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| **Measles is an urgent public health issue.****When measles is suspected, please notify Public Health immediately.*****See*** [***Measles HealthPathway***](https://aucklandregion.communityhealthpathways.org/33041.htm) ***for more information about diagnosis and management.*****Phone Public Health (Northern Region) for further advice - 09 623 4600.** |
| **Notification Details** |  [ ]  General Practitioner | [ ]  Hospital Practitioner | [ ]  Other |
| **Name of person notifying**  | **Enter details** | **Date reported** | **Click for date** |
| **Organisation name** | **Enter details** | **Org phone** | **Enter phone no.** |
| **Case’s GP details** | **Enter details** | **Case’s GP phone** | **Enter phone no.** |
| **Case classification** | [ ]  PCR confirmed | [ ]  Epi-link to lab confirmed case**Name of confirmed case:****Enter name** | [ ]  Suspected - under investigation |
| **PATIENT Details and RISK FACTORS** |
| **Name of case** | **Enter surname** | **Enter given name(s**) |
| **NHI Number** | **Enter NHI no.** | **Date of birth** | **Click for date** | **Gender** | **Select from list** |
| **Address** | **Enter details** |
| **Home phone** | **Enter phone no.**  | **Work phone** | **Enter phone no.** | **Mobile** | **Enter phone no.** |
| **Ethnicity** | **Select from list** | **Other, please specify** |
| **Occupation and employer** | **Enter details** |
| **Attends/works at early learning service, school or healthcare facility** | [ ]  Yes | **If yes, details: Enter details** |
| [ ]  No |
| **MMR immunisation status** | [ ]  MMR2 | **Vaccination date** | [ ]  MMR1 | **Vaccination date** | [ ]  MMR0 | **Vaccination date** | [ ]  No MMR[ ]  Unknown |
| **Risk factors** | [ ]  Immunosupression | [ ]  Pregnancy | [ ]  6 weeks postpartum | [ ]  None identified |
| **Contact with someone with a measles-like illness** | [ ]  Yes  | **If yes, details (name, relationship etc)****Enter name** |
| [ ]  No |
| **Overseas travel in last 21 days** | [ ]  Yes | **If yes, details (travel dates, places, flight numbers etc)Enter details** |
| [ ]  No |
| **Contact with overseas travellers in last 21 days** | [ ]  Yes | **If yes, detailsEnter details** |
| [ ]  No |
| **BASIS OF DIAGNOSIS** |
| **Conjunctivitis**  | [ ]  Yes | [ ]  No | [ ]  Unknown | **Coryza/Prodromal symptoms**  | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **Cough** | [ ]  Yes | [ ]  No | [ ]  Unknown | **Fever ≥ 38.0 ° C**  | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **Koplik’s spots** | [ ]  Yes | [ ]  No | [ ]  Unknown | **Symptom onset date:** | **Click for date** |
| **Maculopapular rash** | [ ]  Yes | [ ]  No | [ ]  Unknown | **Rash details/spread:** |  |
| **Rash onset date (required)**  | **Click for date** | [ ]  Known | [ ]  Approximate | [ ]  Unknown |
| **CLINICAL MANAGEMENT**  |
| **Laboratory confirmation of disease**  | [ ]  Yes | [ ]  No | [ ]  Awaited | [ ]  Not done |
| **From Day 0 to Day 7 (where Day 0 is rash onset): *Nasopharyngeal or throat flocked viral swab for PCR*** | [ ]  Done | [ ]  Not done | If done, date of swab:**Click for date** |
| **From Day 8 onwards (where Day 0 is rash onset):*****Discuss testing with Public Health*** | ☐ Yes | ☐ No | If yes, details:**Enter details** |
| **Hospitalised**  | [ ]  Yes  | [ ]  No | [ ]  Unknown | If yes, date hospitalised: **Click for date** |
| **Isolation advice provided** | [ ]  Yes  | [ ]  No |
| ***Isolation period for measles is 4 days before rash until 4 days after rash (where Day 0 is rash onset)*** |
| **Measles information provided to case** | [ ]  Yes | [ ]  No | *Measles information available at:* [*www.info.health.nz/measles*](http://www.info.health.nz/measles) |