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

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| **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? | YesYes | NoNo | Type: sputum/stool/blood/swabLab: |
| 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**

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| **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 / UnknownDetails 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 / UnknownDetails: |
| * Infants <12 months
 | Yes / No / UnknownDetails: |
| * Immunocompromised
 | Yes / No / UnknownDetails: |
| * Other household contacts (details)
 | Yes / No / UnknownDetails: |

**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