

CASE REPORT FORM

Measles, Mumps, Rubella

Measles Mumps Rubella		EpiSurv No. EpiSurvNumber	
Disease Name			
☐ Measles		☐ Mumps	
		☐ Rubella i	
Reporting Authority			
Name of Public Health Officer responsible for case OfficerName 			
Notifier Identification i			
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 i			
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) i			
☐ 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
SecDtDeparted 	SecDtDeparted
ThirdDtDeparted 	ThirdDtDeparted
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
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
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	
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*	