## Measles Surveillance Worksheet

### CASE INFORMATION

**Date of Birth** __ __ __ __ __ __

**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** __ __ __ __ __ __ __ __ __ __

**Date Reported** __ __ __ __ __ __ __ __ __ __

**Age Unit** __ __ __ __ __ __ __ __ __ __

**Date First Reported to PHD** __ __ __ __ __ __ __ __ __ __

**Reporting County** ____________

**Reporting State** ____________

**Earliest Date Reported to County** __ __ __ __ __ __ __ __ __ __

**Earliest Date Reported to State** __ __ __ __ __ __ __ __ __ __

**National Reporting Jurisdiction**

### CASE CLASS STATUS

**Date Confirmed** __ __ __ __ __ __ __ __ __ __

### CASE INVESTIGATION

**CASE INVESTIGATION STATUS CODE**

- Approved
- Deleted
- Confirmed
- Not a case
- Unknown
- Ready for review
- Reviewed
- Suspended
- Closed
- In progress
- Other
- Rejected
- Local/state specified
- Occupational disease surveillance

### CASE DETECTION METHOD

- Laboratory reported
- Prison entry screening
- Routine physical exam
- Self-referral
- Prenatal testing
- Provider reported
- Other
- Unknown

### CASE CONFIRMATION 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** __ __ __ __ __ __ __ __ __ __

**Hospital Discharge Date** __ __ __ __ __ __ __ __ __ __

**Hospital Stay Duration**
- 0 – 99 days
- 99 days = unknown

**Illness Onset Date** __ __ __ __ __ __ __ __ __ __

**Illness End Date** __ __ __ __ __ __ __ __ __ __

**Illness Duration** __ __ __ __ __ __ __ __ __ __

**Illness Duration Units** __ __ __ __ __ __ __ __ __ __

**Date of Diagnosis** __ __ __ __ __ __ __ __ __ __

**Pregnancy Status**
- Y=yes
- N=no
- U=unknown

### SIGNS and SYMPTOMS

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rash</td>
<td>__ __ __ __ __ __ __ __</td>
<td>__ __ __ __ __ __ __ __</td>
</tr>
<tr>
<td>Fever</td>
<td>__ __ __ __ __ __ __ __</td>
<td>__ __ __ __ __ __ __ __</td>
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<tr>
<td>Cough</td>
<td>__ __ __ __ __ __ __ __</td>
<td>__ __ __ __ __ __ __ __</td>
</tr>
</tbody>
</table>

**Highest Measured Temperature**
- °Cel
- °F

### COMPLICATIONS

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>U</th>
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<tbody>
<tr>
<td>Croup</td>
<td>__ __ __ __</td>
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<tr>
<td>Diarrhea</td>
<td>__ __ __ __</td>
<td>__ __ __ __</td>
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<tr>
<td>Encephalitis</td>
<td>__ __ __ __</td>
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<tr>
<td>Hepatitis</td>
<td>__ __ __ __</td>
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<tr>
<td>Pneumonia</td>
<td>__ __ __ __</td>
<td>__ __ __ __</td>
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</tbody>
</table>

**Date of Death** __ __ __ __ __ __ __ __ __ __

**Chest X-ray for Pneumonia**
- Positive
- Negative
- Not Done
- Unknown

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*LOCAL SUBJECT ID ___________________

*SUBJECT ADDRESS ZIP CODE ___________________

*SUBJECT ADDRESS STATE ___________________

*SUBJECT ADDRESS CITY ___________________

*SUBJECT ADDRESS COUNTY ___________________

*SUBJECT ADDRESS ADDRESS ___________________

*SUBJECT ADDRESS (Street and No.) ___________________

*HOSPITAL RECORD NO. ___________________

*PHONE ___________________

*PHONE (specify) ___________________

*REPORTING SOURCE TYPE ___________________

*SUBJECT ADDRESS COUNTY ___________________

*SUBJECT ADDRESS CITY ___________________

*SUBJECT ADDRESS ADDRESS ___________________

This information will not be sent to CDC

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Appendix 8-4

Mar 2019
**LABORATORY TESTING**

<table>
<thead>
<tr>
<th>VPD Lab Message Reference Laboratory</th>
<th>VPD Lab Message Patient Identifier</th>
<th>VPD Lab Message Specimen Identity</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Test Result</th>
<th>Test Result Quantitative</th>
<th>Result Units</th>
<th>Specimen Source (Type)</th>
<th>Specimen Source (Site)</th>
<th>Date Specimen Collected (mm/dd/yyyy)</th>
<th>Date Specimen Sent to CDC (mm/dd/yyyy)</th>
<th>Specimen Analyzed Date (mm/dd/yyyy)</th>
<th>Performing Laboratory Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>IgM EIA capture</td>
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<td>IgG EIA acute</td>
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<td>IF IgG Ab</td>
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<td>unspecified serology</td>
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</tbody>
</table>

