

GRAND ERIE

PUBLIC HEALTH

Measles Health Care Provider Investigation and Reporting Form

****Please fax completed form to 519-805-3269****

All **suspect or confirmed** cases of measles must be reported to Grand Erie Public Health **immediately** as per Ontario Regulation 134/18 under the Health Protection and Promotion Act (HPPA).

PATIENT INFORMATION		CONFIRMED CASE	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		SUSPECT CASE	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name		Date of Birth		
Address		Gender		
City	Postal Code	Health Card Number		
Telephone No.		Family Doctor:		
Next of Kin		Telephone No.		
Workplace/ School/ Daycare <input type="checkbox"/> N/A		Last day at work/school:		
CLINICAL INFORMATION				
Signs & Symptoms	Onset Date (y/m/d)	Signs & Symptoms	Onset Date (y/m/d)	
<input type="checkbox"/> Fever ($\geq 38.3^{\circ}\text{C}$ (oral))		<input type="checkbox"/> Cough		
<input type="checkbox"/> Runny Nose		<input type="checkbox"/> Maculopapular rash		
<input type="checkbox"/> Conjunctivitis		<input type="checkbox"/> Other:		
Risk Factors:				
Close contact of Confirmed Measles Case (Epi-link)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	Last exposure date:	
History of Travel in the past 21 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	Departure date/time:	
		Mode of Travel:	Arrival date/time:	
Immunocompromised	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Immunization Status:				
<ul style="list-style-type: none"> #1 MMR on/after 1st birthday #2 MMR at least 4 weeks after dose #1 Vaccination with MMR in last 5-42 days* Unvaccinated 		<input type="checkbox"/> Yes <input type="checkbox"/> No Date Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Received: <input type="checkbox"/>		
SPECIMEN COLLECTION - Complete ALL of the following tests to confirm diagnosis				
Diagnostic Tests	Date	Result		
Measles Virus Detection – PCR*				
<input type="checkbox"/> NP swab or aspirate and/or throat swab (within 7 days of rash onset)		<input type="checkbox"/> Pending <input type="checkbox"/> Detected <input type="checkbox"/> Not Detected		
<input type="checkbox"/> Urine (within 14 days of rash onset)		<input type="checkbox"/> Pending <input type="checkbox"/> Detected <input type="checkbox"/> Not Detected		

Measles Serology IgM / IgG* <input type="checkbox"/> Acute: within 7 days of rash onset <input type="checkbox"/> Convalescent: 7-10 days after the acute; preferably 10 to 30 days after acute		<input type="checkbox"/> Pending <input type="checkbox"/> Detected <input type="checkbox"/> Not Detected <input type="checkbox"/> Pending <input type="checkbox"/> Detected <input type="checkbox"/> Not Detected
<p>* 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 at 1-877-604-4567 for collection requirements.</p> <p style="text-align: center;">Visit Public Health Ontario - Test Information for more information.</p>		
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. This is to allow the facility to take precautions.	
<input type="checkbox"/>	Advise client that public health may be contacting them for further follow up and case management	
<input type="checkbox"/>	Advise client to inform vulnerable contacts (i.e., pregnant, immunocompromised) that public health may be contacting them for further follow up.	
INFECTION PREVENTION AND CONTROL Measles virus can remain airborne for two hours		
<input type="checkbox"/>	Client was provided a medical mask and IMMEDIATELY ISOLATED in a single room (negative-pressure room preferred) with door closed.	
<input type="checkbox"/>	POSSIBLE risk of exposure to patients and staff as client was not immediately isolated – Public health assessment requested. See Measles: Information for Health Care Providers for more information.	

Additional Comments:

REPORTING HEALTH CARE PROVIDER: _____ **Date:** _____

For questions, please contact our Infectious Disease Team at 519-900-9600 ext. 3438
or e-mail us at idt@geph.ca
Stay on the line to be connected to our after-hours services.

Adapted and reprinted with the permission of the Windsor-Essex County Health Unit. Updated May 2025.