NEW YORK eHEALTH COLLABORATIVE

SDI Data Use Request: Summary Decision Memo

Administrative Data:

Title: Measles Case Investigation and Outbreak Surveillance

Tracking Number: DG-R-101

Date of Data Use Request Receipt: October 30, 2026

Date NYeC Evaluation Completed: October 30, 2026

Date of NYeC Determination (if applicable): October 30, 2026

Date of NYeC Recommendation (if applicable): N/A

Date of SDUC Decision (if applicable): N/A

Note: Attached to this Summary Decision Memo is the Data Use Request (and any supporting documentation) provided to NYeC by the NYS Department of Health Authorized Requester

Overview and Description of Request:

This is an urgent public health need. Pursuant to Executive Order No. 65, which declared a State Disaster Emergency in New York due to an ongoing measles outbreak, the New York State Department of Health (the Department) seeks individually identifiable SHIN-NY Statewide Data Infrastructure (SDI) data to support case investigation and assessment of potential exposures and transmissions of suspected measles cases, enhance surveillance, support outbreak response, and improve data completeness through linkage and validation across public health sources.

The intended activities include matching the Department's existing infected-patient list to SHIN-NY records; identifying and validating suspected and confirmed cases; obtaining relevant encounter, diagnosis, laboratory, immunization, provider/facility, and outcome information; assessing potential exposures and transmission; and monitoring measles activity to inform public health interventions.

NYeC Review

Based on NYeC's review, the Data Use Request is found to be:

I. Procedure

☒ Made by an Authorized Requester

Authorized Requester Name: [redacted]

Authorized Requester Title: Director, Bureau of Data Programs and Policy

Authorized Requester's Organization/Entity Name: Office of Health Services Quality and Analytics (NYS Department of Health)

[redacted]

NEW YORK eHEALTH COLLABORATIVE

☐ Not made by an Authorized Requester

Requester Name: _____

Requester Title: _____

Requester's Organization/Entity Name: _____

II. Purpose

☒ Public Health Permitted Purpose

☐ Data Use Request

☐ Narrow Data Use Request

☒ Data Use Request for Urgent Public Health Surveillance

☐ Medicaid Permitted Purpose

☐ Data Use Request

☐ Narrow Data Use Request

☐ Other (brief description: _____)

III. Compliance

	Compliant	Not Compliant	Not Applicable
Statewide Common Participation Agreement (SCPA)	☒	☐	☐
Data Use and Contribution Agreement (DUCA) *	☒	☐	☐
SHIN-NY Regulations & Applicable SHIN-NY SOPs	☒	☐	☐
Applicable Law	☒	☐	☐

Justification for Compliance Findings:

The Department's authority to request and receive information for this use case rests on its role as a public health authority under 45 C.F.R. § 164.501 and its statutory responsibilities to investigate disease and epidemics and obtain, collect, and preserve disease and health information under New York Public Health Law § 206(1)(d) and (e). Measles is a designated communicable disease under 10 N.Y.C.R.R. § 2.1, and § 2.10 requires reporting of suspected or confirmed communicable disease cases and outbreaks. These authorities support the stated measles surveillance, case investigation, and

outbreak-response purpose. Further, Executive Order No. 65, issued October 5, 2026, declares a statewide disaster emergency through November 4, 2026 and provides the emergency context for the request.

For the public health activities described in this request, the Department may use SHIN-NY data without individual authorization. The SCPA and SHIN-NY SOPs follow federal and state rules permitting disclosure to an authorized public health authority for disease prevention or control (*see*, SCPA § 9.2(b)(i); 45 C.F.R. § 164.512(b)(1)(i); and 10 N.Y.C.R.R. § 300.5(c)(2)(ii)(a)). The SHIN-NY Privacy and Security Policies and Procedures § 1.2.2(b) permits disclosure to the Department, without Affirmative Consent, to investigate suspected or confirmed cases of communicable disease (§ 1.2.2(b)(i)); identify sources of infection, investigate the causes of disease and epidemics, and assess potential exposures and transmission (§ 1.2.2(b)(ii), (iv)); conduct surveillance and outbreak-response activities to reduce morbidity and mortality (§ 1.2.2(b)(iii), (iv)); and link and validate public health data to identify cases and support those activities (*see e.g.* § 1.2.2(b)(viii). Here, the Department will use the data to identify and validate measles cases, supplement case records, match and deduplicate reports, assess potential exposures and transmission, and monitor measles activity and trends.