**Test Results Codes**

- **P=**positive
- **N=**negative
- **X=**not done
- **E=**pending
- **O=**other
- **NS=**no significant rise in titer
- **PS=**significant rise in titer
- **U=**unknown

<table>
<thead>
<tr>
<th>Test</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>IgM EIA capture</td>
<td>A, B2, B3, C1, C2, D2, D3, D4, D5, D6, D7, D8, D9, D10, G2, G3, H1, H2, other, unknown</td>
</tr>
<tr>
<td>IgM EIA</td>
<td>A, B2, B3, C1, C2, D2, D3, D4, D5, D6, D7, D8, D9, D10, G2, G3, H1, H2, other, unknown</td>
</tr>
<tr>
<td>IgG EIA acute</td>
<td>A, B2, B3, C1, C2, D2, D3, D4, D5, D6, D7, D8, D9, D10, G2, G3, H1, H2, other, unknown</td>
</tr>
<tr>
<td>IgG EIA conval</td>
<td>A, B2, B3, C1, C2, D2, D3, D4, D5, D6, D7, D8, D9, D10, G2, G3, H1, H2, other, unknown</td>
</tr>
<tr>
<td>IF IgG Ab</td>
<td>A, B2, B3, C1, C2, D2, D3, D4, D5, D6, D7, D8, D9, D10, G2, G3, H1, H2, other, unknown</td>
</tr>
<tr>
<td>culture</td>
<td>A, B2, B3, C1, C2, D2, D3, D4, D5, D6, D7, D8, D9, D10, G2, G3, H1, H2, other, unknown</td>
</tr>
<tr>
<td>genotype</td>
<td>A, B2, B3, C1, C2, D2, D3, D4, D5, D6, D7, D8, D9, D10, G2, G3, H1, H2, other, unknown</td>
</tr>
<tr>
<td>PCR</td>
<td>A, B2, B3, C1, C2, D2, D3, D4, D5, D6, D7, D8, D9, D10, G2, G3, H1, H2, other, unknown</td>
</tr>
<tr>
<td>Ag by IIFA</td>
<td>A, B2, B3, C1, C2, D2, D3, D4, D5, D6, D7, D8, D9, D10, G2, G3, H1, H2, other, unknown</td>
</tr>
<tr>
<td>OTHER</td>
<td>A, B2, B3, C1, C2, D2, D3, D4, D5, D6, D7, D8, D9, D10, G2, G3, H1, H2, other, unknown</td>
</tr>
<tr>
<td>unspecified serology</td>
<td>A, B2, B3, C1, C2, D2, D3, D4, D5, D6, D7, D8, D9, D10, G2, G3, H1, H2, other, unknown</td>
</tr>
<tr>
<td>unknown</td>
<td>A, B2, B3, C1, C2, D2, D3, D4, D5, D6, D7, D8, D9, D10, G2, G3, H1, H2, other, unknown</td>
</tr>
</tbody>
</table>

