New Jersey Department of Health
Vaccine Preventable Diseases Program
PO Box 369
Trenton, NJ 08625-0369

Case Status
☐ Confirmed
☐ Probable
☐ Suspect

MEASLES SURVEILLANCE WORKSHEET

Patient Name (Last, First)	Telephone No.	CDRSS #	E#

Street Address	City	Zip	County

Reporting Source	Treating Physician	Address of Physician	Telephone No.

Dates Physician Saw	Name of Investigator	Name of Agency	Telephone No.

Hospital	Hospital Record Number	Hospital Address	Telephone No.

Country of Birth	Birth Date	Age	Age Type
	__ __ / __ __ / __ __ *(mm/dd/yy)*	__ __ __ *(Unknown = 999)*	0 ☐ 0-120 Years 1 ☐ 0-11 Months 2 ☐ 0-2 Weeks 3 ☐ 0-28 Days 9 ☐ Age Unknown

Ethnicity	Race	Sex
H ☐ Hispanic N ☐ Not Hispanic U ☐ Unknown	N ☐ Native American/Alaskan Native A ☐ Asian/Pacific Islander B ☐ African American W ☐ White O ☐ Other U ☐ Unknown	M ☐ Male F ☐ Female U ☐ Unknown

Event Date	Event Type
__ __ / __ __ / __ __ *(mm/dd/yy)*	1 ☐ Onset Date 2 ☐ Diagnosis Type 3 ☐ Lab Test Date 4 ☐ Reported to County 5 ☐ Reported to State or MMWR Report Date 9 ☐ Unknown

Outbreak Associated	Reported	Imported	Report Status
__ __ __ *(Unknown = 999)*	__ __ / __ __ / __ __ *(mm/dd/yy)*	1 ☐ Indigenous 2 ☐ International 3 ☐ Out of State 9 ☐ Unknown	1 ☐ Confirmed 2 ☐ Probable 3 ☐ Not a Case 9 ☐ Unknown

CLINICAL DATA

Symptoms	Yes	No	Unknown
Any Rash If Yes, Date of Rash Onset: __ __ / __ __ / __ __ *(mm/dd/yy)* Rash Duration: ____ ____ *(0-30; 99 = Unknown)*			
Rash Generalized			
Fever If Recorded, Highest Measured Temperature _____.__ Degrees F. *(36.0 – 110.0; 999=Unknown)*			
Cough			
Coryze			
Conjunctivitis			

COMPLICATIONS

Symptoms	Yes	No	Unknown
Otitis			
Diarrhea			
Pneumonia			
Encephalitis			
Thrombocytopenia			
Death			
Other Complications (If Yes, specify):			
Hospitalized? (If Yes, Days Hospitalized): __ __ __ *(0-998; 999 = Unknown)*			

MEASLES SURVEILLANCE WORKSHEET, Continued

LABORATORY

Was Laboratory Testing for Measles Done?
☐ Yes ☐ No ☐ Unknown

Date IgM Specimen Taken
__ __ / __ __ / __ __
(mm/dd/yy)

Result
P ☐ Positive X ☐ Not Done
E ☐ Pending I ☐ Indeterminate
N ☐ Negative U ☐ Unknown

Date IgG Acute Specimen Taken
__ __ / __ __ / __ __
(mm/dd/yy)

Date IgG Convalescent Specimen Taken
__ __ / __ __ / __ __
(mm/dd/yy)

Result
P ☐ Significant Rise in IgG X ☐ Not Done
N ☐ No Significant Rise in IgG E ☐ Pending
I ☐ Indeterminate U ☐ Unknown

Other Lab Result
P ☐ Positive I ☐ Indeterminate E ☐ Pending
N ☐ Negative X ☐ Not Done U ☐ Unknown

Specify Other Lab Method

VACCINE HISTORY

Vaccinated? (Received measles-containing vaccine?)
☐ Yes
☐ No
☐ Unknown

Number of doses received ON or AFTER 1st birthday:

If not vaccinated, what was the reason?
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

Vaccination Date ***(MM/DD/YY)***	**Vaccine Type Code (A=MMR, B=Rubella, O=Other, U=Unknown)**	**Vaccine Manuf. Code (M=Merck, O=Other, U=Unknown)**	**Lot Number**

EPIDEMIOLOGIC

Date First Reported to a Health Dept.
__ __ / __ __ / __ __
(mm/dd/yy)

Date Case Investigation Started
__ __ / __ __ / __ __
(mm/dd/yy)

Outbreak Related?
☐ Yes
☐ No
☐ Unknown

If Yes, Outbreak Name

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

If Transmission Setting not among those listed and known, what was the transmission setting?

Were Age and Setting Verified? (Is age appropriate for setting, i.e., aged 49 years and in day care, etc.?
☐ Yes ☐ No ☐ Unknown

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?
☐ Yes ☐ Unknown
☐ No

Is Case Traceable within 2 Generations to an International Import?
☐ Yes ☐ Unknown
☐ No

CONTACT INFORMATION (FOR STATISTICAL USE)

Mother's Name	Telephone Number
Father's Name	Telephone Number

MEASLES SURVEILLANCE WORKSHEET, Continued

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 $\geq$ 3 days, a temperature $\geq$ 101.0° F ($\geq$ 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 non-contributory or no serologic or virologic testing, and is not epidemiologically linked to a laboratory-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.