

### Measles Health Care Provider Investigation and Reporting Form

**\*\*Please fax completed form to 519-426-4767\*\***

All **suspect or confirmed** cases of measles must be reported to Haldimand Norfolk Health Unit **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"> <li>#1 MMR on/after 1<sup>st</sup> birthday</li> <li>#2 MMR at least 4 weeks after dose #1</li> <li>Vaccination with MMR in last 5-42 days*</li> <li>Unvaccinated</li> </ul>		<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date Received:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date Received:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date Received:</b> <input type="checkbox"/>		
SPECIMEN COLLECTION - Complete ALL of the following tests to confirm diagnosis				
Diagnostic Tests	Date	Result		
<b>Measles Virus Detection – PCR*</b>				
<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		

<b>Measles Serology IgM / IgG*</b> <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 <b>Public Health Lab Service Desk at 1-877-604-4567</b> for collection requirements.</p> <p style="text-align: center;">Visit <a href="#">Public Health Ontario - Test Information</a> for more information.</p>		
<b>PATIENT EDUCATION</b>		
<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.	
<b>INFECTION PREVENTION AND CONTROL    Measles virus can remain airborne for two hours</b>		
<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 – <b>Public health assessment requested.</b> See <a href="#">Measles: Information for Health Care Providers</a> for more information.	

**Additional Comments:**

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**REPORTING HEALTH CARE PROVIDER:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For questions, please contact our Infectious Disease Team at 519-426-6170 ext. 3438  
or e-mail us at [idt@hnhss.ca](mailto:idt@hnhss.ca)  
For after hours and weekends, please contact on-call at 1-877-298-5888

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