It is appropriate to treat this request as an urgent public health surveillance request under the SCPA SOPs. The SDI Data Use Approval SOP defines "Urgent Public Health Surveillance" to include surveillance of a communicable disease. Executive Order No. 65 declared a statewide disaster emergency arising from the ongoing measles outbreak, and in implementing that Executive Order, the Department specifically authorized the sharing and use of measles case data with NYeC and the SHIN-NY to support the Department's response to that emergency. This authorization directly connects the requested use of SHIN-NY data to support the emergency addressed by the Executive Order and demonstrates the need to timely access to the data for surveillance, case investigation, and outbreak response. Accordingly, NYeC may approve the request as an urgent public health surveillance use case.

Consistent with the request, data access and use will be limited to authorized workforce members with a need to know and to the minimum information necessary for the approved public health purpose and the Department's access, use, retention, and disposition of the data will remain subject to the applicable SHIN-NY requirements and the terms of the approved request.

The approval of this Urgent Public Health Surveillance Data Use Request is for the period in which the Executive Order is in place and through any extensions of such Order and request.

NYeC Determination: Narrow Data Use Request

☐ Approved

☐ Denied (description of reason[s]):

_____

_____

NEW YORK eHEALTH COLLABORATIVE

NYeC Determination: Urgent Public Health Surveillance Data Use Request

☒ Approved

☐ Denied (description of reason[s]):

_____

_____

NYeC Recommendation to SDUC: Data Use Request

☐ Approval

☐ Denial (description of reasons[s]):

_____

_____

Signed by:
Alexandra Fitz
CB567B7186BD443...

10/30/2026

NYeC Head of Enterprise Initiatives — Date

DocuSigned by:
Charlie Feldman
0CADF6960C7C420...

10/30/2026

NYeC Privacy & Compliance Officer — Date

SDUC Determination

☐ Approved

☐ Denied (description of reason[s]):

_____

_____

_____

SDUC Chair — Date

Project Name: Measles Case Investigation and Outbreak Surveillance **Tracking ID: DG-R-101**	
A. Request Overview	
Item	***Response***
1) **Authorized Requester Information Description** Identification of the Requester's Organization and a brief description of the requester type (e.g., public health authority (PHA); PHA contractor; government agency (specify) etc.)	New York State Department of Health (NYSDOH)
2) **Project Description** Summary of the project including how this data will be used.	NYSDOH conducts statewide surveillance and response activities for measles to support timely identification and investigation of cases, assess potential exposures and transmission, and inform appropriate public health interventions. A state disaster emergency has been declared in the state of New York due to an ongoing measles outbreak. NYSDOH seeks SHIN-NY data to supplement existing measles surveillance and reporting information with clinical data available from health care encounters across New York State. For this project, the data will be used to identify and assess relevant health care encounters, measles-related laboratory testing and results, diagnoses, immunization information, and other clinical information associated with suspected or confirmed measles cases. The data will support linkage and validation of information across existing surveillance and reporting sources and provide additional information regarding health care utilization and clinical outcomes. There are three primary goals of this data request: (1) Enhance measles surveillance by supplementing existing reporting sources with relevant clinical, laboratory, encounter, and other available SHIN-NY information for suspected and confirmed measles cases.

	(2) Support case investigation and outbreak response by providing timely clinical information that can assist NYSDOH in assessing cases, potential exposures, health care encounters, and clinical outcomes. (3) Improve the completeness of measles surveillance by linking and validating SHIN-NY data with existing public health data sources and identifying relevant information that may not otherwise be readily available to public health investigators.
3) **Permitted Purpose Description**	☒ Public Health Activity Permitted Purpose ☐ Data Use Request with Individually Identifiable Health Info (e.g. PHI) ☐ Narrow Data Use Request (e.g. de-identified; LDS). If this box is checked, Requester must complete attestation below in Section D(3)(c). ☒ Data Use Request for Urgent Public Health Surveillance ☐ Medicaid Permitted Purpose ☐ Data Use Request ☐ Narrow Data Use Request (e.g., de-identified; LDS) If this box is checked, Requester must complete the attestation below in D(3)(c). ☐ Other: Click or tap here to enter text.
4) **Description of Intended Use** Describe the intended use of data, including any intended disclosure or re-disclosure, and the basis on which the intended use, disclosure or re-disclosure is for a Public Health Activity Permitted Purpose or a Medicaid Permitted Purpose and otherwise in compliance with the Statewide Common Participating Agreement (SCPA), the Data Use and Contribution Agreement (DUCA), the SHIN-NY Regulations and SHIN-NY Standard Operating Procedures (SOPs) and applicable law.	SDI data will be used by NYSDOH to support public health activities related to measles surveillance, case investigation, and outbreak response. Specifically, the uses will be: (1) identifying and validating suspected and confirmed measles cases; (2) obtaining relevant clinical, laboratory, encounter, immunization, provider/facility, and outcome information to supplement existing communicable disease reporting and surveillance data; (3) matching records across data sources to improve the completeness, timeliness, and accuracy of measles surveillance and reduce duplicate records; (4) supporting case investigation and assessment of potential exposures and transmission; and (5) monitoring measles activity and trends to

