|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Measles Notification Form | | | | | | | | |
| To | **Te Mana Ora | Community and Public Health**  [**CW-NPHS-HealthProtection@tewhatuora.govt.nz**](mailto:CW-NPHS-HealthProtection@tewhatuora.govt.nz) | | | Attention | | **Medical Officer of Health** | Date |  |
| Region  (select one of the following) | | Waitaha | Canterbury  South Canterbury  Te Tai o Poutini | West Coast | | | | | | |
| **CAUTION:** Kia ora. This information is **legally privileged and confidential**. If you have received this message in error, please forward to the above destination without delay. If the reader of this message is not the intended recipient you are hereby notified that any use, dissemination, distribution or reproduction of this message is prohibited. Failure to comply with this caution could result in legal action. Ngā mihi / thank you. | | | | | | | | |
| **Case identification**  Family Name, Given Name  Address | | | | | | **Phone**  Home  Work  Mobile | | | |
| **Date of birth** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  Age  Days  Months  Years  NHI  Male  Female | | | | **Ethnicity**  NZ European  Māori  Samoan  Niuean  Tongan  Cook Is Māori  Chinese  Indian  Other ………………………………………………. | | | | | |
| **Case demography** Occupation Work / School / Preschool  Recent travel history:  Yes  No If Yes, where | | | | | | | | | |
| **Basis of diagnosis**   1. Illness Onset Date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ 2. Fever 38.0°C  Yes  No  Unknown 3. Maculopapular Rash  Yes  No  Unknown   If yes, onset date \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_   1. Cough  Yes  No  Unknown 2. Coryza  Yes  No  Unknown 3. Conjunctivitis  Yes  No  Unknown 4. Koplik’s Spots  Yes  No  Unknown | | | | **Laboratory confirmation of disease**  Yes  No  Not Done  Awaiting Results  **Confirmation method**  Nasopharyngeal Swab PCR  Serology Date done: \_\_\_/\_\_\_/\_\_\_\_ | | | | | |
| **Epidemiological criteria** Contact with a laboratory confirmed case of measles  Yes  No  Unknown | | | | | | | | | |
| **Case status**  Under investigation  Suspect  Probable  Confirmed  Not a case | | | | | | | | | |
| **MMR immunisation status** | | | | | | | | | |
| **First dose**  MMR/Monovalent  Unknown Date given \_\_\_/\_\_\_\_/\_\_\_\_ Or age when dose given  Source of Information  Patient / Caregiver recall  Documented | | | | | | | | | |
| **Second dose**  MMR/Monovalent  Unknown Date given \_\_\_/\_\_\_\_/\_\_\_\_ Or age when dose given  Source of Information  Patient / Caregiver recall  Documented | | | | | | | | | |
| **Notifier identification** Doctor’s name  Surgery name | | | | | | Phone  Email | | | |