How to complete the Measles and Rubella (MR) Enhanced Surveillance Form

Guidance document
November 2015
Public Health Ontario

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- environmental and occupational health
- emergency preparedness
- health promotion, chronic disease and injury prevention
- public health laboratory services

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Background

Since 1998, active surveillance has been conducted through the Canadian Measles/Rubella Surveillance System. This enhanced case-based surveillance is conducted by the Centre for Immunization and Respiratory Infectious Diseases at the Public Health Agency of Canada (PHAC). The system involves weekly reporting by all provinces and territories, including zero-reporting, to PHAC and subsequent weekly reporting by PHAC to the Pan American Health Organization (PAHO).\(^1\)

PAHO and the World Health Organization (WHO) have developed a plan of action to assist countries in the Americas, including Canada, to document and verify measles, rubella and congenital rubella syndrome (CRS) elimination. This plan of action outlines 4 essential criteria which will provide evidence of sustained elimination.\(^2\)

1) 0 cases of endemic transmission for at least 3 years from the last known endemic case
2) Minimum of 2 suspect cases per 100,000 population adequately investigated
3) Measles and Rubella genotype assessed on 80% of outbreaks
4) 95% of population cohorts aged 1-40 years have received measles rubella containing vaccine

Public Health Units (PHUs) in Ontario participate and support the documentation of the elimination of measles and rubella through the legislative requirements of the Ontario Public Health Standards Infectious Diseases Program Standards, Infectious Diseases Prevention and Control. The Infectious Diseases Protocol (2013) including Appendix A and B, describe disease-specific legislative requirements for case and contact investigation and provincial surveillance reporting.

Purpose

Thorough investigation conducted by each local public health unit (PHU) plays a significant role in attaining the goal of documenting measles/rubella (MR) elimination. Therefore, the purpose of this document and the [Measles and Rubella (MR) Enhanced Surveillance Form](#) is to assist PHUs in two objectives: first, to obtain the required information when investigating a case of measles or rubella in order to fulfill provincial surveillance reporting requirements utilizing the integrated Public Health Information System (iPHIS) and second, contribute towards documentation of measles and rubella elimination in Ontario. Please note CRS enhanced reporting requirements and documentation for elimination are not included in this guideline.

This document contains information and links to the Appendix A and B chapters for MR, Public Health Ontario Laboratory (PHOL) test directory information with links and pertinent information from iPHIS bulletins.
For gathering surveillance information on *Haemophilus influenzae* b disease, invasive (Hib), meningococcal disease, invasive (IMD), mumps, pertussis (whooping cough), pneumococcal disease, invasive (IPD) and varicella (chickenpox) use the [How to complete the Vaccine Preventable Disease (VPD) Enhanced Surveillance Form](#) guide and the [Vaccine Preventable Disease (VPD) Surveillance Form](#).

### Reporting Process

Ontario legislation mandates that all suspected cases of measles and rubella should be investigated and reported in order to facilitate the prevention, elimination or mitigation of associated disease risk.\(^3\) With the enhanced surveillance requirements for both diseases, any confirmed or probable case of measles and/or rubella identified by the PHU should be reported to Public Health Ontario (PHO) via telephone as specified by the ministry, within **one business day** of receipt of initial notification.\(^4,5\) Cases must also be entered using iPHIS within **one business day** of receipt of initial notification.\(^6\)

*If you have any questions about a MR case investigation, or completion of the accompanying form, please contact the Immunization & VPD team at Public Health Ontario at ivpd@oahpp.ca.*
Measles and Rubella Enhanced Surveillance Form Details

The measles virus is a highly contagious airborne virus with an incubation period between 7-18 days (rarely as long as 19-21 days) from exposure to onset of prodromal symptoms and is infectious to others from 1 day before the prodromal period (approximately 4 days before rash onset) to 4 days after the rash appears. In Canada, there has been a marked reduction in incidence due to high two-dose vaccine coverage as part of routine infant and childhood immunization programs. Between 2009 and 2014, a total of 64 confirmed cases of measles were reported in Ontario, all of which were associated directly or indirectly with travel outside Canada. Measles still remains a serious and common disease in many parts of the world, and is a leading cause of vaccine-preventable deaths in children worldwide.

The rubella virus is very contagious and transmission can occur 1 week before and at least 4 days after the appearance of the rash. The rash appears 14 to 21 days after a person has been infected with the virus and lasting for approximately 3 days. Rubella is generally a mild infection and serious complications are rare, with up to 50% of infections being subclinical. The main goal of immunization is to prevent rubella infection in pregnant women which may give rise to CRS or congenital rubella infection in the infant. Maternal rubella infection can produce anomalies in the developing fetus that can result in congenital malformations and even fetal death.

The MR Enhanced Surveillance Form can be used in PDF fillable format or printed out and completed as a hard copy. The drop down values are listed in this Guidance Document to facilitate completion of the Form. For your reference, navigation details for the corresponding iPHIS data entry fields are provided.

