

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

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

Measles Surveillance Worksheet

County	State	Zip
Birth Date <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	Age <input type="text"/> <input type="text"/> <small>Unk = 999</small>	Age Type <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
Ethnicity <input type="checkbox"/> H = Hispanic <input type="checkbox"/> N = Not Hispanic <input type="checkbox"/> U = Unknown	Race <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	Sex <input type="checkbox"/> M = Male <input type="checkbox"/> F = Female <input type="checkbox"/> U = Unknown
Event Date <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	Event Type <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	Outbreak Associated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small>Unk = 999</small>
Reported <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	Imported <input type="checkbox"/> 1 = Indigenous <input type="checkbox"/> 2 = International <input type="checkbox"/> 3 = Out of State <input type="checkbox"/> 9 = Unknown	Report Status <input type="checkbox"/> 1 = Confirmed <input type="checkbox"/> 2 = Probable <input type="checkbox"/> 3 = Suspect <input type="checkbox"/> 9 = Unknown
CLINICAL DATA	Any Rash? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	Rash Onset <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>
	Rash Duration <input type="text"/> <input type="text"/> <input type="text"/> <small>0 - 30 Days 99 = Unknown</small>	Otitis? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown
	Rash Generalized? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	Diarrhea? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown
	Fever? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	Pneumonia? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown
Cough? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	Coryza? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	Encephalitis? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown
Conjunctivitis? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	Thrombocytopenia? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	Death? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown
Other Complications? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	Hospitalized? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	Days Hospitalized <input type="text"/> <input type="text"/> <input type="text"/> <small>0 - 998 999 - Unknown</small>
Was Laboratory Testing For Measles Done? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	Vaccinated? (Received measles-containing vaccine?) <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	If Not Vaccinated, What Was The Reason? <input type="checkbox"/> (See Reason Codes Below)
Date IgM Specimen Taken <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	Result <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	Vaccination Date <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>
Date IgG Acute Specimen Taken <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	Date IgG Convalescent Specimen Taken <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	Vaccine Type <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Result <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	Other Lab Result <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	Lot Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Specify Other Lab Method:	Number of doses received BEFORE 1st birthday <input type="checkbox"/>	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
Date First Reported to a Health Department <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	Date Case Investigation Started <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	Number of doses received ON or AFTER 1st birthday <input type="checkbox"/>
Transmission Setting (Where did this case acquire measles?) <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	Outbreak Related? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> 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.) <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> 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? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	Is Case Traceable Within 2 Generations to an International Import? <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
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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