

## Clinical Notification of Measles Form

*(The Reporting of Diseases and Conditions Regulation, 37/2009, made under The Public Health Act, C.C.S.M. c.P210)*

**Suspect clinical cases of measles are required to be reported within 24 hours to Manitoba Health by confidential fax at 204-948-3044.** No clinical notification is required if already laboratory confirmed.

**In addition, report by phone call to the MOH on call after hours\* at (204-788-8666) ONLY if suspect case:**

- has high risk close contacts (immunocompromised, unimmunized pregnant persons, infants <12 months of age) exposed within the previous 6 days (may require post exposure prophylaxis); OR
- has exposed others while infectious in a childcare or health care setting; OR
- is from an area that is not known to have measles activity (e.g. Northern Manitoba).

\*Overnight phone notifications are typically not required and can be deferred to the morning.

**Suspect cases are recommended to have confirmatory laboratory tests and isolate at home until test results are available. Unimmunized/susceptible exposed household members should also isolate until results are available.**

Case Information			
Last name:	First name:	D.O.B. (YYYY/MM/DD) / /	
MHSC#:	PHIN:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Address:	City:	Province:	Phone number: Ext:
<b>Diagnosis*:</b> <input checked="" type="checkbox"/> Clinically Suspected Measles			
<i>* Use Clinical Notification of Reportable Diseases and Conditions for all other reportable disease clinical notifications available at <a href="https://www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu_0013.pdf">https://www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu_0013.pdf</a></i>			
Symptoms			
<input type="checkbox"/> Rash (generalized maculopapular rash)		<b>Onset Date</b> (YYYY/MM/DD): / /	
<i>For exposures: consider infectious from 4 days prior to rash onset to 4 days after rash onset. Rash onset = day 0.</i>			
<input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Coryza <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Other (specify):			
Relevant History and Clinical Information			
<input type="checkbox"/> History of travel in previous 21 days Specify location:			
<input type="checkbox"/> Exposed to a confirmed measles case in previous 21 days			
<input type="checkbox"/> Pregnant Specify EDC (YYYY/MM/DD): / /			
<input type="checkbox"/> Measles immunization status: <input type="checkbox"/> One dose <input type="checkbox"/> Two or more doses <input type="checkbox"/> Unimmunized <input type="checkbox"/> Unknown			
ER visit <input type="checkbox"/> Y <input type="checkbox"/> N		Known complications (e.g. otitis media, pneumonia, encephalitis, SSPE):	
Hospitalized <input type="checkbox"/> Y <input type="checkbox"/> N Name of hospital:			
If deceased, date of death (YYYY/MM/DD): / /			
Laboratory Tests Ordered		Specimen Collection Date (YYYY/MM/DD)	
<input type="checkbox"/> NP swab for measles PCR (preferred – within 7 days of rash onset)		/ /	
<input type="checkbox"/> Serology (measles IgM + IgG)		/ /	
<input type="checkbox"/> Urine specimen for measles PCR (within 14 days of rash onset)		/ /	
High Risk Transmission Exposures – list any below within the previous 6 days (may require urgent follow-up for PEP)			
<input type="checkbox"/> Immunocompromised close contacts Details:			
<input type="checkbox"/> Pregnant close contacts Details:			
<input type="checkbox"/> Infant (< 1 year old) close contacts Details:			
High Risk Setting Exposures – list any during the infectious period			
<input type="checkbox"/> Childcare facility Details:		<input type="checkbox"/> Health care setting Details:	
Reporting Health Professional			
Last name:	First name:	Title:	
Clinic/Agency:	Contact Information (phone/email):		

The Measles Quick Reference Guide is available at <https://www.gov.mb.ca/health/publichealth/diseases/docs/measles-quick-reference-guide.pdf>

If you have any questions/concerns and you need to speak with a Medical Officer of Health, please call 204-788-8666.