

MEASLES

Public Health Notification Form

FAX: 630 7431 – only during office hours 8:30am to 5pm

NOTIFICATION DETAILS		<input type="radio"/> General Practitioner		<input type="radio"/> Hospital Practitioner		<input type="radio"/> Other	
Name of person notifying				Date reported			
Organisation				Phone			
Usual GP							
Name of GP practice				Phone			
Address							
CASE DETAILS							
Name of case		Surname		Given Name(s)			
NHI Number							
Address							
Phone (home)		Phone (work)		Mobile			
Date of birth or age		Sex		<input type="radio"/> Male		<input type="radio"/> Female	
Ethnic group							
Occupation		<input type="radio"/> Place of work		<input type="radio"/> School		<input type="radio"/> Pre-school	
Workplace/school name		Address and phone number					
CLINICAL DETAILS/HISTORY							
Fever		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Unknown		Onset date:	
Conjunctivitis		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Unknown		Onset date:	
Coryza		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Unknown		Onset date:	
Cough		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Unknown		Onset date:	
Maculopapular Rash		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Unknown		Onset date:	
Rash Details/Spread Pattern:							
Koplik's Spots		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Unknown		Onset date:	
Proof of MMR - incl dates of recent MMR		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Unknown		Dates:	
Source of Proof		<input type="radio"/> NIR <input type="radio"/> Well Child		<input type="radio"/> Other			
Recent Travel (overseas or domestic)		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Unknown		Details/Dates:	
Known Contact With A Measles Case		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Unknown		Details/Dates:	
CLINICAL MANAGEMENT							
PCR swab taken and sent URGENTLY* (if no rash or within 3 days of rash onset)		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Unknown		Date:	
Or Serology ordered-Ig G and IgM- (if 3- 5 days after rash onset)		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Unknown		Date:	
Laboratory confirmation of disease		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Not Done		<input type="radio"/> Awaiting results	
Hospitalised		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Unknown			
Name of Hospital				Date Hospitalised			
Household Contact Details Available		<input type="radio"/> Yes <input type="radio"/> No		Details:			
Vulnerable Household Contact Details Available***		<input type="radio"/> Yes <input type="radio"/> No		Details:			
Please Ensure Suspected Case is Isolated		<input type="radio"/> Yes <input type="radio"/> No					
Household members encouraged to check their immunization status		<input type="radio"/> Yes <input type="radio"/> No					

*Arrange urgent pick up for lab and ensure sample is labelled "urgent for public health" and has any recent MMR details

**Those under 15m, anyone unvaccinated, pregnant or immunocompromised