

Surveillance form for confirmed measles / mumps / rubella cases

Name of case: _____ DOB: _____ Sex: M / F

Date of onset of illness: _____ Date of sample: _____

Requesting doctor name: _____

Address: _____

Epidemiological features

1. Vaccination history and dates:

Vaccine	Given?		Make & batch no	Date given (if known)
MMR	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____	_____
MMR2	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____	_____
Measles	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____	_____
MR	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____	_____
Rubella	yes <input type="checkbox"/>	no <input type="checkbox"/>	_____	_____

2. Was the patient hospitalised? yes no

If yes, please state with what condition and list any complications/outcome:

3. History of foreign travel in the month before onset? yes no

If yes, to where: _____ Date of return: _____

4. Contact with a similar illness in the month before onset? yes no

If yes: Name of case (if known): _____

Area/country of residence: _____

If at school, please state school name: _____

Was the illness in the contact investigated? yes no not sure

If yes, to which laboratory were the tests sent? _____

5. Any other details: _____

6. If you give permission for a doctor from the Health Protection Agency to contact the patient directly for information, please give the contact telephone number or address for the patient:

Address: _____

Telephone: _____ Completed by : _____

Please return (enclosing any appropriate samples) using the pre-paid label to:

Dr Mary Ramsay,

Health Protection Agency, Centre for Infections, Immunisation Division, 61 Colindale Avenue, London NW9 5EQ