

# Measles Investigation and Reporting Form for Health Care Providers

Niagara Region Public Health  
1815 Sir Isaac Brock Way  
P.O. Box 1052 Thorold, ON L2V 0A2  
905-688-8248  
Toll free: 1-888-505-6074  
[niagararegion.ca/health](http://niagararegion.ca/health)

## Patient Label

Please affix patient label with name, address, telephone, gender, and date of birth. Provide parent/guardian information for under-aged children in the section below.

Report all suspected and confirmed measles cases to the Niagara Region Public Health, Infectious Disease program by fax at 905-682-6470 or by phone Monday to Friday 8:30 a.m. to 4:30 p.m. at 905-688-8248 ext. 7330 or call 1-888-505-6074. **For reports made after 4:30 p.m., please call 905-984-3690.**

Facility name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Contact: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_

Email: \_\_\_\_\_

Provide contact information for legal parent or guardian of children under 18 years of age.

Parent/Guardian contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please use Public Health Ontario General Test Requisition.

**Note:** Measles virus detection (PCR) is preferred to serology for diagnostic testing.

Specimen Collection				
Specimen Type	Test	Collection Kit	Timing of Collection	Date Collected (yyyy/mm/dd)
Nasopharyngeal swab	Measles Virus Detection	Virus Respiratory Kit # 390082	Collect Within 7 Days of Rash Onset	
Throat swab	Measles Virus Detection	Virus Respiratory Kit # 390081	Collect Within 7 Days of Rash Onset	
Clean catch urine 50 mL	Measles Virus Detection	Sterile container	Collect Within 14 Days of Rash Onset	

**Priority specimens for measles testing must be packaged separately from routine specimens.** To assist with laboratory workflow and to identify priority specimens, please mark **STAT** on the outside of the package.

## Patient Education

Patient should **self-isolate** (exclude from work, school, daycare, other group settings and non-household contacts) for four days after onset of rash.

If medical attention is needed, patient/parent should notify facility ahead of time that they are coming and measles is suspected. This is to allow the facility to take precautions.

Inform patient or parent that a nurse from Niagara Region Public Health will be contacting them.

## Presenting Symptoms

Symptom	Onset date (yyyy/mm/dd)	Symptom	Onset date (yyyy/mm/dd)	Symptom	Onset date (yyyy/mm/dd)
Fever		Koplik's spots		Productive cough	
Runny nose		Drowsiness		Non-productive cough	
Sore throat		Irritability			
Conjunctivitis		Diarrhea		Photophobia	
Maculopapular Rash		Respiratory problems		Otitis media	
Itchy		Pneumonia		Muscle pain	
Non-itchy					

## Case Index of Suspicion

Has the patient been vaccinated against measles?    Yes            No            Unknown

(A measles-like rash occurring between five-42 days after measles vaccination should be reported as an adverse event following immunization. Diagnostic lab work should be collected.)

Vaccine Dose	Name	Date Received (yyyy/mm/dd)	Lot No.	Expiry Date (yyyy/mm/dd)
Dose One				
Dose Two				

Has the patient traveled in the past 21 days? (Domestic or International)    Yes    No    Unknown

Where:

When (yyyy/mm/dd):

Has the patient had exposure to someone with measles?

Yes

No

Unknown

Where:

When (yyyy/mm/dd):

Reporting Health Care Provider's Signature:

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.

Adapted with permission from the Lambton Public Health and Windsor-Essex County Health Units.