	inform public health response and prevention activities. Data requested and used will be limited to the minimum information necessary to support the approved public health purpose. Data will not be used for marketing. Downstream use of aggregate and de-identified outputs derived from SDI data will be limited to authorized public health purposes, including internal NYSDOH surveillance and monitoring, required public health reporting, and statewide surveillance reports or other public health reporting produced in an aggregate form sufficient to prevent identification. Aggregate and de-identified outputs will remain subject to applicable requirements of the SCPA, DUCA, SHIN-NY Regulations, and SHIN-NY SOPs governing the use and disclosure of information derived from SHIN-NY sources.
5) **Target Population Inclusion** Specify the criteria used for the dataset. Typical inclusion criteria are: demographic, clinical, and geographic characteristics.	Individuals within New York State with clinical, laboratory, diagnosis, encounter, or other available information indicative of a suspected or confirmed measles case.
6) **Target Population Exclusion** Specify the criteria that would exclude the case/data from being included in the dataset. (For example, if you are looking at residents of certain counties or only looking for persons over the age of 65.)	Individuals who do not meet the defined clinical, laboratory, diagnosis, encounter, geographic, or other criteria established for measles surveillance and investigation
7) **What law, regulation, rule or agreement grants the authority to obtain this information?** Identify, in detail, the laws, regulations, contracts, SHIN-NY SOPs and other governing documents that allow and authorize access to the data requested.	Executive Order No. 65, issued October 5, 2026, declared a State Disaster Emergency throughout New York State due to the ongoing measles outbreak pursuant to Executive Law Article 2-B § 28. The Order directs implementation of the State Comprehensive Emergency Management Plan and authorizes necessary State-agency action under Executive Law § 29, and invokes the Governor's temporary suspension or modification authority under Executive Law § 29-a. Public Health Law § 206.

8) **Is this data currently being supplied to Requester from another source? *** (yes/no)	Yes
9) *If Yes, explain where data is being supplied from and why Statewide Data Infrastructure (SDI) Data is being requested. (SDI data is data held in the "statewide repository" referred to in 10 NYCRR §300.2(f)(5))	Through outreach to LHDs and hospital facilities and through staff logging into the clinical viewers and searching.
10) **What is the expected start date of this project?** The date when the project work is expected to begin (Mo/Day/Yr.).	**10/15/2026**
11) **Is this request time-sensitive and/or critical? *** (yes/no)	Yes
12) *If time-sensitive or critical, explain	See Executive Order No. 65, issued October 5, 2026.
13) **When is this information needed?** The date by which Requestor would need the report/data (Mo/Day/Yr.).	**10/15/2026**
14) **What is the expected end date of this project?** The date when the project is expected to end (Mo/Day/Yr.).	**12/31/2027** * Unless the Executive Order is extended, in which case the end date shall automatically be extended through the expiration of the Executive Order, as extended.
(B) Technical Specifications Data Use Request	
1) **What data elements are needed?** Describe all the data fields required for your project (example: Date of birth, diagnosis codes, etc.)	Variables detailed in attached specification document (2026-Measles Surveillance_Data Elements and Specification_19Oct2026.docx) Patient identifying and demographic information (name, DOB, county of residence, pregnancy status, etc.); Encounter information (encounter date/time, encounter type, facility, admission/discharge dates, and disposition); Diagnosis information (measles and other relevant diagnosis codes and descriptions);

