|  |  |  |  |
| --- | --- | --- | --- |
| **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** | [ ]  Suspected- 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** | [ ]  No MMR | [ ]  Unknown |
| **Pregnant** | [ ]  Yes | [ ]  No |
| **Travel outside of Auckland in past 21 days** | [ ]  Yes | **Travel dates, places and flight nos: Add details** |
| [ ]  No |
| **Attends/works at ECEC, 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 | **Arthritis** | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **Conjunctivitis**  | [ ]  Yes | [ ]  No | [ ]  Unknown | **Arthralgia** | [ ]  Yes | [ ]  No | [ ]  Unknown |
| **Lymphadenopathy** | [ ]  Yes | [ ]  No | [ ]  Unknown | **Onset date of symptoms:** | **Click for date** |
| **Maculopapular Rash** | [ ]  Yes | [ ]  No | [ ]  Unknown | **Rash Details/Spread:** | **Insert details** |
| **Rash onset date (required):** | **Click for date** |
| **CLINICAL MANAGEMENT**  |
| **Laboratory confirmation of disease**  | [ ]  Yes | [ ]  No | [ ]  Awaited | [ ]  Not Done (epi-link to a case) |
| **PCR swab taken** **(if pre- rash or day 0-3 of rash. Rash onset is day 0)** | [ ]  Yes | [ ]  No | [ ]  Not done | Date: **Click for date** |
| **Or Serology ordered-Ig G and IgM-****(if on or after day 3 of rash)** | [ ]  Yes | [ ]  No | [ ]  Not done | Date: **Click for date** |
| **Hospitalised?**  | [ ]  Yes  | [ ]  No | [ ]  Unknown | AdmissionHospital: **Click for date** |
| **Isolation advice provided?** | [ ]  Yes  | [ ]  No | ***Infectious period of a rubella case is 7 days before rash onset until 7 days after rash inclusive.*** |
| **MANAGEMENT OF HOUSEHOLD CONTACTS** |
| **Is urgent public health action required? Consider phoning ARPHS on-call Medical Officer of Health for further advice.** | [ ]  Yes  | [ ]  No |

 **Thank you for completing & emailing forms to** **notify@adhb.govt.nz**