

MEASLES MMG Measles Surveillance Worksheet GENERIC MMG

<b>NAME</b> (last) _____ (first) _____		<b>ADDRESS (Street and No.)</b> _____		<b>Phone</b> _____	<b>Hospital Record No.</b> _____		
This information will not be sent to CDC							
<b>REPORTING SOURCE TYPE</b> 48766-0 <input type="checkbox"/> physician <input type="checkbox"/> PH clinic <input type="checkbox"/> nurse <input type="checkbox"/> hospital <input type="checkbox"/> other source type <input type="checkbox"/> laboratory <input type="checkbox"/> other clinic		<b>NAME</b> _____ <b>ADDRESS</b> _____ <b>ZIP CODE</b> 52831-5 <b>PHONE</b> (____) _____		<b>SUBJECT ADDRESS CITY</b> PID-11.3 _____ <b>SUBJECT ADDRESS STATE</b> PID-11.4 _____ <b>SUBJECT ADDRESS COUNTY</b> PID-11.9 _____ <b>SUBJECT ADDRESS ZIP CODE</b> PID-11.5 _____ <b>LOCAL SUBJECT ID</b> PID-3 _____			
<b>CASE INFORMATION</b>							
<b>Date of Birth</b> _____ month day year PID-7		<b>Sex</b> M=male F=female U=unknown <input type="checkbox"/> PID-8		<b>Ethnic Group</b> H=Hispanic/Latino N=Not Hispanic/Latino O=Other _____ U=Unknown <input type="checkbox"/> PID-22			
<b>Race</b> PID-10 <input type="checkbox"/> Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not asked <input type="checkbox"/> Refused to answer <input type="checkbox"/> Other 32624-9 unknown							
<b>Country of Birth</b> 78746-5		<b>Other Birth Place</b> 21842-0		<b>Country of Usual Residence</b> 77983-5			
<b>Age at Case Investigation</b> 77998-3		<b>Age Unit*</b> OBX-6 for 77998-3		<b>Reporting County</b> 77967-8 <b>Reporting State</b> 77966-0			
<b>Date Reported</b> _____ month day year 77995-9		<b>Date First Reported to PHD</b> _____ month day year 77970-2		<b>National Reporting Jurisdiction</b> _____ 77968-6			
<b>Earliest</b> 77972-8 <b>reported to County</b> _____ (mm/dd/yyyy)			<b>Earliest</b> 77973-6 <b>reported to State</b> _____ (mm/dd/yyyy)				
*UNITS   a=year   d=day   mo=month   w=week   OTH=other   UNK=unknown							
<b>CASE STATUS</b> 77990-0		Suspected		Probable			
		Confirmed		Not a case			
		Unknown		<b>Date Confirmed</b> _____ month day year INV162			
<b>CASE INVESTIGATION STATUS CODE</b> INV109		Approved		Deleted			
		Notified		Ready for review			
		Other _____		Reviewed			
		Closed		Rejected			
		In progress		Suspended			
		Unknown					
<b>CASE DETECTION METHOD</b> INV159		Laboratory reported		Prison entry screening			
		Prenatal testing		Provider reported			
		Routine physical exam		Self-referral			
		Other _____		Unknown			
<b>CASE CONFIRMATION METHOD</b> INV161		Active surveillance		Epi-linked			
		Case/outbreak investigation		Local/state specified			
		Clinical diagnosis		Medical records review			
		Lab diagnosis		Occupational disease surveillance			
		Lab reporting		Other (specify) _____			
		No information given		Provider certified			
<b>CLINICAL INFORMATION</b>							
<b>Hospitalized?</b> Y=yes N=no U=unknown <input type="checkbox"/> 77974-4		<b>Hospital Admit Date</b> _____ month day year 8656-1		<b>Hospital Discharge Date</b> _____ month day year 8649-6			
<b>Hospital Stay Duration</b> 0-998 _____ 999=unknown days 78033-8		<b>Illness Onset Date</b> _____ month day year 11368-8		<b>Illness End Date</b> _____ month day year 77976-9			
<b>Illness Duration</b> _____ 77977-7		<b>Illness Duration Units*</b> OBX-6 for 77977-7		<b>Date of Diagnosis</b> _____ month day year 77975-1			
				<b>Pregnancy Status</b> 77996-7 <input type="checkbox"/>			
<b>SIGNS and SYMPTOMS</b> 56831-1		<b>Y N U   Onset Date   Duration</b>		<b>Was rash generalized?</b> <input type="checkbox"/> Y=yes 725119006 U=unknown <input type="checkbox"/>			
		Rash				Age 85949-6 h onset? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		Fever		Highest Measured Temperature 81265-1		Age Type Units OBX-6 for 85949-6	
				Temperature _____ °C Units OBX-6 for 81265-1 _____ °F			
		Cough		Conjunctivitis			
		Coryza		Other _____			
				Y=Yes N=No U=Unknown INV919			
<b>COMPLICATIONS</b> 67187-5		Croup		Pneumonia			
		Diarrhea		Unknown			
		Encephalitis		Died? 77978-5			
		Hepatitis		Date of death? PID-29 _____ (mm/dd/yyyy)			
				Chest X-ray for Pneumonia INV923			
		Otitis		Positive <input type="checkbox"/>			
		Thrombocytopenia		Negative <input type="checkbox"/>			
		Other (specify) _____		Not Done <input type="checkbox"/>			
		Y=Yes N=No U=Unknown INV920		Unknown <input type="checkbox"/>			

**LABORATORY TESTING**

**VPD Lab Message Reference Laboratory**

LAB143

**VPD Lab Message Patient Identifier**

LAB598

**VPD Lab Message Specimen Identifier**

LAB125

**Was there laboratory testing done to confirm the diagnosis?** LAB630 Y=Yes N=No U=Unknown

**Was case labo** INV164 **confirmed?** Y=yes N=no U=unknown  **Was a spec** 82314-6 **sent to CDC for testing?** Y=yes N=no U=unknown

Test Type	Test Result	Test Result Quantitative	Result Units	Specimen Source (Type)	Specimen Source (Site)	Date Specimen Collected	Date Specimen Sent to CDC	Specimen Analyzed Date	Performing Laboratory Type
INV290	INV291	LAB628	LAB115	31208-2	66746-9	68963-8 mm/dd/yyyy	85930-6 (mm/dd/yyyy)	45375-3 (mm/dd/yyyy)	82771-7
IgM EIA Capture						-----	-----	-----	
IgM EIA						-----	-----	-----	
IgG EIA Acute						-----	-----	-----	
IgG EIA Conv						-----	-----	-----	
IF IgG Ab						-----	-----	-----	
Culture						-----	-----	-----	
Genotype 60422-3						-----	-----	-----	
PCR						-----	-----	-----	
Ag by IFA						-----	-----	-----	
OTHER						-----	-----	-----	
unspec serology						-----	-----	-----	
unknown						-----	-----	-----	

**Test Results Codes**

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

**Specimen Source (Type) Codes**

1=bacterial isolate	8=cataract	15=NP aspirate	22=RNA	29=lavage	36=throat swab
2=blood	9=CSF	16=NP swab	23=saliva	30=stool	37=tissue
3=body fluid	10=crust	17=NP washing	24=scab	31=swab	38=urine
4=BAL	11=DNA	18=nucleic acid	25=serum	32=swab (skin lesion)	39=vesicle fluid
5=buccal smear	12=lesion	19=oral fluid	26=skin lesion	33=swab (nasal sinus)	40=viral isolate
6=buccal swab	13=macular scraping	20=oral swab	27=specimen	34=vesicular swab	41=other
7=capillary blood	14=microbial isolate	21=plasma	28=lung	35=swab (internal nose)	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

**IMPORTATION AND EXPOSURE INFORMATION**

**Imported Code** 1=indigenous 2=international 3=in state, out of jurisdiction 4=out of state 5=imported, unable to determine source 9=unknown

77982-7  
**Imported Country** INV153 **Imported State** INV154 **Imported County** INV156 **Imported City** INV155

**IMPORT STATUS: Did onset occur within 7-21 days** INV293 **ring the U.S. following any travel?** Y=yes N=no U=unknown

**IMPO** INV516 **US: US-Acquired** 1=import-linked case 2=imported virus case 3=endemic case 4=unknown source case 5=other

**Traceab** INV286 **international import?** Y=yes N=no U=unknown  **Was** 223366009 **healthcare provider?** Y=yes N=no U=unknown

<b>INTERNATIONAL DESTINATIONS OF RECENT TRAVEL</b> 82764-2	<b>Travel Return Date</b> TRAVEL08 month day year	<b>Length of time in the U.S since last travel:</b> DEM225
	<b>Travel Return Date</b> TRAVEL08 month day year	<b>UNITS<sup>†</sup> LENGTH of TIME in the U.S.</b> OBX-6 for DEM225

**Is this case epi-linked to another confirmed or probable case?** INV217 Y=yes N=no U=unknown

**Outbreak related?** Y=yes N=no U=unknown  **Outbreak Name** 77981-9 **Investigation Start Date** 77979-3 month day year

**Country of Exposure** 77984-3 **State/Province of Exposure** 77985-0 **County of Exposure** 77987-6 **City of Exposure** 77986-8

**TRANSMISSION SETTING** 81267-7   **Transmission Mode** 77989-2

1 = day care 4 = hospital ward 7 = home 10 = college 13 = place of worship 16 = work  
 2 = school 5 = hospital ER 8 = other 11 = military 14 = international travel 17 = athletics  
 3 = doctor's office 6 = hospital outpatient 9 = unknown 12 = correctional facility 15 = community

**Age & setting verified: does the age of the case match or make sense for the listed transmission setting?** 85700-3 Y=yes N=no U=unknown

