Maryland Measles (Rubeola) Surveillance Case Investigation (Rev. 11/96)

Investigation No. State Case ID

Name ____________________________________________     _____________________________________    _______

Hospital Record No. ______________________

Last First MI

Address __________________________________________________________   ________________________    __________     ________

(         ) ____________________

No. and Street                                                                                               City                               State             Zip code                            Telephone

Reporting Physician/Nurse/Hospital/Clinic ________________________   ________________________________________

Name                                                                 Address                                                                  Telephone

Investigator_____________________________________________________

___________________________________ (Identifying information above should not be sent to CDC________________________________

Measles Surveillance Worksheet

Note: This form has 4 pages

A. Demographics/Case Information

State Case ID# ________________

City ___________________________________ County ___________________________ State _______________  Zip code _______________

Birth Date ___/___/____  *Age ___ (999 Unknown) Age Type ___

0 0-120 Years
1 0-11 Months
2 0-52 Weeks
3 0-28 Days
4 Age group (census coding)
9 Age unknown

Race ______

N Native Amer./Alaskan Native
A Asian/Pacific Islander
B African American
W White
O Other
U Unknown

Ethnicity______ H Hispanic  Sex______ M Male

N Not Hispanic
U Unknown

Event nam Measles Disease code ____

54.00 = indigenous
54.10 = interstate import
54.20 = international import

Case count 1 (For individual record)

*Outbreak Associated ______ (Leave blank unless case affiliated with outbreak and want to note outbreak name/no).

Date of report ___/___/____

Imported ___

1 Indigenous (acquired in USA reporting state)
2 International (acquired outside USA)
3 Out of State (acquired in USA outside reporting state)
9 Unknown

Case status ______

1 Confirmed
2 Probable
3 Suspected
4 Ruled Out
9 Unknown

Comments_________________________________________________________________
### C. CLINICAL DATA

**Case Definition Met?** Y  N

<table>
<thead>
<tr>
<th>Rash?</th>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rash onset</td>
<td>mm dd yy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rash duration</td>
<td>(range 0-30; 99 unknown)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rash generalized?</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fever?</th>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>If recorded, highest measured temperature</td>
<td>(range 36.0 - 110.0; 999.9 Unknown)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cough?</th>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coryza?</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td>Conjunctivitis?</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
</tbody>
</table>

### COMPLICATIONS:

<table>
<thead>
<tr>
<th>Otitis?</th>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea?</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td>Pneumonia?</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td>Encephalitis?</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td>Thrombocytopenia?</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
</tbody>
</table>

*Death? Y N U Other complication? Y N U*  
*If other complication, specify_________________________

<table>
<thead>
<tr>
<th>Hospitalized due to measles?</th>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days hospitalized</td>
<td>(range 0-998; 999 Unknown)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### D. LABORATORY

**State Case ID____________________**

**Was testing for measles done?** Y  N  U

**Serology**

<table>
<thead>
<tr>
<th>Acute specimen date</th>
<th>mm dd yy</th>
</tr>
</thead>
<tbody>
<tr>
<td>IgG</td>
<td></td>
</tr>
<tr>
<td>IgM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Convalescent specimen date</th>
<th>mm dd yy</th>
</tr>
</thead>
<tbody>
<tr>
<td>IgG</td>
<td></td>
</tr>
<tr>
<td>IgM</td>
<td></td>
</tr>
</tbody>
</table>

**Other tests**

<table>
<thead>
<tr>
<th>Specimen</th>
<th>Throat swab</th>
<th>Urine</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IgM Results</th>
<th>IgG Results</th>
<th>Other test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Significant rise in IgG</td>
<td>P</td>
</tr>
<tr>
<td>N</td>
<td>No significant rise in IgG</td>
<td>N</td>
</tr>
<tr>
<td>I</td>
<td>Indeterminate</td>
<td>I</td>
</tr>
<tr>
<td>P</td>
<td>Pending</td>
<td>P</td>
</tr>
<tr>
<td>X</td>
<td>Not Done</td>
<td>X</td>
</tr>
<tr>
<td>U</td>
<td>Unknown</td>
<td>U</td>
</tr>
</tbody>
</table>

**Was case laboratory confirmed** Y  N
E. VACCINE HISTORY

Had case ever received measles-containing vaccine? Y □ N □ U □ If case not vaccinated, what was reason? □

1. Religious exemption
2. Medical contraindication
3. Philosophical objection
4. Laboratory evidence of previous disease
5. MD diagnosis of previous disease
6. Under age for vaccination
7. Parental refusal
8. Other
9. Unknown

**Vaccination Date** (If month and year are known and exact date
is not known, enter 15 for day)

1. ____/____/____
2. ____/____/____
3. ____/____/____

**Number of doses received BEFORE 1st birthday**

**Number of doses received ON or AFTER 1st birthday**

If vaccinated BEFORE first birthday, but no doses given ON OR AFTER 1st birthday, what was reason? □

1. Religious exemption
2. Medical contraindication
3. Philosophical objection
4. Laboratory evidence of previous disease
5. MD diagnosis of previous disease
6. Under age for vaccination
7. Parental refusal
8. Other
9. Unknown

If received one dose after first birthday, but never received 2nd dose after 1st birthday, what was reason? □

1. Religious exemption
2. Medical contraindication
3. Philosophical objection
4. Laboratory evidence of previous disease
5. MD diagnosis of previous disease
6. Too young for 2nd dose
7. Parental refusal
8. Other
9. Unknown
**F. EPIDEMIOLOGIC INFORMATION**

Date FIRST REPORTED to a health department ___/___/___  
___ mm dd yy

Date case investigation started ___/___/___  
___ mm dd yy

Were age and setting verified? Y N U

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 transmission setting? ____________________________________________

*Outbreak Related? Y N U  
If yes, outbreak name (Name of outbreak this case is associated with) ____________________________________________

*Source of exposure for current case enter State ID if source was an in-state case (imported field on core screen = 1)  
enter Country if source was out of USA (imported field on core screen = 2)  
enter State if source was out-of-state (imported field on core screen = 3)

*Epi-linked to another confirmed or probable case Y N U  
Is case traceable within 2 generations to an international importation? Y N U

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**MEASLES CONTACT INVESTIGATION FORM**

Case Name___________________________________________ (for state/local HD use)

Parent's Names: ____________________________________________  
Mother                                                                                   Father

Telephone No. ( ) ________________________________

Source Information (___/___/___) To (___/___/___)  
day -16 day -12
Travel               Y     N               If Y, where and when____________________________________________________

Visitors             Y     N               If Y, who and from where_________________________________________________________

Contact w/ Rash Case Y     N               If Y, who and from where______________________________________________________

Contact Information (___/___/___
To ___/___/___)

day -4

day +4

day -4

day -3

day -2

day -1

day 0 (rash onset)

day 1

day 2

day 3

day 4

Other information

*NOTES

Age               Age of patient at rash onset in no. of years, months, weeks, or days as indicated by AGETYPE.

Race              "4" is not used. It was formerly used for Hispanic, which is now indicated under "ETHNICITY".

Outbreak (Measles) 3 cases (with at least one laboratory confirmed case) clustered in space and time.

Death            If patient died from measles, verification with the physician is recommended.

Source of exposure A source case must be either a confirmed or probable case and have had face-to-face contact with a subsequent generation case. Exposure must have occurred 7 to 18 days before rash onset of the new case, and between 4 days before rash onset and 7 days after rash of the source case.

Epi-linked        An epi-linked case is either a source case or same generation case. Epi-linkage is characterized by direct face-to-face contact. For same generation cases that are epi-linked a common exposure is likely.