# 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 **Laboratory sample date** SampleDate 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

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## 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

**Confirmation method**

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

**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

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## 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

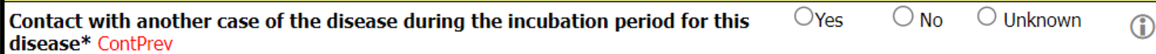
**If no, specify the primary cause of death*** DiedOther

## 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

**Attendance at school, pre-school or childcare during the incubation period for this disease*** AttendSch ○ 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?*** 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 age when second dose was given AgeSecndDose YMWSecndDose ○ Weeks ○ Months ○ Years

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

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## Management

CASE MANAGEMENT

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

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

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

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

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

## Management

CONTACT MANAGEMENT

**Did the case have any contacts (measles and rubella only)?*** CaseCont ○Yes ○ No ○ Unknown

If yes, specify number and management*

| Category | Number identified | Number susceptible | Number given MMR (measles only) | Number declined MMR (measles only) | Number given IG (measles only) |
|---|---|---|---|---|---|
| <15 months of age | NoLT15 | NoLT15Susc | NoLT15MMR | NoLT15Declined | NoLT15IG |
| 15 months and over (not pregnant) | NoGE15 | NoGE15Susc | NoGE15MMR | NoGE15Declined | NoGE15IG |
| Pregnant | NoPreg | NoPregSusc | | | NoPregIG |

**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/yyyy | epDt dd/mm/yyyy | DepDt dd/mm/yyyy | 4DepDt dd/mm/yyyy |

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

## Comments*

Comments