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

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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

CLINICAL DATA

Any Rash? (Y = Yes; N = No; U = Unknown) | **Rash Onset** (Month Day Year) | **Rash Duration** (0 - 30 Days; 99 = 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)

Cough? (Y = Yes; N = No; U = Unknown) | **Coryza?** (Y = Yes; N = No; U = Unknown) | **Conjunctivitis?** (Y = Yes; N = No; U = Unknown)

COMPLICATIONS

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)

Thrombocytopenia? (Y = Yes; N = No; U = Unknown) | **Death?** (Y = Yes; N = No; U = Unknown) | **Other Complications?** (Y = Yes; N = No; U = Unknown)

Hospitalized? (Y = Yes; N = No; U = Unknown) | **Days Hospitalized** (0 - 998; 999 - Unknown) | **If Yes, Please Specify:**

LABORATORY

Was Laboratory Testing For Measles Done? (Y = Yes; N = No; U = Unknown)

Date IgM Specimen Taken (Month Day Year) | **Result**: P = Positive; N = Negative; I = Indeterminate; E = Pending; X = Not Done; U = Unknown

Date IgG Acute Specimen Taken (Month Day Year) | **Date IgG Convalescent Specimen Taken** (Month Day Year)

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

Specify Other Lab Method:

VACCINE HISTORY

Vaccinated? (Received measles-containing vaccine?) (Y = Yes; N = No; U = Unknown) | **If Not Vaccinated, What Was The Reason?** (See Reason Codes Below)

Vaccination Date (Month Day Year)	Vaccine Type	Vaccine Manuf	Lot Number (See Type and Manuf. Codes Below)

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?

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

EPIDEMIOLOGIC INFORMATION

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**

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)

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?

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)

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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 ≥ 101.0° F (≥38.3° 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.**