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| **Notification Details** | General Practitioner | | | | | | | | | | | Hospital Practitioner | | | | | | | | | | | | Other | | | | | | |
| **Name of person notifying** | **Insert name** | | | | | | | | | | | | | | | | | | **Date reported** | | | | | **Click for date** | | | | | | |
| **Organisation** | **Organisation Name** | | | | | | | | | | | | | | | | | | **Phone** | | | | | **Organisation Phone** | | | | | | |
| **Case’s GP Details** | **GP Name** | | | | | | | | | | | | | | | | | | **Phone** | | | | | **GP Phone** | | | | | | |
| **Case classification** | Patient with clinically compatible illness AND choose below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PCR confirmed | | | | | | | Epi-link to lab confirmed case  **Name of confirmed case:**  **Insert name** | | | | | | | | | | | | Under investigation | | | | | | | | | | |
| **PATIENT Details and RISK FACTORS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of case** | | **Surname** | | | | | | | | | | | | | | | **Given name(s**) | | | | | | | | | | | | | |
| **NHI Number** | | **Enter number** | | | | | | | **Date of birth** | | | | | | **Click for date** | | | | | | **Gender** | | | | | | **Select from list** | | | |
| **Address** | | **Add address details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone Home** | | **Add phone** | | | | | | | **Phone Work** | | | | | | **Work number** | | | | | | **Mobile** | | | | | | **Insert mobile** | | | |
| **Ethnicity** | | **Choose an item** | | | | | | | | | | | | | **Other, please specify** | | | | | | | | | | | | | | | |
| **Occupation and employer** | | **Insert details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MMR Imms status** | | MMR2 | | | **Click for date** | | | | | | MMR1 | | | | | **Click for date** | | | | MMR 0 | | | | | | | | No MMR  Unknown | | |
| **Known risk factor** | | <12 months | | | | | | | | | Immunosuppressed | | | | | | | | | Pregnant | | | | | | | | None identified | | |
| **Contact with someone with a measles like illness** | | Yes | | | | **If yes, name** | | | | | | | | | | | | | | | | | | | | | | | | |
| No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Travel outside of New Zealand in past 21 days** | | Yes | | | **Travel dates, places and flight numbers: Add details** | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | | |
| **Attends/works at ELS, School or Healthcare facility** | | Yes | | | **If yes, name & address of facility: Add name and address** | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | | | **Dates attended in past 14 days: Insert dates** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BASIS OF DIAGNOSIS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fever ≥ 38.0 ° C** | | Yes | | No | | | Unknown | | | | | | **Cough** | | | | | | | | | Yes | | | | No | | | | Unknown |
| **Conjunctivitis** | | Yes | | No | | | Unknown | | | | | | **Koplik’s Spots** | | | | | | | | | Yes | | | | No | | | | Unknown |
| **Coryza /Prodromal symptoms** | | Yes | | No | | | Unknown | | | | | | **Onset date of symptoms:** | | | | | | | | | **Click for date** | | | | | | | | |
| **Maculopapular Rash** | | Yes | | No | | | Unknown | | | | | | **Rash Details/Spread:** | | | | | | | | | **Insert details** | | | | | | | | |
| **Rash onset date (Day 0) (required)** | | | **Click for date** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CLINICAL MANAGEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Laboratory confirmation of disease** | | | | | | | | | | Yes | | | | No | | | | Awaited | | | | | Not Done (epi-link to a case) | | | | | | | |
| **Day 0-7 from rash onset: *Nasopharyngeal or throat flocked viral PCR swab taken*** | | | | | | | | | | Yes | | | | No | | | | Not done | | | | | Date: **Click for date** | | | | | | | |
| **Day 8 from rash onset onwards: *Nasopharyngeal or throat flocked viral PCR swab taken AND urine sample for measles virus RNA PCR*** | | | | | | | | | | ☐ Yes | | | | ☐ No | | | | ☐ Not done | | | | | Date: **Click for date**  Details: | | | | | | | |
| **Hospitalised?** | | | | | | | | | | Yes | | | | No | | | | Unknown | | | | | Admission  Hospital: **Click for date** | | | | | | | |
| **Isolation advice provided?** | | | | | | | | | | Yes | | | | No | | | | ***Infectious period of a measles case is 4 days before rash onset (day 0) until 4 days after rash = 9 days total*** | | | | | | | | | | | | |
| **MANAGEMENT OF HOUSEHOLD CONTACTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Measles case** [**factsheet**](https://www.arphs.health.nz/assets/Uploads/Resources/Disease-and-illness/Measles-Mumps-Rubella/Measles/2022/Cases/MEASLES-CASE-FACTSHEET-interactive.pdf) **provided for household** | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| **Is urgent public health action required? Consider phoning ARPHS for further advice.** | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| ***Any identified high priority contacts in the household? (<12 months, non-immune & pregnant, immune suppressed). If so, consider referral for NHIG. See*** [***Starship protocol***](https://starship.org.nz/guidelines/measles/)***.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |