



Lambton Public Health
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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 Lambton Public Health (fax: 519-383-7092).

****Clients 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.** **

It is essential to complete ALL of the following tests to confirm diagnosis:

***NOTE:** If serology is needed at a community lab, ensure infectious clients wait until the 5th day after rash onset to avoid exposure.

***NOTE:** It is imperative that the PCR tests (NP or Throat Swab + Urine samples) are also ordered as the serology by itself is usually not sufficient to rule in or out measles in either vaccinated or unvaccinated clients.

SPECIMEN COLLECTION*		
Specimen Type / Date Collected	Collection Kit	Collection Requisition on Lab Requisition Form
Nasopharyngeal swab/aspirate or throat swab collected within 4-7 days after rash and/or onset <i>Date Collected (YY/MM/DD):</i>	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 <i>Date Collected (YY/MM/DD):</i> ----- For follow-up, CONVALESCENT blood specimen 5mL collected 7-10 days after rash onset AND minimum 5 days after acute sample <i>Date Collected (YY/MM/DD):</i>	Blood, clotted – vacutainer tubes (SST) ----- Blood, clotted – vacutainer tubes (SST)	Request " Blood, Acute Measles IgG/IgM Diagnosis ", including symptoms and onset date ----- Request " Blood, Convalescent Measles IgG/IgM Diagnosis ", including symptoms and onset date
Clean catch urine 50mL collected within 14 days after rash onset* <i>Date Collected (YY/MM/DD):</i>	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 LABEL STICKER/DEMOGRAPHICS

Occupation/School//Daycare: _____

Parent/Guardian: _____

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. <i>This is to allow the facility to take precautions.</i>
<input type="checkbox"/>	Advise client/parent to inform exposed vulnerable contacts (i.e., pregnant, immunocompromised or susceptible to measles) of the need to follow up with a health care provider. It is up to the client/parent to decide if they want to inform contacts.
<input type="checkbox"/>	Inform client/parent that a nurse from Lambton Public Health will be contacting them.

PRESENTING SYMPTOMS

√ Symptom	Onset Date (mm/dd)	√ Symptom	Onset Date (mm/dd)
<input type="checkbox"/> Fever		<input type="checkbox"/> Koplik's spots	
<input type="checkbox"/> Runny nose		<input type="checkbox"/> Drowsiness	
<input type="checkbox"/> Sore throat		<input type="checkbox"/> Irritability	
<input type="checkbox"/> Conjunctivitis		<input type="checkbox"/> Diarrhea	
<input type="checkbox"/> Productive cough		<input type="checkbox"/> Respiratory problems	
<input type="checkbox"/> Non-productive cough		<input type="checkbox"/> Pneumonia	
<input type="checkbox"/> Non-Itchy Maculopapular rash		<input type="checkbox"/> Otitis media	
<input type="checkbox"/> Photophobia		<input type="checkbox"/> Muscle pain	

CASE INDEX OF SUSPICION

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client travelled in the past 21 days?	Where: When:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client had exposure to someone with measles?	Who: Where:			

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.

***For more information: P: 519-383-8331 ex. 3537 - E: infectious.disease@county-lambton.on.ca**

Adapted from WECHU:

<https://www.wechu.org/sites/default/files/measlesinvestigationandreportingformhpcjune2018.pdf>