	Laboratory information (measles-related laboratory tests, specimen collection dates, test/result dates, test type, and results); Immunization information (available MMR vaccination/immunization history); Clinical information (relevant symptoms, observations, clinical documentation, and other information necessary for;
2) **Is the data being requested 1) individually identifiable health data, 2) limited data set (LDS)* or 3) de-identified*? (select from drop down, see page 7 for more information).** *If the data requested is a Limited Data Set (LDS) or de-identified data, Requester must complete attestation below in Section D(3)(c).	**1) Individually Identifiable Health Info**
3) **Proposed delivery method*** (select from drop-down)	Transfer from NYeC to NYSDOH via HCS secure file transfer
4) *If selected "other" above for delivery method, please explain the proposed delivery method. Only methods with secure encryption mechanisms will be accepted.	Click or tap here to enter text.
5) **What is the requested format for the data?** (examples include XLS, txt, CSV)	**XLS**
6) **What safeguards will you put in place to protect the data?**	Data will be accessible and used only for the approved public health purpose and limited to authorized workforce members with a need to know. FilesBr will be stored only on encrypted, access-controlled systems (encryption at rest and in transit), with role-based access, multi-factor authentication where available, and audit logging. Data will not be re-identified beyond what is necessary for the approved use case, will not be disclosed except as authorized, and any suspected or confirmed improper access/use/disclosure will be reported promptly in accordance with applicable policy and SHIN-NY/SDI requirements.
7) **How will files be handled/stored/deleted at the end of the project?**	Data files will be stored in an access-restricted project folder on an encrypted system for the duration of the project. Only the minimum necessary extracts will be retained. At project

	close (or upon request/termination), files will be securely destroyed in accordance with applicable retention requirements and organizational procedures (e.g., secure deletion for electronic files and secure shredding for any printed materials), and any derived datasets will be retained only as permitted for the approved purpose and then destroyed on the same schedule.
8) **Select "Yes" to indicate adherence to the standard of minimum necessary data requests. (This field cannot be blank.)**	Yes
(C) Program/Project Contact Information	
1.Program Lead Contact Information	
Name (First, Last):	[redacted]
Bureau/Unit:	Bureau of Communicable Disease Control
Email:	[redacted]@health.ny.gov
Phone Number:	[redacted]
2. Other Project Team Members	
a) Team Member 1 (Name, Employer, Contact Info)	[redacted], NYSDOH, [redacted]@health.ny.gov, [redacted]
b) Team Member 2 (Name, Employer, Contact Info)	[redacted], NYSDOH, [redacted]@health.ny.gov, [redacted]
c) Team Member 3 (Name, Employer, Contact Info)	[redacted], NYSDOH, [redacted]@health.ny.gov, [redacted]
d) Team Member 4 (Name, Employer, Contact Info)	[redacted], NYSDOH, [redacted]@health.ny.gov, [redacted]
e) Team Member 5 (Name, Employer, Contact Info)	[redacted], NYSDOH, [redacted]@health.ny.gov, [redacted]

(D) Data Use Request Authorized Requester Attestation & Agreement Form
1) Name of Requester's Organization: New York State Department of Health, Bureau of Communicable Disease Control
2) Authorized Requester Information
Name: [redacted]
Title: Principal Investigator, Emerging Infections Program / Director, Quality Improvement and Performance Management Program
Email: [redacted]@health.ny.gov

Phone Number: [redacted]	
3) Attestations: Authorized Requester attests to the following:	
a) This Data Use Request meets the following criteria:	
i. Request is for a **Public Health Activities** by Public Health Authority. **OR** Request is for a **Medicaid Permitted Purpose**	☒ ☐
ii. Request is in compliance with the SCPA, DUCA, SHIN-NY Regulations and SHIN-NY SOPs.	☒
iii. Request is in compliance with applicable law.	☒
iv. Data elements requested meet the standard of minimum necessary.	☒
b) Safeguards and Protections Attestation:	
Appropriate safeguards and internal controls will be used for data access and use, security and privacy.	☒
c) Data Classification and Use Attestation (for Narrow Data Requests)	
(select one or both, or neither) **HIPAA Limited Data Set 45 C.F.R. 164.514(e)** **De-Identified Data (45 C.F.R. 164.514(b)(2))**	☒ ☐

Based on the Data Classification(s) identified above, the Authorized Requester attests and agrees to the following:

