

Measles Health Care Provider Investigation and Reporting Form
As per Health Promotion and Protection Act 1990, all suspect or confirmed cases of measles must be reported to Haldimand Norfolk Health Unit immediately.

Please fax the completed form to 519-426-4767.

**** Patients with suspect measles should be provided a medical mask and IMMEDIATELY ISOLATED in a single room (negative-pressure room preferred) with door closed. Measles virus can remain airborne for two hours, for more information see [Measles: Information for Health Care Providers](#)**

PATIENT INFORMATION			
Date (YY/MM/DD):	Name and contact number of reporting health care provider:		
	()	-	ext.
Name of Client:			
(First)	(Middle)	(Current last)	
(Last while in elementary school)			
Date of Birth: (YY/MM/DD)	Age:	Sex:	
Address:			
(Street)	(Postal Code)	(City)	
Home Phone: ()	Alternate Phone: ()		
School/Daycare/Workplace (if applicable):			
Name of Parent/Guardian (if applicable):			

It is essential to complete ALL the following tests to confirm diagnosis:

SPECIMEN COLLECTION*		
Specimen Type / Date Collected	Collection Kit	Collection Requisition on Lab Requisition Form
Nasopharyngeal swab/aspirate or throat swab collected within 4-7 days after rash onset <i>Date Collected (YY/MM/DD): / /</i>	Universal transport medium (UTM) collection kit (pink medium)	Request " Nasopharyngeal, Measles Virus Detection " or " Throat, Measles Virus Detection ", including symptoms and onset date
ACUTE blood specimen 5mL collected within 7 days after rash onset <i>Date Collected (YY/MM/DD): / /</i> For follow-up, CONVALESCENT blood specimen 5mL collected 7-10 days after rash onset <u>AND</u> minimum 5 days after acute sample <i>Date Collected (YY/MM/DD): / /</i>	Blood, clotted – vacutainer tubes (SST) Blood, clotted – vacutainer tubes (SST)	Request " Blood, Acute Measles IgG/IgM Diagnosis ", including symptoms and onset date Request " Blood, Convalescent Measles IgG/IgM Diagnosis ", including symptoms and onset date

Clean catch urine 50mL collected within 14 days after rash onset* <i>Date Collected (YY/MM/DD):</i> / /	Sterile container	Request " Urine, Measles Virus Detection ", including symptoms and onset date
--	-------------------	--

* If high index of suspicion for measles (e.g. compatible illness in a returned traveler) and beyond above time periods for specimen collection, call **Public Health Lab Service Desk (1-877-604-4567)** for collection requirements. The Service Desk is also available to answer questions regarding general specimen collection. Visit [Measles: Information for Health Care Providers](#) for more information

PATIENT EDUCATION	
<input type="checkbox"/>	Client should self-isolate (exclude from work, school, daycare, and other group settings, and non-household contacts) while laboratory results are pending and / or for 4 days after onset of rash.
<input type="checkbox"/>	If medical attention is needed, client/parent should notify facility ahead of time that they are coming, and measles is suspected. <i>This is to allow the facility to take precautions.</i>
<input type="checkbox"/>	Advise client/parent to inform exposed vulnerable contacts (i.e., pregnant, immunocompromised, or susceptible to measles) that public health may be contacting them.
<input type="checkbox"/>	Inform client/parent that a nurse from the Health Unit will be contacting them.

PRESENTING SYMPTOMS			
√ Symptom	Onset Date (mm/dd)	√ Symptom	Onset Date (mm/dd)
<input type="checkbox"/> Fever		<input type="checkbox"/> Koplik's spots	
<input type="checkbox"/> Runny nose		<input type="checkbox"/> Drowsiness	
<input type="checkbox"/> Sore throat		<input type="checkbox"/> Irritability	
<input type="checkbox"/> Conjunctivitis		<input type="checkbox"/> Diarrhea	
<input type="checkbox"/> Productive cough		<input type="checkbox"/> Respiratory problems	
<input type="checkbox"/> Non-productive cough		<input type="checkbox"/> Pneumonia	
<input type="checkbox"/> Macupapular rash		<input type="checkbox"/> Otitis media	
<input type="checkbox"/> Photophobia		<input type="checkbox"/> Muscle pain	

CASE INDEX OF SUSPICION					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Has the client been vaccinated against measles?				
	*A measles-like rash occurring between 5-42 days after measles vaccination should be reported as an adverse event following immunization. Diagnostic lab work should be collected.				
	Vaccine #	Name	Date Received (YY/MM/DD)	Lot #	Expiry Date (YY/MM/DD)
1					

	2				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client travelled in the past 21 days?	Where: When:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client had exposure to someone with measles?	Who: Where:			

Adapted and reprinted with the permission of the Windsor-Essex County Health Unit.

REPORTING HEALTH CARE PROVIDER'S SIGNATURE:

This form may be out of date. The most current form can be accessed on our website:
<https://hnhu.org/health-care-professionals/>

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, outlines the requirements for physicians, practitioners, and institutions to report any **suspect** or **confirmed** reportable disease to the Medical Officer of Health. This information is collected under Regulation 569 of the HPPA.

For questions, please contact our Infectious Disease Team at 519-426-6170 ext. 3438
or e-mail us at idt@hnhss.ca

For after hours and weekends, please contact on-call at 1-877-298-5888