CASE REPORT FORM

Measles, Mumps, Rubella

EpiSurv No.

Disease Name

○ Measles ○ Mumps ○ Rubella

Reporting Authority

Name of Public Health Officer responsible for case OfficerName

Notifier Identification

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

Name of reporting source ReportName **Organisation** ReportOrganisation

Date reported* ReportDate dd/mm/yyyy **Contact phone** ReportPhone

Usual GP UsualGP **Practice** GPPracticeName **GP phone** GPPhone

GP/Practice address GPAddress
Number Street Suburb
Town/City Post Code GeoCode

Case Identification

Name of case* Surname Surname Given Name(s) GivenName

NHI number* NHINumber **Email** Email

Current address* CaseAddress
Number Street Suburb
Town/City Post Code GeoCode

Phone (home) PhoneHome **Phone (work)** PhoneWork **Phone (other)** PhoneOther

Case Demography

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

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

Sex* Sex ○ Male ○ Female ○ Indeterminate ○ Unknown

Occupation* Occupation

Occupation location PlaceOfWork1Type ○ Place of Work ○ School ○ Pre-school

Name PlaceOfWork1

Address PlaceOfWork1Address
Number Street Suburb
Town/City Post Code GeoCode

Alternative location PlaceOfWork2Type ○ Place of Work ○ School ○ Pre-school

Name

Address PlaceOfWork2Address
Number Street Suburb
Town/City Post Code GeoCode

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

☐ NZ European EthNZEuropean ☐ Maori EthMaori ☐ Samoan EthSamoan ☐ Cook Island Maori EthCookIslandMaori
☐ Niuean EthNiuean ☐ Chinese EthChinese ☐ Indian EthIndian ☐ Tongan EthTongan
☐ Other (such as Dutch, Japanese) EthOther *(specify) EthSpecify1 EthSpecify2

Basis of Diagnosis

CLINICAL CRITERIA

Fits Clinical Description* FitClinDes		○ Yes	○ No	○ Unknown
Measles	Fever ≥ 38.0 ° C present at time of rash onset MeaslesFever	○ Yes	○ No	○ Unknown
	Maculopapular rash MeaslesRash	○ Yes	○ No	○ Unknown
	If yes, date of onset of rash* dd/mm/yyyy MeaslesRashDate			
	Cough Coughing	○ Yes	○ No	○ Unknown
	Coryza Coryza	○ Yes	○ No	○ Unknown
	Conjunctivitis MeaslesConjunctivitis	○ Yes	○ No	○ Unknown
	Koplik's spots KopliksSpots	○ Yes	○ No	○ Unknown
Mumps	Fever MumpsFever	○ Yes	○ No	○ Unknown
	Acute swelling of parotid or other salivary gland for 2 or more days AcuteSwell	○ Yes	○ No	○ Unknown
	Orchitis Orchitis	○ Yes	○ No	○ Unknown
Rubella	Fever RubellaFever	○ Yes	○ No	○ Unknown
	Maculopapular rash RubellaRash	○ Yes	○ No	○ Unknown
	If yes, date of onset of rash* dd/mm/yyyy RubellaRashDate			
	Arthritis/arthralgia Arthritis	○ Yes	○ No	○ Unknown
	Lymphadenopathy Lymphad	○ Yes	○ No	○ Unknown
	Conjunctivitis RubellaConjunctivitis	○ Yes	○ No	○ Unknown

LABORATORY CRITERIA

Laboratory confirmation of disease* LabConf ○Yes ○No ○Not Done ○Awaiting Results

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

Confirmation method

☐ Nucleic acid testing (NAAT) ConfNAT ☐ Genetic characterisation (specify) ConfGenC ConfGenCSpec

☐ Significant rise in IgG antibody level ConfIgG ☐ Positive IgM antibody ConfIgM

EPIDEMIOLOGICAL CRITERIA

Contact with a confirmed case* ConfCase ○ Yes ○ No ○ Unknown

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

CLASSIFICATION* Status ○Under investigation ○ Probable ○ Confirmed ○ Not a case

ADDITIONAL LABORATORY DETAILS

Genotype Genotype **Strain name** StrainName **Strain ID** StrainID

Updated Autoupdated ☐ **Laboratory** Laboratory

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

Clinical Course and Outcome

Date of onset* OnsetDt dd/mm/yyyy ☐ Approximate OnsetDtApprox ☐ Unknown OnsetDtUnknown

Hospitalised* Hosp ○ Yes ○ No ○ Unknown

Date hospitalised* HospDt dd/mm/yyyy ☐ Unknown HospDtUnknown

Hospital*HospName

EpiSurv No.

Clinical Course and Outcome continued

Died* Died ○ Yes ○ No ○ Unknown

Date died* DiedDt dd/mm/yyyy ☐ Unknown DiedDtUnknown

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

If no, specify the primary cause of death* DiedOther

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 Outbrk **If yes, specify Outbreak No.*** OutbrkNo

Risk Factors

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

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

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

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

	Country/Region*		Date Entered*		Date Departed*	
Last*	LastCountry		LastDtEntered	dd/mm/yyyy	LastDtDearted	dd/mm/yyyy
Second Last*	SecCountry		SecDtEntered	dd/mm/yyyy	SecDtDeparted	dd/mm/yyyy
Third Last*	ThirdCountry		ThirdDtEntered	dd/mm/yyyy	ThirdDtDeparted	dd/mm/yyyy

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

Source (measles and rubella only)

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

If imported, specify country* ImptCountry Specify region /city* ImptRegion

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

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

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?* Immunised ○ Yes ○ No ○ Unknown

If yes specify, vaccine details*

First administered dose:* FirstDose ○ MMR/Monovalent ○ Unknown

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

Source of information* SceFirstDose ○ Patient/caregiver recall ○ Documented

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

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

Source of information* SceSecndDose ○ Patient/caregiver recall ○ Documented

Was the case given an MMR0 (or appropriate monovalent vaccine) dose when they were aged under 12 months? * Dose0 ○ Yes ○ No ○ Unknown

If yes, date given* DtDose0 dd/mm/yyyy Or age when dose zero was given AgeDose0 YMWDose0 ○ Weeks ○ Months ○ Years

Source of information* SceDose0 ○ Patient/caregiver recall ○ Documented

EpiSurv No.

Management

CASE MANAGEMENT

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

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

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

Management

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)	Flight1No	Flight2No	Flight3No	Flight4No
Date of departure	Flight1DepDt dd/mm/yy	Flight2DepDt dd/mm/	Flight3DepDt dd/mm/	Flight4DepDt dd/mm/yy

Comments*

Comments