Section 1: Client Information

This client information section is used to collect basic demographic client information.

From the iPHIS Demographics Module go to Client Demographics

Enter the client’s information. The minimum mandatory data elements required include the client’s last name, first name, date of birth, gender and PHU.
Section 2: Case Details

This case details section explains aspects of the case details when entering surveillance information into iPHIS.

From the iPHIS Outbreak Module go to Cases >Case> Case Details

REPORTED DATE

Receipt date of the initial notification of a confirmed, probable or person under investigation (PUI) MR case. If the case was transferred from a different PHU, the reported date does not change. This reported date should remain as the date the initial PHU first received notification.

ONSET DATE

The date the rash first presented. This will be used to establish the period of communicability. In the absence of rash, use the earliest onset of another disease-defining symptom as outlined in Appendix B.

INITIAL CLASSIFICATION AND DATE

Indicate the classification (PUI, confirmed, probable or does not meet) and corresponding date. Most initial classifications will be “PUI” pending lab results and/or confirmation of an epidemiological link.

FINAL CLASSIFICATION AND DATE

Indicate the classification (confirmed, probable or does not meet) and corresponding date once the lab results and/or epidemiological link has been established. A final case classification of epi-linked confirmed is not a valid classification and should not be used.

Please refer to Appendix B: provincial surveillance case definitions for measles and rubella.

AGE AT ONSET

Age of the case at the time of onset established above (indicate if years or months).
Section 3: Clinical Information / Symptoms

Presenting symptoms and clinical information is needed to complete the surveillance reporting requirements.

From the iPHIS Outbreak Module go to Cases > Case > Symptoms

Check the “No” box if the client does not have any symptoms.

Check the “Yes” box if the client has symptoms and select all symptoms that are present from the list. Only symptoms required meeting the criteria for “clinical illness” in the measles and rubella case definitions are included. If the tick box is not checked, it is understood that the case did not have these symptoms. Other significant clinical details may be recorded in the Section 11: Notes of the form. For fever, provide the highest measured temperature if available.

<table>
<thead>
<tr>
<th>VPD</th>
<th>Clinical Evidence per Appendix B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>• Fever ≥38.3°C (oral)</td>
</tr>
<tr>
<td></td>
<td>• Cough, coryza or conjunctivitis</td>
</tr>
<tr>
<td></td>
<td>• Rash (generalized maculopapular rash for at least 3 days)</td>
</tr>
<tr>
<td>Rubella</td>
<td>• Fever</td>
</tr>
<tr>
<td></td>
<td>• Rash</td>
</tr>
<tr>
<td></td>
<td>• Arthralgia/arthritis</td>
</tr>
<tr>
<td></td>
<td>• Lymphadenopathy</td>
</tr>
<tr>
<td></td>
<td>• Conjunctivitis</td>
</tr>
</tbody>
</table>

In iPHIS, ensure the “Use as onset” box next to the onset date is checked off when a rash is present. The onset date of the rash will be used to determine period of communicability and exposure period.

Note: rash occurring between 5 and 42 days after immunization with a live vaccine should be reported as an adverse event following immunization (AEFI) if it meets the reporting criteria for rash specified in Appendix B for AEFI (available here).
Section 4: Risks

*Risk factors are entered in this RISK section of iPHIS. The next section explains how and where to enter information in the iPHIS RISK tab.*

**MEDICAL RISK FACTORS**

*From the iPHIS Outbreak Module go to Cases > Case > Risks > Medical Risk Factors*

Select “Yes” if the client has not received any doses of measles or rubella-containing vaccine (i.e. is unimmunized)

Select “No” if the client has received any doses of either measles or rubella-containing vaccine and enter immunization details as per Section 7 (Immunization History). Only enter the vaccine that is applicable to the case under investigation (i.e. do not enter influenza vaccines received when reporting a case of measles)

**BEHAVIOURAL SOCIAL FACTORS**

*From the iPHIS Outbreak Module go to Cases > Case > Risks > Behavioural Social Factors*

Select “Yes” if the client has had recent travel or visitors from other countries, then enter travel details as per Section 8 (Acquisition Exposure).

**PREGNANT**

*From the iPHIS Outbreak Module go to Cases > Case > Risks > Medical Risk Factors*

Select “Yes” if the client is pregnant and provide the gestation (weeks) at the time of illness onset. Measles during pregnancy results in higher risk of premature labour, spontaneous abortion and low birth weight infants. CRS should be considered for pregnant cases with rubella infection, particularly in the first trimester.
Section 5: Interventions/Treatments

Sections 5, 6, and 7 are used to enter specific case information including hospitalization information, laboratory testing and results, and immunization information.

From the iPHIS Outbreak Module go to Cases > Case > Intervent/Treatments

HOSPITALIZATION

Indicate if the case is hospitalized and provide the admission and discharge dates, hospital name, and admission details (e.g. treatment, lab work, etc.). Do not enter emergency room (ER) visit (i.e. without admission) as an instance of hospitalization. Hospitalization that is less than 24 hours should be verified to ensure that was an inpatient admission versus an ER visit which is an outpatient setting.

