

# MEASLES

## Public Health Notification Form

FAX: 630 7431

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| <b>NOTIFICATION DETAILS</b>   |  | <input type="radio"/> General Practitioner                 |  | <input type="radio"/> Hospital Practitioner |  | <input type="radio"/> Other            |  |
| Name of person notifying  |  |  |  | Date reported                               |  |  |  |
| Organisation  |  |  |  | Phone                                       |  |  |  |
| Usual GP  |  |  |  |   |  |  |  |
| Name of GP practice   |  |  |  | Phone                                       |  |  |  |
| Address   |  |  |  |   |  |  |  |
| <b>CASE DETAILS</b>   |  |  |  |   |  |  |  |
| Name of case  |  | Surname  |  | Given Name(s)                               |  |  |  |
| NHI Number  |  |  |  |   |  |  |  |
| Address   |  |  |  |   |  |  |  |
| Phone (home)  |  | Phone (work)   |  | Mobile                                      |  |  |  |
| Date of birth or age  |  | Sex  |  | <input type="radio"/> Male                  |  | <input type="radio"/> Female           |  |
| Ethnic group  |  |  |  |   |  |  |  |
| Occupation  |  | <input type="radio"/> Place of work                        |  | <input type="radio"/> School                |  | <input type="radio"/> Pre-school       |  |
| Workplace/school name   |  | Address and phone number                                   |  |   |  |  |  |
| <b>CLINICAL DETAILS/HISTORY</b>   |  |  |  |   |  |  |  |
| Fever   |  | <input type="radio"/> Yes <input type="radio"/> No         |  | <input type="radio"/> Unknown               |  | Onset date:                            |  |
| Conjunctivitis  |  | <input type="radio"/> Yes <input type="radio"/> No         |  | <input type="radio"/> Unknown               |  | Onset date:                            |  |
| Coryza  |  | <input type="radio"/> Yes <input type="radio"/> No         |  | <input type="radio"/> Unknown               |  | Onset date:                            |  |
| Cough   |  | <input type="radio"/> Yes <input type="radio"/> No         |  | <input type="radio"/> Unknown               |  | Onset date:                            |  |
| Maculopapular Rash  |  | <input type="radio"/> Yes <input type="radio"/> No         |  | <input type="radio"/> Unknown               |  | Onset date:                            |  |
| Rash Details/Spread Pattern:  |  |  |  |   |  |  |  |
| Koplik's Spots  |  | <input type="radio"/> Yes <input type="radio"/> No         |  | <input type="radio"/> Unknown               |  | Onset date:                            |  |
| Proof of MMR - incl dates of recent MMR                                       |  | <input type="radio"/> Yes <input type="radio"/> No         |  | <input type="radio"/> Unknown               |  | Dates:                                 |  |
| Source of Proof   |  | <input type="radio"/> NIR <input type="radio"/> Well Child |  | <input type="radio"/> Other                 |  |  |  |
| Recent Travel (overseas or domestic)  |  | <input type="radio"/> Yes <input type="radio"/> No         |  | <input type="radio"/> Unknown               |  | Details/Dates:                         |  |
| Known Contact With A Measles Case   |  | <input type="radio"/> Yes <input type="radio"/> No         |  | <input type="radio"/> Unknown               |  | Details/Dates:                         |  |
| <b>CLINICAL MANAGEMENT</b>  |  |  |  |   |  |  |  |
| PCR swab taken and sent URGENTLY* (if no rash or within 3 days of rash onset) |  | <input type="radio"/> Yes <input type="radio"/> No         |  | <input type="radio"/> Unknown               |  | Date:                                  |  |
| Or Serology ordered-Ig G and IgM- (if 3- 5 days after rash onset)             |  | <input type="radio"/> Yes <input type="radio"/> No         |  | <input type="radio"/> Unknown               |  | Date:                                  |  |
| Laboratory confirmation of disease  |  | <input type="radio"/> Yes <input type="radio"/> No         |  | <input type="radio"/> Not Done              |  | <input type="radio"/> Awaiting results |  |
| Hospitalised  |  | <input type="radio"/> Yes <input type="radio"/> No         |  | <input type="radio"/> Unknown               |  |  |  |
| Name of Hospital  |  |  |  | Date Hospitalised                           |  |  |  |
| Household Contact Details Available   |  | <input type="radio"/> Yes <input type="radio"/> No         |  | Details:                                    |  |  |  |
| Vulnerable Household Contact Details Available***?                            |  | <input type="radio"/> Yes <input type="radio"/> No         |  | Details:                                    |  |  |  |
| Please Ensure Suspected Case is Isolated                                      |  | <input type="radio"/> Yes <input type="radio"/> No         |  |   |  |  |  |
| Household members encouraged to check their immunization status               |  | <input type="radio"/> Yes <input type="radio"/> No         |  |   |  |  |  |

\*Arrange urgent pick up for lab and ensure sample is labelled "urgent for public health" and has any recent MMR details

\*\*Those under 15m, anyone unvaccinated, pregnant or immunocompromised