

MEASLES NOTIFICATION FORM
FAX 07-8382382
(also phone MOoH, including after hours, 0800 800 977)

Date	Received by	EpiSurv #
Has GP Notified Patient: Y/N	Name of Reporting Dr	Phone
Usual GP	Date of GP Visit	

Measles is notifiable **on suspicion**. The PHU has received information (such as a measles laboratory testing request or an enquiry from a preschool) that you may suspect measles in the following person. Public Health **urgently needs the information prompted on this page**. We also **require** phoned notification.

Name of Case	NHI	Ethnicity
Address	DOB	Sex M / F
.....	Occupation	
Phone	Mobile.....	
Attends School/Preschool/Tertiary Y / N (if yes, please details)		

BASIS OF DIAGNOSIS:		
Clinically Compatible Illness:	Maculopapular Rash: Yes <input type="checkbox"/> Onset date:.....	No <input type="checkbox"/>
	Fever: Yes <input type="checkbox"/> Measured.....°C	No <input type="checkbox"/>
	Cough: Yes <input type="checkbox"/> No <input type="checkbox"/>	Coryza: Yes <input type="checkbox"/> No <input type="checkbox"/> → Earliest onset date:.....
	Conjunctivitis: Yes <input type="checkbox"/> No <input type="checkbox"/>	Koplik Spots: Yes <input type="checkbox"/> No <input type="checkbox"/> ↙
Investigations ordered: NP swab in viral medium for PCR <input type="checkbox"/> Serology (IgG & IgM) <input type="checkbox"/>		
Contact with a confirmed case 8-18 days before earliest onset? Y <input type="checkbox"/> N <input type="checkbox"/> Don't know <input type="checkbox"/>		
If yes, details:		
Overseas travel: Was the case overseas during the 3 weeks before onset? Y <input type="checkbox"/> N <input type="checkbox"/> (If yes, please specify place and date of travel).....		

Hospitalised Yes <input type="checkbox"/> No <input type="checkbox"/> If yes which hospital	Date
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Protective factors	
Has the case been immunised with MMR vaccine:	
Yes – fully for age (insert dates below) <input type="checkbox"/>	Yes – incomplete for age <input type="checkbox"/> (insert date below)
No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Dates: MMR1.....	MMR2.....

Case Management

 Has the case been isolated at home until at least 5 days after rash onset (onset date is day 1)? Yes No
Contact Management

 Are all contacts born after 1 January 1969 fully immunised: Yes No

If NO, advise quarantine for 14 days after last contact (from 8 days after first contact), test for immunity if no history of immunisation or previous measles (IgG), and encourage immunisation (catch up is free in NZ).