



MEASLES REPORTING FORM for Healthcare Providers

If measles is suspected or diagnosed, immediate notification is required by phone or fax. This form may be used to fulfill reporting requirements. Form must be faxed same day to 519-376-4152.

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.

PATIENT INFORMATION		
DATE (YY/MM/DD):	NAME & CONTACT NUMBER OF REPORTING PROVIDER:	
NAME OF CLIENT:		
DATE OF BIRTH (YY/MM/DD):	AGE:	SEX:
ADDRESS:		
HOME PHONE:	ALTERNATE PHONE:	
SCHOOL/DAYCARE/WORK:		
NAME OF PARENT/GUARDIAN (IF APPLICABLE):		

DIAGNOSTIC SPECIMEN COLLECTION*		
Specimen Type/Date Collected	Collection Kit	Collection Requisition on Lab Req
<input type="checkbox"/> Nasopharyngeal/Throat Swab Collected w/in 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". Include symptoms & onset date.
<input type="checkbox"/> Urine 50ml (clean catch) Collected w/in 14 days of rash onset Date Collected(YY/MM/DD): _____	Sterile Container	Request "Urine, Measles Virus Detection". Include symptoms & onset date.
<input type="checkbox"/> Acute Blood Specimen (5ml)* Collected w/in 7 days after rash onset Date Collected(YY/MM/DD): _____	Blood, clotted-vacutainer tubes (SST)	Request "Blood, Acute Measles IgG/IgM Diagnosis". Include symptoms & onset date.

* IDEALLY all three specimens (NP, urine, blood) will be collected, however if an outpatient setting cannot collect blood specimen, NP and Urine only is sufficient for diagnostic testing.

<input checked="" type="checkbox"/> SYMPTOM	ONSET DATE (mm/dd)	<input checked="" type="checkbox"/> SYMPTOM	ONSET DATE (mm/dd)
<input type="checkbox"/> Fever		<input type="checkbox"/> Photophobia	
<input type="checkbox"/> Runny Nose		<input type="checkbox"/> Koplick Spots	
<input type="checkbox"/> Sore Throat		<input type="checkbox"/> Diarrhea	
<input type="checkbox"/> Conjunctivitis		<input type="checkbox"/> Pneumonia	
<input type="checkbox"/> Cough		<input type="checkbox"/> Other	
<input type="checkbox"/> Maculopapular Rash			

CASE INDEX OF SUSPICION		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	HAS THE CLIENT BEEN VACCINATED AGAINST MEASLES? Dose #1 Date: _____ Dose #2 Date: _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Has the client recently travelled?	Where: _____ When: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Has the client been exposed to someone with measles?	Who: _____ Where: _____

PATIENT EDUCATION	
<input type="checkbox"/>	Client should self-isolate (exclude from work, school, daycare, and other group settings, and non-household contacts) 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 are suspected. This is to allow the facility to take precautions.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Inform client/parent that a nurse from the Health Unit will be contacting them.

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.