**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=micrrial 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=lung**
- **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**
<table>
<thead>
<tr>
<th>Imported Code</th>
<th>1 = Indigenous</th>
<th>2 = International</th>
<th>3 = in state, out of jurisdiction</th>
<th>4 = out of state</th>
<th>5 = imported, unable to determine source</th>
<th>9 = unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imported Country</td>
<td>Imported State</td>
<td>Imported County</td>
<td>Imported City</td>
<td>Import Status: Did onset occur within 7-21 days of entering the U.S. following any travel?</td>
<td>Y = yes</td>
<td>N = no</td>
</tr>
<tr>
<td>Import Status: US-Acquired</td>
<td>1 = import-linked case</td>
<td>2 = imported virus case</td>
<td>3 = endemic case</td>
<td>4 = unknown source case</td>
<td>5 = other</td>
<td></td>
</tr>
<tr>
<td>Traceable to international import?</td>
<td>Y = yes</td>
<td>N = no</td>
<td>U = unknown</td>
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<tr>
<td>TRANSMISSION SETTING</td>
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<tr>
<td>INTERNATIONAL DESTINATIONS OF RECENT TRAVEL</td>
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<td>TRAVELING</td>
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<td>Country of Exposure</td>
<td>State/Province of Exposure</td>
<td>County of Exposure</td>
<td>City of Exposure</td>
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<td>TRANSMISSION MODE</td>
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</tr>
<tr>
<td>1 = day care</td>
<td>4 = hospital ward</td>
<td>7 = home</td>
<td>10 = college</td>
<td>13 = place of worship</td>
<td>16 = work</td>
<td></td>
</tr>
<tr>
<td>2 = school</td>
<td>5 = hospital ER</td>
<td>8 = other</td>
<td>11 = military</td>
<td>14 = international travel</td>
<td>17 = athletics</td>
<td></td>
</tr>
<tr>
<td>3 = doctor’s office</td>
<td>6 = hospital outpatient</td>
<td>9 = unknown</td>
<td>12 = correctional facility</td>
<td>15 = community</td>
<td></td>
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</tr>
<tr>
<td>Age &amp; setting verified: does the age of the case match or make sense for the listed transmission setting?</td>
<td>Y = yes</td>
<td>N = no</td>
<td>U = unknown</td>
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<tr>
<td>Was case a healthcare provider?</td>
<td>Y = yes</td>
<td>N = no</td>
<td>U = unknown</td>
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<tr>
<td>OUTBREAK NAME</td>
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<td>Investigation Start Date</td>
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<td>TRANSMISSION SETTING</td>
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<tr>
<td>Date of last vaccine dose prior to illness onset:</td>
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<td>Vaccine Type</td>
<td>Vaccination Date</td>
<td>Vaccine</td>
<td>Vaccine</td>
<td>Vaccine Expiration Date</td>
<td>National</td>
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<td>Record</td>
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<td>VACCINE EVENT INFORMATION SOURCE CODES</td>
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</tr>
<tr>
<td>A = MMR</td>
<td>R = rubella</td>
<td>M = Merck</td>
<td>0 = new immunization record</td>
<td>08 = historical information, public agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B = mumps virus vaccine</td>
<td>RM = rubella/mumps</td>
<td>O = other</td>
<td>01 = historical information, source unspecified</td>
<td>09 = historical information, patient/parent recall</td>
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</tr>
<tr>
<td>MR = M/R</td>
<td>MM = MMRV</td>
<td>02 = historical information, other provider</td>
<td>10 = historical information, patient/parent’s written record</td>
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<tr>
<td>M = measles virus vaccine</td>
<td>O = other</td>
<td>05 = historical information, other registry</td>
<td>11 = immunization information system (IIS)</td>
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<tr>
<td>U = unknown</td>
<td>U = unknown</td>
<td>06 = historical information, birth certificate</td>
<td>UNK = unknown</td>
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<td>N = no vaccine administered</td>
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</tbody>
</table>
REASON NOT VACCINATED PER ACIP

1 = religious exemption
2 = medical contraindication
3 = philosophical objection
4 = lab evidence of previous disease
5 = MD diagnosis of previous disease
6 = too young
7 = parent/patient refusal
8 = other
9 = unknown
10 = parent/patient forgot to vaccinate
11 = vaccine record incomplete/unavailable
12 = parent/patient report of previous disease
13 = parent/patient unaware of recommendation
14 = missed opportunity
15 = foreign visitor
16 = immigrant

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 Electronically Submitted _______  month _______ day _______ year

Date of Electronic Case Notification to CDC _______  month _______ day _______ year

Notification Result Status □ Final results □ Record coming as correction □ Results cannot be obtained

Person Reporting to CDC ______________________ (first) Person Reporting to CDC Email ______________________ @ _______

NAME ____________________________ (last) Person Reporting to CDC Phone No. _______  ___ ___ ___ ___ ___

Current Occupation ____________________________ Current Occupation Standardized ____________________________

Current Industry ____________________________ Current Industry Standardized ____________________________

COMMENTS

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.