CASE REPORT FORM

Measles, Mumps, Rubella

EpiSurv No.

Disease Name

○ Measles ○ Mumps ○ Rubella

Reporting Authority

Name of Public Health Officer responsible for case

Notifier Identification

Reporting source* ○ General Practitioner ○ Hospital-based Practitioner ○ Laboratory ○ Self-notification ○ Outbreak Investigation ○ Other

Name of reporting source **Organisation**

Date reported* dd/mm/yyyy **Laboratory sample date** dd/mm/yyyy **Contact phone**

Usual GP **Practice** **GP phone**

GP/Practice address Number Street Suburb

Town/City Post Code GeoCode

Case Identification

Name of case* Surname Given Name(s)

NHI number* **Email**

Current address* Number Street Suburb

Town/City Post Code GeoCode

Phone (home) **Phone (work)** **Phone (other)**

Case Demography

Location **TA*** **DHB***

Date of birth* dd/mm/yyyy **OR** **Age** ○ Days ○ Months ○ Years

Sex* ○ Male ○ Female ○ Indeterminate ○ Unknown

Occupation*

Occupation location ○ Place of Work ○ School ○ Pre-school

Name

Address Number Street Suburb

Town/City Post Code GeoCode

Alternative location ○ Place of Work ○ School ○ Pre-school

Name

Address Number Street Suburb

Town/City Post Code GeoCode

Ethnic group case belongs to* (tick all that apply)

☐ NZ European ☐ Maori ☐ Samoan ☐ Cook Island Maori

☐ Niuean ☐ Chinese ☐ Indian ☐ Tongan

☐ Other (such as Dutch, Japanese, Tokelauan) *(specify)

EpiSurv No.

Basis of Diagnosis

CLINICAL CRITERIA

Fits Clinical Description*		Yes	No	Unknown
Measles	Fever ≥ 38.0 ° C present at time of rash onset	Yes	No	Unknown
	Maculopapular rash	Yes	No	Unknown
	If yes, date of onset of rash* dd/mm/yyyy			
	Cough	Yes	No	Unknown
	Coryza	Yes	No	Unknown
	Conjunctivitis	Yes	No	Unknown
	Koplik's spots	Yes	No	Unknown
Mumps	Acute swelling of parotid or other salivary gland for more than 2 days	Yes	No	Unknown
	Orchitis	Yes	No	Unknown
Rubella	Fever	Yes	No	Unknown
	Maculopapular rash	Yes	No	Unknown
	If yes, date of onset of rash* dd/mm/yyyy			
	Arthritis/arthralgia	Yes	No	Unknown
	Lymphadenopathy	Yes	No	Unknown
	Conjunctivitis	Yes	No	Unknown

LABORATORY CRITERIA

Laboratory confirmation of disease* Yes No Not Done Awaiting Results

If yes, date of laboratory confirmation dd/mm/yyyy

Confirmation method

Nucleic acid testing (NAAT/PCR) Genetic characterisation (specify strain)

Significant rise in IgG antibody level Positive IgM antibody

EPIDEMIOLOGICAL CRITERIA

Contact with a confirmed case* Yes No Unknown

If yes, specify the EpiSurv number of the confirmed case*

CLASSIFICATION* Under investigation Probable Confirmed Not a case

ADDITIONAL LABORATORY DETAILS

Genotype **Strain name** **Strain ID**

Updated **Laboratory**

Date result updated dd/mm/yyyy **Sample number**

Clinical Course and Outcome

Date of onset*	dd/mm/yyyy	Approximate	Unknown
Hospitalised*	Yes	No	Unknown
Date hospitalised*	dd/mm/yyyy	Unknown	
Hospital*			

EpiSurv No.

Clinical Course and Outcome continued

Died* ○ Yes ○ No ○ Unknown

Date died* dd/mm/yyyy ☐ Unknown

Was this disease the primary cause of death?* ○ Yes ○ No ○ Unknown

If no, specify the primary cause of death*

Outbreak Details

Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*

☐ Yes **If yes, specify Outbreak No.***

Risk Factors

Contact with another case of the disease during the incubation period for this disease* ○ Yes ○ No ○ Unknown

Was the case overseas during the incubation period for this disease?* ○ Yes ○ No ○ Unknown

If yes, date arrived in New Zealand* dd/mm/yyyy

Specify countries visited* (from most recent to least recent)

	Country/Region*	Date Entered*	Date Departed*
Last*		dd/mm/yyyy	dd/mm/yyyy
Second Last*		dd/mm/yyyy	dd/mm/yyyy
Third Last*		dd/mm/yyyy	dd/mm/yyyy

Other risk factors for measles, mumps or rubella (specify)*

Source (measles and rubella only)

What was the source of the virus?* ○ Imported ○ Import-related ○ Endemic ○ Unknown

If imported, specify country* Specify region /city*

If import-related, specify the EpiSurv number of the source case*

If the case was infected in New Zealand, specify the DHB where contact occurred*

Protective Factors

At any time prior to onset, had the case been immunised with the MMR or appropriate monovalent vaccine at 12 months or older?* ○ Yes ○ No ○ Unknown

If yes specify, vaccine details*

First administered dose:* ○ MMR/Monovalent ○ Unknown

Date given* dd/mm/yyyy Or age when first dose was given ○ Weeks ○ Months ○ Years

Source of information* ○ Patient/caregiver recall ○ Documented

Second administered dose:* ○ MMR/Monovalent ○ Not given ○ Unknown

Date given* dd/mm/yyyy Or age when second dose was given ○ Weeks ○ Months ○ Years

Source of information* ○ Patient/caregiver recall ○ Documented

Was the case given an MMR0 (or appropriate monovalent vaccine) dose when they were aged under 12 months? * ○ Yes ○ No ○ Unknown

If yes, date given* dd/mm/yyyy Or age when dose zero was given ○ Weeks ○ Months ○ Years

Source of information* ○ Patient/caregiver recall ○ Documented

EpiSurv No.

Management

CASE MANAGEMENT

Date case investigation was started* (measles and rubella only) dd/mm/yyyy

Was case pregnant (rubella only)?* Yes No Unknown

If yes, gestation period* (weeks) at time of onset

CONTACT MANAGEMENT

Flight details if case infectious while on board an international flight (measles only)*

	Last flight	2nd to last flight	3rd to last flight	4th to last flight
Flight number(s)				
Date of departure	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy

Comments*