

# NOTIFICATION FAX FORM

## Measles

Public Health office and fax number:

Dialogue box of national PHUs and their fax numbers

Attention:

Medical Officer of Health

Date:

/ /

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[Office : Officer responsible for case]:..... EpiSurv No. ....]

### Notifier Identification

Reporting source: ( General Practitioner ( Laboratory ( Other

Notifier: ..... Phone: (.....).....Fax: (.....).....

Practice name: ..... Phone: (.....).....Fax: (.....).....

Practice address: .....

Date reported: ...../...../..... Name of usual GP: .....

### Case Identification

Name of case: ..... Phone (current): (.....).....

Current address: ..... Phone (home): (.....).....

..... Phone (work): (.....).....

NHI number .....

### Case Demography

[Office: Location: TLA ..... DHB ..... Health District .....]

Date of birth:

...../...../.....

Sex: ( Male

( Female

Ethnicity: ( NZ Maori ( NZ European/Pakeha

(tick all ( Pacific Is ( Other European

that apply) ( Other (specify) .....

Occupation: .....

Place of work/school/pre-school: .....

### Basis Of Diagnosis

#### CLINICAL DESCRIPTION

Cases must meet all the following criteria: fever 38°C or higher, generalised maculopapular rash lasting three or more days and cough or coryza or conjunctivitis or Koplik spots.

**Fits clinical description** ( Yes ( No( Unknown

Fever  $\geq 38^{\circ}\text{C}$  ( Yes ( No( Unknown

Maculopapular rash ( Yes ( No( Unknown

If Yes, date of onset of rash \_\_\_\_/\_\_\_\_/\_\_\_\_

Cough ( Yes ( No( Unknown

Coryza ( Yes ( No( Unknown

Conjunctivitis ( Yes ( No( Unknown

Koplik's spots ( Yes ( No( Unknown

#### LABORATORY CRITERIA

Confirmation method

( Isolation of virus from a clinical specimen ( Positive IgM antibody ( Significant rise in IgG antibody

**Laboratory confirmation of disease** ( Yes ( No( Not done ( Awaiting results

<b>EPIDEMIOLOGICAL CRITERIA</b>	
Contact with a laboratory confirmed case	( Yes ( No( Unknown
<b>Clinical Course And Outcome</b>	
Onset date ...../...../..... ( unknown	Died ( Yes ( No( Unknown
Hospitalised ( Yes ( No ( unknown	Date died ...../...../..... ( Unknown
Date hospitalised ...../...../..... ( unknown	If died from disease other than measles, specify:
Hospital .....	.....
<b>Risk Factors</b>	
<b>Contact with another case in the previous 3 weeks</b>	( Yes ( No( Unknown
Attendance at school, preschool or child care?	( Yes ( No( Unknown
<b>Was the case overseas during the incubation period (7-18 days)?</b>	( Yes ( No( Unknown
<b>Other risk factor for measles specify</b> .....	
<b>Protective factors</b>	
At any time prior to onset had the case been immunised with MMR? ( Yes ( No ( Unknown	
If Yes specify vaccine details:	
<b>First</b> administered dose ( MMR ( Unknown	
Date given ...../...../..... or age when first dose given ..... ( weeks ( months ( years	
Source of information: ( Patient/ caregiver recall ( Documented	
<b>Second</b> administered dose ( MMR ( Unknown	
Date given ...../...../..... or age when second dose given ... ( weeks ( months ( years	
Source of information: ( Patient/ caregiver recall ( Documented	
<b>Management</b>	
<b>Case excluded from work/school/pre-school/childcare until four days after appearance of rash?</b>	( Yes ( No( NA ( Unknown
<b>Other Details</b>	
Has patient been informed? ( Yes ( No	

- Complete and fax to the local public health office (Medical Officer of Health).