

CASE REPORT FORM

Measles, Mumps, Rubella

Measles Mumps Rubella		EpiSurv No. EpiSurvNumber	
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		Laboratory sample date SampleDate	Contact phone ReportPhone
Usual GP UsualGP		Practice GPPracticeName	GP phone GPPhone
GP/Practice address Number Street Suburb 			
GPAAddress Town/City Post Code ☐ GeoCode 			
Case Identification 			
Name of case* Surname Surname		Given Name(s) GivenName	
NHI number* NHINumber		Email Email	
Current address* Number Street Suburb 			
CaseAddress 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		OR Age Age ☐ Days ☐ Months ☐ Years AgeUnits	
Sex* Sex		☐ Male ☐ Female ☐ Unknown ☐ Other	
Occupation* Occupation			
Occupation location PlaceOfWork1Type		☐ Place of Work ☐ School ☐ Pre-school	
Name PlaceOfWork1			
Address Number Street Suburb 			
PlaceOfWork1Address Town/City Post Code ☐ GeoCode 			
Alternative location PlaceOfWork2Type		☐ Place of Work ☐ School ☐ Pre-school	
Name PlaceOfWork2			
Address Number Street Suburb 			
PlaceOfWork2Address Town/City Post Code ☐ GeoCode 			
Ethnic group case belongs to* (tick all that apply) 			
☐ NZ European EthNZEuroean ☐ 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 (i)			
Fits Clinical Description* FitClinDes		☐ Yes ☐ No ☐ Unknown	
Measles	Fever $\geq 38.0^{\circ}\text{C}$ present at time of rash onset MeaslesFever	☐ Yes ☐ No ☐ Unknown	
	Maculopapular rash MeaslesRash	☐ Yes ☐ No ☐ Unknown	
	If yes, date of onset of rash* MeaslesRashDate 		
	Cough Coughing	☐ Yes ☐ No ☐ Unknown	
	Coryza Coryza	☐ Yes ☐ No ☐ Unknown	
Mumps	Conjunctivitis MeaslesConjunctivitis	☐ Yes ☐ No ☐ Unknown	
	Koplik's spots KopliksSpots	☐ Yes ☐ No ☐ Unknown	
	Acute swelling of parotid or other salivary gland for 2 or more days AcuteSwell	☐ Yes ☐ No ☐ Unknown	
Rubella	Orchitis Orchitis	☐ Yes ☐ No ☐ Unknown	
	Fever RubellaFever	☐ Yes ☐ No ☐ Unknown	
	Maculopapular rash RubellaRash	☐ Yes ☐ No ☐ Unknown	
	If yes, date of onset of rash* 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 (i)	
If yes, date of laboratory confirmation LabConfDt 			
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 (i)			
ADDITIONAL LABORATORY DETAILS			
Genotype Genotype 	Strain name StrainName 	N450 Strain ID StrainID 	
MF-NCR Strain ID MFNCRStrain 			
Updated AutoUpdated ☐	Laboratory Laboratory 		
Date result updated DateResultUpdated 	Sample number SampleNumber 		
Clinical Course and Outcome			
Date of onset* OnsetDt 	☐ Approximate OnsetDtApprox ☐ Unknown OnsetDtUnknown		
Hospitalised* Hosp	☐ Yes ☐ No ☐ Unknown		
Date hospitalised* HospDt 	☐ Unknown HospDtUnknown		
Hospital* HospName 			

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Clinical Course and Outcome continued	
Died* Died ☐ Yes ☐ No ☐ Unknown	
Date died* DiedDt ☐ 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 i	
Was the case overseas during the incubation period for this disease?* Overseas ☐ Yes ☐ No ☐ Unknown	
If yes, date arrived in New Zealand* DtArrived 	
Specify countries visited* (from most recent to least recent)	
Country/Region*	Date Entered*
Last* LastCountry 	LastDtEntered
Second Last* SecCountry 	SecDtEntered
Third Last* ThirdCountry 	ThirdDtEntered
Date Departed*	
LastDtDearded 	LastDtDearded
SecDtDearded 	SecDtDearded
ThirdDtDearded 	ThirdDtDearded
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* Or age when first dose was given YMWFirstDose ☐ Weeks ☐ Months ☐ Years	
DtFirstDose AgeFirstDose 	
Source of information* SceFirstDose ☐ Patient/caregiver recall ☐ Documented	
Second administered dose:* SecndDose ☐ MMR/Monovalent ☐ Not given ☐ Unknown	
Date given* Or age when second dose was given YMWSecndDose ☐ Weeks ☐ Months ☐ Years	
DtSecndDose AgeSecndDose 	
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* Or age when dose zero was given YMWdDose0 ☐ Weeks ☐ Months ☐ Years	
DtDose0 AgeDose0 	
Source of information* SceDose0 ☐ Patient/caregiver recall ☐ Documented	

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Management				
CASE MANAGEMENT				
Date case investigation was started* (measles and rubella only) InvStart 				
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 	Flight2DepDt 	Flight3DepDt 	Flight4DepDt
Comments*				