- The data will be used solely for the **permitted purpose(s)** described in this approved SDI Data Use Request and as authorized under the SCPA, DUCA, SHIN-NY Regulations, and SHIN-NY SOPs and applicable law.
- Requester may use and disclose a Limited Data Set solely for the purpose(s) expressly described in, and approved through this SDI Data Use Request, and only to the extent such use or disclosure is permitted under applicable law and consistent with 45 C.F.R. § 164.514(e). Requester shall not use or further disclose the Limited Data Set in any manner that would violate the HIPAA Privacy Rule if done by a covered entity.
- Access to and receipt of a Limited Data Set shall be **limited to those workforce members, agents, contractors, and other specifically authorized persons** identified by Requester as having a need to know the information for the approved purpose(s), and no other person or entity may use or receive the Limited Data Set except as expressly permitted by this SDI Data Use Request and applicable law.
- The data will **not be re-identified**, and no third party will be permitted to re-identify or attempt to re identify individuals whose information is included in the data. If the Requester becomes aware of any actual or attempted re-identification of individuals or data, Requester will notify NYeC immediately.
- No individual whose information is included in the data may be contacted in association with the use case described and approved in this SDI Data Use Request., nor will any third party be permitted to contact or attempt to contact such individuals based solely on SDI Data.
- Any **agents, contractors, or downstream recipients** with access to the data will agree and be subject to use, disclosure, and safeguard obligations no less protective than those set forth in this Data Use Request, the Statewide Common Participation Agreement, and applicable law.
- Appropriate **administrative, technical, and physical safeguards** will be used to prevent any use or disclosure of the data not permitted by this Data Use Request or applicable law, and any unauthorized use or disclosure of which Requester becomes

aware will be reported to NYeC in accordance with the SCPA, and SHIN-NY SOPs.

- The data will not be used for marketing purposes or sold, licensed, or otherwise disclosed in exchange for remuneration, except as permitted by HIPAA and applicable law, and only with prior written consent of NYeC.
- The Requester will not, and will not permit any third parties to use de-identified data for any purpose other than those permitted in this Data Use Request or otherwise as permitted by law.
- Requester shall otherwise comply in full with 45 C.F.R. § 164.514(e)(4)(ii).
- Upon expiration, suspension or termination of this Data Use Request, Requester shall immediately cease all use and disclosure of all SDI Data and comply with any instructions from NYeC regarding continued retention, return, destruction, or other handling of the data, in accordance with this Data Use Request, the SCPA, DUCA, SHIN NY Regulations, SHIN NY SOPs, and applicable law.

d) Attestations Regarding Potential Violation of this Data Use Request

i. The New York State Department of Health in coordination with NYeC, reserves the right to investigate any actual or suspected breach, or improper access, use, or disclosure of data by Requester or any person acting on Requester's behalf stemming from this Data Use Request.	☒
ii. Requester acknowledges and agrees that NYeC may, following notice to and consultation with the Department, suspend, terminate, or revoke Requester's access to SDI Data immediately upon notice, or immediately without prior notice where NYeC determines prompt action is necessary, if NYeC determines in its reasonable discretion that Requester has violated this Data Use Request, the SCPA, DUCA, SHIN-NY Regulations, SHIN-NY SOPs, or applicable law. Requester shall cooperate with the Department and NYeC in investigating and mitigating any such violation.	☒

4. Authorized Requester Signature:

[redacted]	**Date of Signature:** **10/30/2026**

Measles International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis Codes for SHIN-NY Extract

Version date 16 October 2026

INCLUDE ICD-10-CM	
ICD-10-CM Code	**Description**
B05	Measles
B05.0	Measles complicated by encephalitis
B05.1	Measles complicated by meningitis
B05.2	Measles complicated by pneumonia
B05.3	Measles complicated by otitis media
B05.4	Measles with intestinal complications
B05.8	Measles with other complications
B05.81	Measles keratitis and keratoconjunctivitis
B05.89	Other measles complications
B05.9	Measles without complication
A81.1	Subacute sclerosing panencephalitis

EXCLUDE ICD-10-CM	
B06	Rubella [German measles]
B06.0	Rubella with neurological complications
B06.00	Rubella with neurological complication, unspecified
B06.01	Rubella encephalitis
B06.02	Rubella meningitis
B06.09	Other neurological complications of rubella
B06.8	Rubella with other complications
B06.81	Rubella pneumonia
B06.82	Rubella arthritis
B06.89	Other rubella complications
B06.9	Rubella without complication

