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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** | | | | | | | | | | | | | 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 | | | | | Admission  Hospital: **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**](mailto:notify@adhb.govt.nz)