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| Measles Notification Form |
| To | **Te Mana Ora | Community and Public Health****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 [ ]  YearsNHI [ ]  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  |