<sup>†</sup>UNITS a=year h=hour mo=month w=week d=day min=minute s=second OTH=other UNK=unknown

**VACCINATION HISTORY**

**Vaccinated (has the case-patient ever received a vaccine against this disease)?** VAC126 Y=yes N=no U=unknown

**Number of vaccine doses received before first birthday?** VAC128 0-6 99 = unknown  (doses)

**Number of vaccine doses received on or after first birthday?** 0-6 99 = unknown  (doses)

**Number of vaccine doses received prior to illness onset?** 82745-1 0-6 99=unknown  (doses)

**Date of last vaccine dose prior to illness onset:** VAC142 (mm/dd/yyyy)

**Was case-patient vaccinated as recommended by the ACIP?**  
 Y=yes VAC148   
 N=no U=unknown

Vaccine Type	Vaccination Date	Vaccine Manuf	Vaccine Lot Number	Vaccine Expiration Date	National Drug Code	Vaccination Record Identifier	Vaccine Event Information Source	Vaccine Dose Number
30956-7	30952-6 month day year	30957-5	30959-1	VAC109 month day year	VAC153	VAC102	VAC147	30973-2
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VACCINE TYPE CODES	VACCINE MANUFACTURER CODES	VACCINE EVENT INFORMATION SOURCE CODES
A=MMR R=rubella B=mumps virus vaccine RM=rubella/mumps MR=M/R MM=MMRV M=measles virus vaccine O=other U=unknown N=no vaccine administered	M = Merck O = other U = unknown	00=new immunization record 08=historical information, public agency 01=historical information, source unspecified 09=historical information, patient/parent recall 02=historical information, other provider 10=historical information, patient/parent's written record 05=historical information, other registry 06=historical information, birth certificate 11=immunization information system (IIS) 07=historical information, school record UNK=unknown OTH=other

**REASON NOT VACCINATED PER ACIP** VAC149

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

**VACCINE HISTORY COMMENTS** VAC133**CASE NOTIFICATION**

<b>Condition Code</b> <span style="border: 1px solid red; padding: 2px;">10140</span>	<b>Immediate National Notifiable Condition</b> Y=yes N=no U=unknown <input type="checkbox"/>	<b>Legacy Case ID</b> <span style="border: 1px solid red; padding: 2px;">77997-5</span>
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<b>State Case ID</b> <span style="border: 1px solid red; padding: 2px;">77993-4</span>	<b>Local Record ID</b> <span style="border: 1px solid red; padding: 2px;">OBR-3</span>	<b>Jurisdiction Code</b> <span style="border: 1px solid red; padding: 2px;">77969-4</span>	<b>Binational Reporting Criteria</b> <span style="border: 1px solid red; padding: 2px;">77988-4</span>
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<b>Date First Verbal Notification to CDC</b> <span style="border: 1px solid red; padding: 2px;">77994-2</span> _____ <small>month day year</small>	<b>Date Report First Electronically Submitted</b> <span style="border: 1px solid red; padding: 2px;">OBR-7</span> _____ <small>month day year</small>
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<b>Date of Electronic Case Notification to CDC</b> <span style="border: 1px solid red; padding: 2px;">OBR-22</span> _____ <small>month day year</small>	<b>MMWR Week</b> <span style="border: 1px solid red; padding: 2px;">77991-8</span>	<b>MMWR Year</b> <span style="border: 1px solid red; padding: 2px;">77992-6</span>
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**Notification Result Status** OBR-25  Final results  Record coming as correction  Results cannot be obtained

<b>Person Reporting to CDC</b> _____ (first) <b>NAME</b> <span style="border: 1px solid red; padding: 2px;">74549-7</span> _____ (last)	<b>Person Reporting to CDC Email</b> <span style="border: 1px solid red; padding: 2px;">74547-1</span> @ _____ <b>Person Reporting to CDC Phone No.</b> <span style="border: 1px solid red; padding: 2px;">74548-9</span> (____) _____
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<b>Current Occupation</b> <span style="border: 1px solid red; padding: 2px;">85658-3</span> _____	<b>Current Occupation Standardized</b> <span style="border: 1px solid red; padding: 2px;">85659-1</span> _____
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<b>Current Industry</b> <span style="border: 1px solid red; padding: 2px;">85078-4</span> _____	<b>Current Industry Standardized</b> <span style="border: 1px solid red; padding: 2px;">85657-5</span> _____
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**COMMENTS** 77999-1**CLINICAL CASE DEFINITION †**

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<sup>§</sup> with:

- Isolation of measles virus<sup>¶</sup> from a clinical specimen; or
- Detection of measles-virus specific nucleic acid<sup>¶</sup> from a clinical specimen using polymerase chain reaction; or
- IgG seroconversion<sup>§</sup> or a significant rise in measles immunoglobulin G antibody<sup>¶</sup> using any evaluated and validated method; or
- A positive serologic test for measles immunoglobulin M antibody<sup>¶#</sup>; 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.