WINDSOR-ESSEX COUNTY HEALTH unit
Bureau de santé de Windsor-comté d'Essex

MEASLES

HEALTH CARE PROVIDER INVESTIGATION & REPORTING FORM

If measles is suspected or diagnosed, completion of this form is required and faxed by the SAME day as the initial patient visit, to the Windsor-Essex County Health Unit (Fax after-hours: 226-783-2113, Fax during business hours: 226-783-2132).

** Patients with suspected measles should be **IMMEDIATELY ISOLATED** in a negative-pressure room with door closed. If you do not have one, patient should wear a surgical mask and placed in a single room with door closed. Because measles virus can remain airborne for two hours, no other patient should use the room for **at least two hours after discharge**. **

It is essential to complete ALL of 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 7 days after rash onset *Date Collected (YY/MM/DD): / /*	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 *Date Collected (YY/MM/DD): / /*	Blood, clotted – vacutainer tubes (SST)	Request "**Blood, Acute Measles IgG/IgM Diagnosis"**, including symptoms and onset date
For follow-up, CONVALESCENT blood specimen 5mL collected within 7 days after rash onset AND minimum 10 days after acute sample *Date Collected (YY/MM/DD): / /*	Blood, clotted – vacutainer tubes (SST)	Request "**Blood, Convalescent Measles IgG/IgM Diagnosis**", including symptoms and onset date
Clean catch urine 50mL collected within 14 days after rash onset* *Date Collected (YY/MM/DD): / /*	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.

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) (City) (Postal Code)		
Home Phone: ( )	Alternate Phone: ( )	
School/Daycare/Workplace (if applicable):		
Name of Parent/Guardian (if applicable):		

PATIENT EDUCATION

☐	Client should **self-isolate** (exclude from work, school, daycare, and other group settings, and non-household contacts) for 4 days after onset of rash.
☐	If medical attention is needed, client/parent should notify facility ahead of time that they are coming and measles are suspected. *This is to allow the facility to take precautions.*
☐	Advise client/parent to inform exposed vulnerable contacts (i.e., pregnant, immunocompromised or susceptible to measles, infants, children under 5 years of age and adults over 20 years of age) of the need to follow up with a health care provider.
☐	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)**
□ Fever		□ Koplik's spots	
□ Runny nose		□ Drowsiness	
□ Sore throat		□ Irritability	
□ Conjunctivitis		□ Diarrhea	
□ Productive cough		□ Respiratory problems	
□ Non-productive cough		□ Pneumonia	
□ Macupapular rash		□ Otitis media	
□ Photophobia		□ Muscle pain	

CASE INDEX OF SUSPICION

□ Yes
□ No
□ 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				

□ Yes □ No	Has the client travelled in the past 21 days? Mode of transportation:	Where: When:
□ Yes □ No	Has the client had exposure to someone with measles?	Who: Where:

REPORTING HEALTH CARE PROVIDER'S SIGNATURE: _____

This form may be out of date. The most current form can be accessed on our website:
https://www.wechu.org/health-care-providers/measles-reporting-form.

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report any suspect or confirmed **disease of public health significance** to the Medical Officer of Health.