Setting Verified?</b> (Is age appropriate for setting, i.e. aged 49 years and in day care, etc.) <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		<b>If Transmission Setting Not Among Those Listed And Known, What Was The Transmission Setting?</b>			
		<b>Source of Exposure For Current Case</b> (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)		<b>Epi-Linked to Another Confirmed or Probable Case?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown			
		<b>Is Case Traceable Within 2 Generations to an International Import?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> 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
<b>Clinical Case Definition*:</b> A generalized rash lasting $\geq 3$ days, a temperature $\geq 101.0^\circ\text{F}$ ( $\geq 38.3^\circ\text{C}$ ), and cough, coryza, or conjunctivitis.
<b>Case Classification*:</b> 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.
<b>Page 2 of 2</b>