CASE REPORT FORM — Measles, Mumps, Rubella

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* ______ **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* ______ **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) ______ ______

Measles Mumps Rubella

EpiSurv No.

Basis of Diagnosis

CLINICAL CRITERIA

		Yes	No	Unknown
Fits Clinical Description*		Yes	No	Unknown
Measles	Fever ≥ 38.0 °C	Yes	No	Unknown
	Maculopapular Rash	Yes	No	Unknown
	If yes, date of onset of rash*			
	Cough	Yes	No	Unknown
	Coryza	Yes	No	Unknown
	Conjuctivitis	Yes	No	Unknown
	Koplik's spots	Yes	No	Unknown
Mumps	Acute swelling of parotid or other salivary gland for 2 or more days	Yes	No	Unknown
Rubella	Fever ≥ 38.0 °C	Yes	No	Unknown
	Maculopapular Rash	Yes	No	Unknown
	If yes, date of onset of rash*			
	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

Confirmation Method

- Isolation of virus from clinical specimen
- Positive IgM antibody
- Significant rise in IgG antibody level
- Nucleic acid testing (NAT)
- Genetic characterisation (specify)

EPIDEMIOLOGICAL CRITERIA

Contact with a laboratory confirmed case* Yes No Unknown

STATUS* Under investigation Probable Confirmed Not a case

Clinical Course and Outcome

Date of onset* Approximate Unknown

Hospitalised* Yes No Unknown

Date hospitalised* Unknown

Hospital*

Died* Yes No Unknown

Date died* Unknown

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

If no, specify the primary cause of death*

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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 in previous 3 weeks* ○ Yes ○ No ○ Unknown

Attendance at school, pre-school or childcare* ○ Yes ○ No ○ Unknown

Was the case overseas during the incubation period (measles = 7 - 18 days; mumps = 12 - 25 days; rubella = 14 - 23 days) for this disease?* ○ Yes ○ No ○ Unknown

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

Protective Factors

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

If yes specify, vaccine details*

First administered dose:* ○ MMR/Monovalent ○ Unknown

Date given*　Or age when first dose was given　○ Weeks ○ Months ○ Years

Source of information* ○ Patient/caregiver recall ○ Documented

Second administered dose:* ○ MMR/Monovalent ○ Unknown

Date given*　Or age when second dose was given　○ Weeks ○ Months ○ Years

Source of information* ○ Patient/caregiver recall ○ Documented

Management

CASE MANAGEMENT

Case excluded from work or school/pre-school/childcare for appropriate period ○ Yes ○ No ○ NA ○ Unknown

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

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

CONTACT MANAGEMENT

Did the case have any contacts (measles only) ○ Yes ○ No ○ Unknown

if yes, specify number and management

Age of contacts	Number identified	Number susceptible	Number given MMR	Number given IG	Number declined
<15 months					
15 months and over					

Unimmunised susceptibles excluded from school/pre-school/childcare for appropriate period ○ Yes ○ No ○ NA ○ Unknown

Comments*