Measles LOINC Codes for SHIN-NY Extract
Version date 16 October 2026

		INCLUDE LOINC
LOINC_NUM	**COMPONENT**	**LONG_COMMON_NAME**
76626-1	Measles virus	Measles virus [Presence] in Specimen by Organism specific culture
91780-7	Measles virus	Measles virus [Presence] in Lower respiratory specimen by Organism specific culture
91786-4	Measles virus	Measles virus [Presence] in Upper respiratory specimen by Organism specific culture
17553-9	Measles virus Ab	Measles virus Ab [Units/volume] in Cerebrospinal Fluid
22498-0	Measles virus Ab	Measles virus Ab [Titer] in Cerebrospinal Fluid
22499-8	Measles virus Ab	Measles virus Ab [Titer] in Serum
41501-8	Measles virus Ab	Measles virus Ab [Titer] in Serum by Hemagglutination inhibition
43976-0	Measles virus Ab	Measles virus Ab [Presence] in Serum by Immunoassay
46197-0	Measles virus Ab	Measles virus Ab [Presence] in Serum
5242-3	Measles virus Ab	Measles virus Ab [Units/volume] in Serum by Immunoassay
5243-1	Measles virus Ab	Measles virus Ab [Titer] in Serum by Complement fixation
7961-6	Measles virus Ab	Measles virus Ab [Units/volume] in Serum
9565-3	Measles virus Ab	Measles virus Ab [Titer] in Cerebrospinal Fluid by Complement fixation
17554-7	Measles virus Ab.IgA	Measles virus IgA Ab [Units/volume] in Serum
44011-5	Measles virus Ab.IgG & IgM	Measles virus IgG and IgM [Interpretation] in Cerebrospinal Fluid
44012-3	Measles virus Ab.IgG & IgM	Measles virus IgG and IgM [Interpretation] in Serum
34948-0	Measles virus Ab.IgG & IgM panel	Measles virus IgG and IgM Qn panel - Serum
34949-8	Measles virus Ab.IgG & IgM panel	Measles virus IgG and IgM panel - Cerebrospinal Fluid
90253-6	Measles virus Ab.IgG & IgM panel	Measles virus IgG and IgM Ql panel - Serum
90254-4	Measles virus Ab.IgG & IgM panel	Measles virus IgG and IgM panel [Titer] - Cerebrospinal Fluid
104429-6	Measles virus Ab.IgM	Measles virus IgM Ab [Ratio] in Serum by Immunoassay
108192-6	Measles virus Ab.IgM	Measles virus IgM Ab [Presence] in Saliva (oral fluid) by Immunoassay
13283-7	Measles virus Ab.IgM	Measles virus IgM Ab [Units/volume] in Cerebrospinal Fluid
21502-0	Measles virus Ab.IgM	Measles virus IgM Ab [Titer] in Cerebrospinal Fluid by Immunofluorescence
21503-8	Measles virus Ab.IgM	Measles virus IgM Ab [Presence] in Serum
22505-2	Measles virus Ab.IgM	Measles virus IgM Ab [Titer] in Cerebrospinal Fluid
22506-0	Measles virus Ab.IgM	Measles virus IgM Ab [Titer] in Serum
25421-9	Measles virus Ab.IgM	Measles virus IgM Ab [Units/volume] in Serum by Immunoassay
35276-5	Measles virus Ab.IgM	Measles virus IgM Ab [Presence] in Serum by Immunoassay
40649-6	Measles virus Ab.IgM	Measles virus IgM Ab [Units/volume] in Cerebrospinal Fluid by Immunoassay
5245-6	Measles virus Ab.IgM	Measles virus IgM Ab [Titer] in Serum by Immunofluorescence
53537-7	Measles virus Ab.IgM	Measles virus IgM Ab [Presence] in Body fluid by Immunoassay
74416-9	Measles virus Ab.IgM	Measles virus IgM Ab [Units/volume] in Body fluid by Immunoassay
74417-7	Measles virus Ab.IgM	Measles virus IgM Ab [Presence] in Cerebrospinal Fluid by Immunoassay
7963-2	Measles virus Ab.IgM	Measles virus IgM Ab [Units/volume] in Serum
17555-4	Measles virus Ab^1st specimen	Measles virus Ab [Units/volume] in Serum --1st specimen
17556-2	Measles virus Ab^2nd specimen	Measles virus Ab [Units/volume] in Serum --2nd specimen
12232-5	Measles virus Ag	Measles virus Ag [Presence] in Specimen by Immunofluorescence
