

# Measles notification to Public Health

## Section 74, Health Act 1956

Instructions on use: This form is for notification of diseases listed in sections A and B of Part 1 of Schedule 1 of the Act. For **pertussis notifications**, please use the separate pertussis notification form.

# Te Whatu Ora Health New Zealand

Capital, Coast, Hutt Valley and Wairarapa

Name of notifier:	Date:
Organisation:	Phone:
GP/Medical Practice:	

CASE IDENTIFICATION	
Name of case:	NHI:
Current address:	Phone (cell):
Email:	Phone (other):
Date of birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate
Ethnicity (tick all that apply):	<input type="checkbox"/> NZ European <input type="checkbox"/> Māori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Tongan <input type="checkbox"/> Other (please specify):
Current occupation:	Date last at work:
Place of work/school/preschool:	
High priority occupation: <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Early childhood worker/attendee <input type="checkbox"/> High risk due to illness/disability	

CLINICAL SYMPTOMS	
General maculopapular rash <input type="checkbox"/> Yes <input type="checkbox"/> No	Where did the rash start?
Fever <input type="checkbox"/> Yes <input type="checkbox"/> No	Was fever present at time of rash onset? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cough or Coryza <input type="checkbox"/> Yes <input type="checkbox"/> No	Duration in days:
Koplik spots or Conjunctivitis <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any other symptoms:	
Illness onset date:	

MEASLES IMMUNISATION	
Has case had MMR vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes – Immunisation dates: MMR 1:	MMR 2: <input type="checkbox"/> Unknown

POSSIBLE SOURCE OF INFECTION
Overseas travel:
Visitors from overseas:
Travel in New Zealand:
Measles immunisation within previous 45 days:
Contact with a confirmed Case:

<b>PATIENT MANAGEMENT</b>	
Swab taken <input type="checkbox"/>	Date:
Case advise to isolate <input type="checkbox"/>	
Other comments:	

**Notify Public Health within 24 hours by phone on (04) 570 9267 (8.30am - 4.30pm)  
or email: [RPHnotifications@huttvalleydhb.org.nz](mailto:RPHnotifications@huttvalleydhb.org.nz)  
For urgent disease notifications after hours, phone the Medical Officer of Health on (04) 570 9007**