

# CASE REPORT FORM

# Measles, Mumps, Rubella

Measles Mumps Rubella		EpiSurv No. <b>EpiSurvNumber</b>
Disease Name <b>DiseaseName</b>		
<input type="radio"/> Measles <input type="radio"/> Mumps <input type="radio"/> Rubella		
Reporting Authority		
Name of Public Health Officer responsible for case <b>OfficerName</b>		
Notifier Identification		
Reporting source* <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory <b>ReportSrc</b>		
<input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other		
Name of reporting source <b>ReportName</b>		Organisation <b>ReportOrganisation</b>
Date reported* <b>ReportDate</b>		Contact phone <b>ReportPhone</b>
Usual GP <b>UsualGP</b>	Practice <b>GPPracticeName</b>	GP phone <b>GPPhone</b>
GP/Practice address	Number <b>houonenumber</b> Street <b>streetname</b> Suburb <b>suburb</b>	Post Code <b>postcode</b> <input type="checkbox"/> GeoCode <b>geocode</b> <b>addressmatchaccuracy</b>
	Town/City <b>towncity</b>	
Case Identification		
Name of case* Surname <b>Surname</b>		Given Name(s) <b>GivenName</b>
NHI number* <b>NHINumber</b>		Email <b>Email</b>
Current address* Number <b>houonenumber</b> Street <b>streetname</b> Suburb <b>suburb</b>		Post Code <b>postcode</b> <input type="checkbox"/> GeoCode <b>geocode</b> <b>addressmatchaccuracy</b>
Town/City <b>towncity</b>		
Phone (home) <b>PhoneHome</b>	Phone (work) <b>PhoneWork</b>	Phone (other) <b>PhoneOther</b>
Case Demography		
Location TA* <b>TA</b>		DHB* <b>DHB</b>
Date of birth* <b>DateOfBirth</b> OR Age <b>Age</b> <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years <b>AgeUnits</b>		
Sex* <b>Sex</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown		
Occupation* <b>Occupation</b>		
Occupation location <b>occupation_place_type</b> <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school		
Name <b>occupation_place_name</b>		
Address Number <b>houonenumber</b> Street <b>streetname</b> Suburb <b>suburb</b>		Post Code <b>postcode</b> <input type="checkbox"/> GeoCode <b>geocode</b> <b>addressmatchaccuracy</b>
Town/City <b>towncity</b>		
Alternative location <b>occupation_place_type</b> <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school		
Name <b>occupation_place_name</b>		
Address Number <b>houonenumber</b> Street <b>streetname</b> Suburb <b>suburb</b>		Post Code <b>postcode</b> <input type="checkbox"/> GeoCode <b>geocode</b> <b>addressmatchaccuracy</b>
Town/City <b>towncity</b>		
Ethnic group case belongs to* (tick all that apply)		
<input type="checkbox"/> NZ European <b>EthNZEuropan</b> <input type="checkbox"/> Maori <b>EthMaori</b> <input type="checkbox"/> Samoan <b>EthSamoan</b> <input type="checkbox"/> Cook Island Maori <b>EthCookIslandMaori</b>		
<input type="checkbox"/> Niuean <b>EthNiuean</b> <input type="checkbox"/> Chinese <b>EthChinese</b> <input type="checkbox"/> Indian <b>EthIndian</b> <input type="checkbox"/> Tongan <b>EthTongan</b>		
<input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) *(specify) <b>EthOther</b> <b>EthSpecify1</b> <b>EthSpecify2</b>		

**Basis of Diagnosis****CLINICAL CRITERIA**

<b>Fits Clinical Description*</b> <b>FitClinDes</b>		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
<b>Measles</b>	Fever 38.0 ° C <b>MeaslesFever</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
	Maculopapular Rash <b>MeaslesRash</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
	If yes, date of onset of rash* _____ <b>MeaslesRashDate</b>			
	Cough <b>Coughing</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
	Coryza <b>Coryza</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
	Conjunctivitis <b>MeaslesConjunctivitis</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
	Koplik's spots <b>KopliksSpots</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
<b>Mumps</b>	Acute swelling of parotid or other salivary gland for 2 or more days <b>AcuteSwell</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
<b>Rubella</b>	Fever 38.0 ° C <b>RubellaFever</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
	Maculopapular Rash <b>RubellaRash</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
	If yes, date of onset of rash* _____ <b>RubellaRashDate</b>			
	Arthritis/arthralgia <b>Arthritis</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
	Lymphadenopathy <b>Lymphad</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
	Conjunctivitis <b>RubellaConjunctivitis</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> 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**

**EPIDEMIOLOGICAL CRITERIA**

**Contact with a laboratory confirmed case\*** **ConfCase**  Yes  No  Unknown

**STATUS\*** **Status**  Under investigation  Probable  Confirmed  Not a case

**Clinical Course and Outcome**

**Date of onset\*** **OnsetDt** \_\_\_\_\_  Approximate **OnsetDtApprox**  Unknown **OnsetDtUnknown**

**Hospitalised\*** **Hosp**  Yes  No  Unknown

**Date hospitalised\*** **HospDt** \_\_\_\_\_  Unknown **HospDtUnknown**

**Hospital\*** **HospName** \_\_\_\_\_

**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 in previous 3 weeks\* **ContPrev**  Yes  No  Unknown
- Attendance at school, pre-school or childcare\* **AttendSch**  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?\* **Overseas**  Yes  No  Unknown
- Other risk factors for measles, mumps or rubella (specify)\* **OtherRisk** \_\_\_\_\_

**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** \_\_\_\_\_ Or age when first dose was given **AgeFirstDose** \_\_\_\_\_  Weeks  Months  Years **YMWFirstDose**
- Source of information\* **SceFirstDose**  Patient/caregiver recall  Documented
- Second administered dose:\* **SecndDose**  MMR/Monovalent  Unknown
- Date given\* **DtSecndDose** \_\_\_\_\_ Or age when second dose was given **AgeSecndDose** \_\_\_\_\_  Weeks  Months  Years **YMWSecndDose**
- Source of information\* **SceSecndDose**  Patient/caregiver recall  Documented

**Management**

**CASE MANAGEMENT**

- 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

**CONTACT MANAGEMENT**

- Did the case have any contacts (measles only) **CaseCont**  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        | ___ <b>NoLT15</b> | ___ <b>NoLT15Susc</b> | ___ <b>NoLT15MMR</b> | ___ <b>NoLT15IG</b> | ___ <b>NoLT15Declined</b> |
| 15 months and over | ___ <b>NoGE15</b> | ___ <b>NoGE15Susc</b> | ___ <b>NoGE15MMR</b> | ___ <b>NoGE15IG</b> | ___ <b>NoGE15Declined</b> |
- Unimmunised susceptibles excluded from school/pre-school/childcare for appropriate period **Unimmun**  Yes  No  NA  Unknown

**Comments\***

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