13328-0	Measles virus Ag	Measles virus Ag [Presence] in Serum or Plasma by Immunofluorescence
14534-2	Measles virus Ag	Measles virus Ag [Presence] in Cerebrospinal Fluid by Immunofluorescence
14535-9	Measles virus Ag	Measles virus Ag [Presence] in Throat by Immunofluorescence
14536-7	Measles virus Ag	Measles virus Ag [Presence] in Skin by Immunofluorescence
14537-5	Measles virus Ag	Measles virus Ag [Presence] in Eye by Immunofluorescence
14538-3	Measles virus Ag	Measles virus Ag [Presence] in Nose by Immunofluorescence
14539-1	Measles virus Ag	Measles virus Ag [Presence] in Sputum by Immunofluorescence
14540-9	Measles virus Ag	Measles virus Ag [Presence] in Cervix by Immunofluorescence
14541-7	Measles virus Ag	Measles virus Ag [Presence] in Vaginal fluid by Immunofluorescence
14542-5	Measles virus Ag	Measles virus Ag [Presence] in Urine sediment by Immunofluorescence
14543-3	Measles virus Ag	Measles virus Ag [Presence] in Penis by Immunofluorescence
14544-1	Measles virus Ag	Measles virus Ag [Presence] in Urethra by Immunofluorescence
31875-8	Measles virus Ag	Measles virus Ag [Presence] in Cerebrospinal Fluid
31876-6	Measles virus Ag	Measles virus Ag [Presence] in Cervix
31877-4	Measles virus Ag	Measles virus Ag [Presence] in Eye
31878-2	Measles virus Ag	Measles virus Ag [Presence] in Vaginal fluid
31879-0	Measles virus Ag	Measles virus Ag [Presence] in Nose
31880-8	Measles virus Ag	Measles virus Ag [Presence] in Penis
31881-6	Measles virus Ag	Measles virus Ag [Presence] in Serum or Plasma
31882-4	Measles virus Ag	Measles virus Ag [Presence] in Skin
31883-2	Measles virus Ag	Measles virus Ag [Presence] in Sputum
31884-0	Measles virus Ag	Measles virus Ag [Presence] in Throat
31885-7	Measles virus Ag	Measles virus Ag [Presence] in Urine sediment
31886-5	Measles virus Ag	Measles virus Ag [Presence] in Urethra
31887-3	Measles virus Ag	Measles virus Ag [Presence] in Specimen
67806-0	Measles virus Ag	Measles virus Ag [Presence] in Isolate by Immunofluorescence
104427-0	Measles virus genotype	Measles virus genotype [Identifier] in Specimen by Sequencing
108099-3	Measles virus genotype	Measles virus genotype in Urine
108100-9	Measles virus genotype	Measles virus genotype in Throat
108101-7	Measles virus genotype	Measles virus genotype in Blood
108102-5	Measles virus genotype	Measles virus genotype in Specimen
60422-3	Measles virus genotype	Measles virus genotype [Identifier] in Specimen by NAA with probe detection
114855-0	Measles virus genotype A vaccine strain N gene	Measles virus genotype A vaccine strain N gene [Presence] in Specimen by Molgen
88875-0	Measles virus genotype A vaccine strain N gene	Measles virus genotype A vaccine strain N gene [Presence] in Specimen by NAA with probe detection
88876-8	Measles virus genotype A vaccine strain N gene	Measles virus genotype A vaccine strain N gene [Cycle Threshold #] in Specimen by NAA with probe detection
85798-7	Measles virus N gene	Measles virus N gene [Cycle Threshold #] in Specimen by NAA with probe detection
108106-6	Measles virus RNA	Measles virus RNA [Presence] in Throat by NAA with probe detection
108107-4	Measles virus RNA	Measles virus RNA [Presence] in Blood by NAA with probe detection
108194-2	Measles virus RNA	Measles virus RNA [Presence] in Saliva (oral fluid) by NAA with probe detection
114854-3	Measles virus RNA	Measles virus RNA [Presence] in Specimen by Molgen
48508-6	Measles virus RNA	Measles virus RNA [Presence] in Specimen by NAA with probe detection

