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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, details Enter 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) | | | | | | | | |