

# RUBELLA

## HEALTH CARE PROVIDER INVESTIGATION & REPORTING FORM

If rubella is suspected or diagnosed, completion of this form is required and faxed by the next working day from the initial patient visit, to the Windsor-Essex County Health Unit (fax: 226-783-2132).

**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
<b>Blood specimen 5mL</b> Date Collected (YY/MM/DD): / /	Blood, clotted – vacutainer tubes (SST)	Request “ <b>Rubella (German Measles) IgG/IgM Diagnosis</b> ”, including symptoms and onset date
<b>Throat swab/nasopharyngeal swab OR 10 mL of urine</b> as soon as possible after rash onset, ideally within 5 days Date Collected (YY/MM/DD): / /	Respiratory virus - culture collection kit (pink medium)  Sterile container	Request “ <b>Rubella (German Measles) Virus Detection</b> ”, including symptoms and onset date

\*The **Public Health Lab Service Desk (1-877-604-4567)** is 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	
<input type="checkbox"/>	Client should <b>self-isolate</b> (exclude from work, school, or daycare) for 7 days from rash onset.
<input type="checkbox"/>	If medical attention is needed, client/parent should notify facility ahead of time that they are coming and rubella is 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 rubella) 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 the Health Unit will be contacting them.

CASE INDEX OF SUSPICION					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Has the client been vaccinated against rubella?				
	*A rubella-like rash occurring between 6-23 days after MMR vaccination should be reported as an adverse event following immunization.				
	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 rubella?	Who:			
		Where:			

REPORTING HEALTH CARE PROVIDER'S SIGNATURE: \_\_\_\_\_

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, outlines the requirements for physicians, practitioners, and institutions to report any **suspect** or **confirmed** reportable disease to the Medical Officer of Health. This information is collected under Regulation 569 of the HPPA.