7964-0	Measles virus RNA	Measles virus RNA [Presence] in Nose by NAA with probe detection
86575-8	Measles virus RNA	Measles virus RNA [Presence] in Cerebrospinal Fluid by NAA with probe detection
86576-6	Measles virus RNA	Measles virus RNA [Presence] in Serum by NAA with probe detection
86577-4	Measles virus RNA	Measles virus RNA [Presence] in Urine by NAA with probe detection
91077-8	Measles virus RNA	Measles virus RNA [Presence] in Upper respiratory specimen by NAA with probe detection
91132-1	Measles virus RNA	Measles virus RNA [Presence] in Lower respiratory specimen by NAA with probe detection
85806-8	Measles virus RNA & N gene panel	Measles virus RNA and N gene panel - Specimen by NAA with probe detection

Measles SNOMED Codes for SHIN-NY Extract
Version date 16 October 2026

INCLUDE SNOMED	
SNOMED	**CONCEPT DESCRIPTION**
260373001	Detected (when paired with a measles lab test)
10828004	Positive (when paired with a measles lab test)
14189004	Measles (disorder)
417145006	Rubeola retinopathy (disorder)
28463004	Measles keratitis (disorder)
195900001	Pneumonia due to measles (disorder)
74918002	Measles myocarditis (disorder)
38921001	(inactive) Measles with complication (disorder)
240484000	Modified measles (disorder)
240483006	Atypical measles (disorder)
60013002	Measles keratoconjunctivitis (disorder)
111872008	Post measles encephalitis (disorder)
444435003	Exposure to Measles virus (event)
186562009	Disorder of intestine due to measles (disorder)
416154000	Measles inclusion body encephalitis (disorder)
426558008	Measles virus genotype A (organism)
191727003	Post measles pneumonia (disorder)
111873003	(inactive) Measles without complication (disorder)
230146001	Post measles meningitis (disorder)
186561002	Meningitis caused by measles morbillivirus (disorder)
424306000	Exanthem caused by measles virus (disorder)
13420004	Post measles otitis media (disorder)
406592004	Measles of the central nervous system (disorder)
427290009	Measles virus genotype D8 (organism)
427263000	Measles virus genotype D10 (organism)
426654002	Measles virus genotype B2 (organism)
426424002	Measles virus genotype H2 (organism)
427706006	Measles virus genotype D5 (organism)
426091009	Measles virus genotype G2 (organism)
425684000	Measles virus genotype G3 (organism)
425970007	Measles virus genotype D3 (organism)
732209005	Measles virus genotype B1 (organism)
426188007	Measles virus genotype C1 (organism)
426640005	Measles virus genotype D2 (organism)
427073007	Measles virus genotype B3 (organism)
732207007	Measles virus genotype E (organism)
426535005	Measles virus genotype D9 (organism)
426028006	Measles virus genotype D6 (organism)
427182003	Measles virus genotype C2 (organism)
732210000	Measles virus genotype G1 (organism)
698204007	Measles virus genotype D11 (organism)
425966004	Measles virus genotype H1 (organism)
416435006	Measles virus, viral envelope M protein variant (organism)
444974003	Detection of Measles virus using polymerase chain reaction technique (procedure)

EXCLUDE SNOMED	
47435007	Administration of vaccine product containing only Measles morbillivirus antigen (procedure)
371085006	Measles non-immune (finding)
150961000119105	Measles vaccination given (situation)

61153008	(inactive) Measles, mumps and rubella vaccine (product)
150971000119104	Measles, mumps and rubella vaccination given (situation)
473166002	History of measles, mumps and rubella vaccination (situation)
703347005	Requires measles, mumps and rubella vaccination (finding)
170433008	Administration of second dose of vaccine product containing only Measles morbillivirus and Mumps orthorubulavirus and Rubella virus antigens (procedure)
170431005	Administration of booster dose of vaccine product containing only Measles morbillivirus and Mumps orthorubulavirus and Rubella virus antigens (procedure)
432636005	Administration of vaccine product containing only Human alphaherpesvirus 3 and Measles morbillivirus and Mumps orthorubulavirus and Rubella virus antigens (procedure)
571591000119106	Administration of vaccine product containing only live attenuated Measles morbillivirus and Mumps orthorubulavirus and Rubella virus antigens (procedure)
170432003	Administration of pre-school booster dose of vaccine product containing only Measles morbillivirus and Mumps orthorubulavirus and Rubella virus antigens (procedure)
433733003	Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 and Measles morbillivirus and Mumps orthorubulavirus and Rubella virus antigens (procedure)
572511000119105	Administration of vaccine product containing only live attenuated Measles morbillivirus and Mumps orthorubulavirus and Rubella virus and Human alphaherpesvirus 3 antigens (procedure)
440075005	(inactive) Live measles + rubella vaccine injection dose form (product)

Measles Chief Complaint Verbiage for SHIN-NY Extract
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INCLUDE CHIEF COMPLAINT

measles
measl
meez
mesles
rubeo
Measel
Measul

EXCLUDE CHIEF COMPLAINT

Titer
Measles mumps rubella
Mmr
Vacc
Shot
Immun
Rubel
Proph
German
Rule out measles