Measles Case Investigation Form

Healthcare professionals (HCPs) have a legislative duty to report notifiable and reportable diseases to the Chief Public Health Officer (CPHO) as required in the NWT *Public Health Act* (2009, SNWT 2007, c.17, SI-007-2009), with required information and timelines for reporting as defined in the *Disease Surveillance Regulations* (2009, R-096- 2009). This information is used for territorial and national surveillance and informs public health planning and interventions.

What and when to report:	
Heath Care Professionals:	• Suspect, probable and confirmed cases are to be reported to the Office of the Chief Public Health Officer (OCPHO) by telephone (867) 920-8646 **immediately** after diagnosis is made or opinion is formed**, *AND*** • **Immediately** report all outbreaks or suspect outbreaks by telephone to the OCPHO
Laboratories	• Report all positive results to the OCPHO by fax (867) 873-0442 **immediately**.

How to Report	
Medical Confidential Fax	867-873-0442
Secure File Transfer (SFT)	cdcu@gov.nt.ca

Measles Case Investigation Form

SECTION 1 CASE IDENTIFICATION	
Last Name:	**First Name:**
HCN:	**Date of Birth:**
Home Community:	**Province/Territory:** **Other:**
Sex assigned at birth: ☐Male ☐Female ☐Intersex ☐Unknown	**Gender Identity:** ☐Male ☐Female ☐Other: ☐Unknown

SECTION 2 CLINICAL INFORMATION

Prodrome Symptoms:

			Date of onset:
Fever	☐ Yes	☐ No	____/_____/_____/
Coryza	☐ Yes	☐ No	____/_____/_____/
Conjunctivitis	☐ Yes	☐ No	____/_____/_____/
Cough	☐ Yes	☐ No	____/_____/_____/
Koplik Spots	☐ Yes	☐ No	____/_____/_____/

Maculopapular rash: ☐ **Yes** ☐ **No**

Date of onset: ____/_____/_____/ Is the rash generalized

Duration (days): _____ ☐ Yes ☐ No

Other rash: ☐ Yes ☐ No ☐ Unknown

Where did the rash start: _____

☐ Face ☐ Trunk ☐ Extremities _____

_____

Hospitalization:

☐ Yes ☐ No ☐ Unknown

If yes, hospital name:

_____

Visit Date: ____/_____/_____/

Date Admitted: ____/_____/_____/

Date Discharged: ____/_____/_____/

Visited Out-Patient Clinics:

Clinic(s): _____

_____

Date: ____/_____/_____/

Clinical Outcome:

Recovered

☐ Without residual effects

☐ With residual effects

Residual effects:

☐ Otitis Media ☐ Pneumoniae ☐ Encephalitis

☐ Meningitis ☐ Bronchitis ☐ Diarrhea

☐ Other: _____

Fatal: ☐ Yes ☐ No ☐ Unknown

Date of Death: ____/____/_____

Death Due to Measles/ Complications: ☐ Yes ☐ No

Specimen Collected:

	Date Collected:	Result:
☐ Nasopharyngeal swab (Measles PCR)	____/_____/_____/	_____
☐ Urine (Measles PCR)	____/_____/_____/	_____
☐ Serology (IgM/IgG)	____/_____/_____/	_____

History of Disease:

☐ Yes ☐ No ☐ Unknown

History of Immunization:

Received measles-containing vaccine in the past:

☐ Yes ☐ No ☐ Unknown

Vaccine Name	*Date Received*	*Province/Territory*	*Lot Number (if known)*
1.			
2.			

SECTION 3 PUBLIC HEALTH ACTIONS/RECOMMENDATIONS

Advice:

Date advised to self-isolate: ____/_____/_____/

End date for self-isolation: ____/_____/_____/

Immunoglobulin Received:

☐ Yes ☐ No ☐ Unknown

Date: ____/_____/_____/

Health Card Number: Last Name: First Name:

SECTION 4 EXPOSURE INFORMATION

Name of employer: _____

Does the patient attend daycare, school, or post-secondary institution? ☐ Yes ☐ No

If YES, Name of the school/institution: _____ Grade/level/year: _____

Last Day attended: ____/_____/_____/

What type of residence does the patient live in?

☐ House ☐ Apartment ☐ University Residence ☐ Hotel/Motel ☐ Group Home

Name:

_____

Long-Term Care Facility OR Other (please specify):

_____

Exposure to known/suspect case of measles in the past 21 days:

☐ Yes ☐ No If yes, additional details: _____

Date of onset: ____/_____/_____/

Travel History in the past 21 days	Date(s) DD/MMM/YYYY	Location	Conveyance
☐ Domestic			
☐ International			

Measles Disease Timelines:

Period of Communicability*:
One day prior to the start of the prodrome until 4 days after rash onset**
If prodrome onset is not well defined, consider the case contagious from 4 days before until 4 days after rash onset.

Prodrome to rash onset**
Time from prodrome** to rash onset is 3-7 days.
Rash may last 4-7 days.

Incubation Period
Time from exposure to prodrome (fever, coryza, conjunctivitis, cough and Koplik spots) averages 10 days with a range of 7-18 days Time from exposure to rash onset averages 14 days with a range of 7-21 days.

Activity Details
Importance should be placed on naming activities that involve others such as events, restaurants, shopping, etc.

*This is the period where contact tracing is the most important.
**Prodrome is early symptoms which indicate the onset of illness or disease. For measles these include symptoms before rash onset such as fever, coryza, conjunctivitis, and cough.

Health Card Number:	Last Name:	First Name:

Day	Activity Details
Day –21	
Day –20	
Day –19	
Day –18	
Day –17	
Day –16	
Day –15	
Day –14	
Day –13	
Day –12	
Day –11	
Day –10	
Day –9	
Day –8	
Day –7	
Day –6	
Day –5	
Day –4	
Day –3	
Day –2	
Day –1	
Day 0 (Rash Onset)	
Day 1	
Day 2	
Day 3	
Day 4	

Report date (DD/MM/YYYY):	
Report completed by (please print):	Signature:

Office of the Chief Public Health Officer | Department of Health and Social Services

Phone: (867) 920-8646/ Fax: (867) 873-0442

Health Card Number:	Last Name:	First Name:

OFFICE OF THE CHIEF PUBLIC HEALTH OFFICER (OFPHO) Recommendations/Notes:	
Signature:	**Date (DD/MM/YYYY):**

Reset Form | Print Form | Submit Via SFT

OCPHO Office Use Only

Basis for classification:

☐ Laboratory results ☐ Epidemiological link ☐ Clinical Presentation