**Health Protection (Notification) Regulations 2010: Notification to the Proper Officer of the Local Authority**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Index Case details** | | | | | |
| First name |  | | | | |
| Surname |  | | | | |
| Gender (M/F) |  | | | | |
| Date of Birth |  | | | | |
| Ethnicity |  | | | | |
| NHS number |  | | | | |
| Home address:  Postcode:  Telephone no: | | | Current residence if not home address:  Postcode:  Telephone no: | | |
| GP name and address (if different to Medical Practitioner reporting the case) | | | Postcode:  Telephone no: | | |
| Occupation (if relevant) i.e.  Foodhandler/healthcare worker/carer | | |  | | |
| Work/education/nursery name and address (if relevant) | | | Postcode:  Telephone no: | | |
| Overseas travel, if relevant (destinations & dates) | | |  | | |
| **Disease/causative agent** | | | | | |
| **Disease, infection, causative agent or contamination** *If notifying measles, please complete the form overleaf to the best of your knowledge* | |  | | | |
| Date of onset of symptoms | |  | | | |
| Date of diagnosis | |  | | | |
| Is the patient in hospital? | | Yes | | No | Hospital/Ward: |
| Has a sample been sent?  If yes, is result positive? | | Yes  Yes | | No  No | Type: sputum/stool/blood/swab  Lab: |
| Has the patient been vaccinated against this disease? | | Yes | | No | Date (s) of vaccination: |
| Date of death: | |  | | | |
| **Registered Medical Practitioner reporting the case** | | | | | |
| Signature | |  | | | |
| Name | |  | | | |
| Address | |  | | | |
| Postcode | |  | | | |
| Contact number | |  | | | |
| Date of Notification | |  | | | |

**Please complete the form below to the best of your knowledge for any measles notification – this helps in risk assessment and response required**

|  |  |
| --- | --- |
| **Clinical info (essential)** | |
| Rash | Yes / No / Unknown |
| Fever | Yes / No / Unknown |
| Date of onset of rash |  |
| Coryza (cold symptoms) | Yes / No / Unknown |
| Cough | Yes / No / Unknown |
| Conjunctivitis | Yes / No / Unknown |
| Kopliks spots | Yes / No / Unknown |
| Vaccination | Yes / Yes (incomplete) / No / Unknown |
| Dates of Vaccination |  |
| Samples already taken? | Yes / No / Unknown  Details and results if known: |
| **Epi info: if known** | |
| Confirmed cases in local area? | Yes / No / Unknown |
| Contact with known/possible case | Yes / No / Unknown  Details: |
| Travel in UK (last 4 weeks)? | Yes / No / Unknown  Details: |
| Travel to an area where measles known to be circulating? | Yes / No / Unknown  Details: |
| Travel Abroad (last 4 weeks)? | Yes / No / Unknown  Details: |
| Attendance at International Event/ mass gathering? | Yes / No / Unknown  Details: |
| Member of Traveller community, Charedi Orthodox Jewish community, Steiner communities? | Yes / No / Unknown  Details: |
| School/nursery/place of work |  |
| **Contacts: if known** | |
| * Pregnant | Yes / No / Unknown  Details: |
| * Infants <12 months | Yes / No / Unknown  Details: |
| * Immunocompromised | Yes / No / Unknown  Details: |
| * Other household contacts (details) | Yes / No / Unknown  Details: |

**Please email/return to The Proper Officer, UKHSA, East Midlands**

**Seaton House, City Link, London Road, Nottm, NG2 4LA.**

**Telephone: 0344 225 4524 Email:**phe.emhpt@nhs.net