

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**.

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):			

Please complete at least ONE of the following tests to confirm diagnosis. PCR testing (swab or urine) is the preferred method.

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

*Measles PCR turnaround time (TAT) is up to 3 business days from receipt at PHO Laboratory. For same day testing cut-off times, see [Public Health Ontario's \(PHO\) Measles TATs](#). Samples received after cut-off times will be tested on the next available testing run. If the collection falls outside the time frames for specimen collection, please contact Public Health Lab Service Desk (1-877-604-4567) for guidance on collection requirements.

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, 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.

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"/> 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)	Expiry Date (YY/MM/DD)
	1			
	2			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client travelled in the past 21 days? Mode of transportation:	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: _____

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.

For more information: 519-258-2146 ext. 1420

Infectious Disease Prevention
www.wechu.org

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