



MEASLES AND RUBELLA REPORTING FORM

EMAILS WILL NOT BE ACCEPTED FAX: 613-345-5777

MEASLES: Diagnosed individuals should be advised to stay home for 4 days after the appearance of the rash.

RUBELLA: Cases should avoid contact with pregnant females and be excluded from work, school, and other activities for 7 day from the onset of the rash.

MEASLES

RUBELLA

REPORTING SOURCE		iPHIS CASE NUMBER:
Name:	Agency:	
Phone #:	Date (y/m/d):	Time:
CLIENT INFORMATION		
Last Name:	First Name:	Gender:
Phone #:	DOB (y/m/d):	
Address:	City:	Postal Code:
Name of Parent/Guardian (if applicable):		Cell/Work #:
Birth Country (if born outside of Canada):		Date of Arrival to Canada:
Country emigrated from:		Occupation:
Residency/Attendance at a Facility or Institution:		
HEALTH CARE PROVIDER:	Phone #:	Fax #:
LAB INFORMATION		
Nasopharyngeal or Throat Swab Yes <input type="checkbox"/> No <input type="checkbox"/>	Date (y/m/d):	Result:
Urine Specimen Yes <input type="checkbox"/> No <input type="checkbox"/>	Date (y/m/d):	Result:
Acute Serum Yes <input type="checkbox"/> No <input type="checkbox"/>	Date (y/m/d):	Result:
Convalescent Serum Yes <input type="checkbox"/> No <input type="checkbox"/>	Date (y/m/d):	Result:
CASE DETAILS		
Doctor who made diagnosis:		Phone #:
Onset Date (y/m/d):		Date of Diagnosis (y/m/d):
Immunization up-to-date: Yes <input type="checkbox"/> No <input type="checkbox"/>	1st Dose (y/m/d):	2nd Dose (y/m/d):
Symptoms (rash, cough, fever, arthritis/arthralgia, conjunctivitis, coryza, Koplik's spots, lymphadenopathy, temperature -celsius):		
Possible source of infection:		Epi-linked to a lab confirmed case: Yes <input type="checkbox"/> No <input type="checkbox"/>
Hospitalized: Yes <input type="checkbox"/> No <input type="checkbox"/>	Admitted (y/m/d):	Discharged (y/m/d):
Name of Hospital:		



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Complications (for measles-encephalitis, thrombocytopenia, otitis media, pneumonia and diarrhea):

Outcome:

RISK FACTORS

Not immunized for measles/rubella:

Pregnant Number of weeks gestation at time of illness onset:

Immunocompromised (specify):

Chronic illness/underling medical condition (specify):

Partially/incompletely immunized:

CASE ACQUISITION EXPOSURES REQUIRED SEPARATE LOG SHEET: Yes No

[HYPERLINK TO ACQUISITION EXPOSURES](#)

Earliest possible exposure (y/m/d):

Latest possible exposure(y/m/d):

Incubation period (time from exposure to onset) is 7 – 21 days for measles and 14 – 21 days for rubella.

Travel History within past month (details – ask about health status of those visited): Yes No

Start Date (y/m/d):

End Date (y/m/d):

Start Date (y/m/d):

End Date (y/m/d):

Acquisition details (facility name/type/address)

Start Date (y/m/d)

End Date (y/m/d)

Acquisition details (facility name/type/address)	Start Date (y/m/d)	End Date (y/m/d)



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TRANSMISSION EXPOSURES		REQUIRED SEPARATE LOG SHEET: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>HYPERLINK TO TRANSMISSION EXPOSURES LOG</i>				
From:		To:		
Period of communicability: Measles: 4 days before to 4 days after rash onset for measles Rubella: 7 days before to 4 days after rash onset for rubella				
Transmission details (facility name/type/address)	Start Date (y/m/d)	Start Time (am/pm)	End Date (y/m/d)	End Time (am/pm)
Number of contacts identified:	Number of contacts traced:	Number of contacts tested and treated:		
NOTE: Immunization with MMR vaccine of immunocompetent susceptible contacts within 72 hrs after exposure may prevent measles infection. Measles immune globulin (Ig) may be given to specified high risk persons in the first 3 days after exposure and may be given within 6 days of exposure to prevent or modify infection (see ID Protocol)				

Personal information on this form is collected under the authority of the Health Protection and Promotion Act R.S.O. 1990, c. H.7.