Section 6: Laboratory Information

Sections 5, 6, and 7 are used to enter specific case information including hospitalization information, laboratory testing and results, and immunization information.

From the iPHIS Outbreak Module go to Cases > Case > Lab

LABORATORY TESTING

Indicate “Yes” if laboratory testing was done and provide the testing details including disease, specimen type, test, result, (specimen) collection date and date of result.

The health care provider should be supported in obtaining an appropriate clinical specimen and ordering one or more laboratory tests to confirm measles and/or rubella. Each laboratory specimen should be entered with completed result, date of collection and date of result into iPHIS. If the specimen type, test or result are different from the options provided in the drop down menu, select “Other (specify)” and indicate the result in the free text “Specify, if Other” field.
<table>
<thead>
<tr>
<th>Disease</th>
<th>Specimen Type</th>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles or Rubella</td>
<td>Blood</td>
<td>IgM</td>
<td>Reactive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IgG acute</td>
<td>Indeterminate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IgG convalescent</td>
<td>Non-reactive</td>
</tr>
<tr>
<td></td>
<td>Urine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Throat swab</td>
<td>RT-PCR</td>
<td>Detected</td>
</tr>
<tr>
<td></td>
<td>Nasopharyngeal swab / aspirate / wash</td>
<td></td>
<td>Not Detected</td>
</tr>
<tr>
<td></td>
<td>Other (specify)*</td>
<td>Other (specify)*</td>
<td>Indeterminate</td>
</tr>
</tbody>
</table>

*Enter the specimen type / test / result in the “Specify, if Other” field

Please refer to the following links for additional guidance on laboratory testing:

<table>
<thead>
<tr>
<th>Information</th>
<th>Measles</th>
<th>Rubella</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory evidence required for Confirmed or Probable cases</td>
<td><a href="#">Measles Appendix B - 4.0 Laboratory Evidence</a></td>
<td><a href="#">Rubella Appendix B - 4.0 Laboratory Evidence</a></td>
</tr>
<tr>
<td>Diagnostic testing</td>
<td><a href="#">Measles – Diagnostic – PCR</a></td>
<td><a href="#">Rubella – Diagnostic</a></td>
</tr>
<tr>
<td></td>
<td><a href="#">Measles – Diagnostic Serology</a></td>
<td><a href="#">Rubella – Diagnostic Serology</a></td>
</tr>
<tr>
<td></td>
<td><a href="#">Measles PCR Labstract (June 2011)</a></td>
<td></td>
</tr>
</tbody>
</table>

Enquiries about specimen collection procedures, advice on test requests, test results and results interpretation, contact PHOL Customer Service Centre:

- Public Health Ontario Laboratories (PHOL)
  - Monday to Friday, 7:30 a.m. to 7:00 p.m.
  - Saturday, 8:00 a.m. to 3:45 p.m.
  - Fax: 416-235-6552
  - Email: customerservicecentre@oahpp.ca
  - After-hours emergencies: PHOL duty officer, 416-605-3113
**GENOTYPE**

**From the iPHIS Outbreak Module go to Cases > Case > Case Details**

Enter the genotype result when available and always use the naming convention from the laboratory slip. (i.e. measles sequence designation: MVs/Ontario.CAN/22.13[D8])

If the genotype result indicates vaccine strain (i.e. VaccMVs/Ontario.CAN/10.13/2[A] (VAC)), please report the case as an adverse event following immunization (AEFI) if it meets the reporting criteria for rash specified in Appendix B for AEFI (available [here](#)).

**Section 7: Immunization History**

Sections 5, 6, and 7 are used to enter specific case information including hospitalization information, laboratory testing and results, and immunization information.

**CLIENT IS UNIMMUNIZED**

**From the iPHIS Outbreak Module go to Cases > Case > Risks > Medical Risk Factors**

The immunization history section reflects the immunization status of the case before disease onset. It is critical to collect information on the vaccine which protects against the suspected VPD and document the accurate administration date of each dose of vaccine. This is used to evaluate if the VPD resulted from a failure to vaccinate versus a vaccine failure.

**From the iPHIS Outbreak Module go to Cases > Case > Intervent/Treatments > (+)Immunizations / Chemoprophylaxis**

Select “No” if the client has received one or more dose(s) of measles or rubella-containing vaccine(s) and provide the exact administration date, agent, lot #, site, dose #, and source of information when known (e.g. client, consent form, health unit / IRIS or Panorama, immunization record, parent report, provider report). If the exact administration date is unknown, enter the month / year if known under the “Estimated Date” field (e.g. Measles 1999; MMR June 1984). Please note vaccines no longer or not in use in Ontario are preceded by ‘(I)’. Refer to Ontario’s Publicly Funded Immunization Schedules for details.
<table>
<thead>
<tr>
<th>Vaccine given</th>
<th>Site</th>
<th>Dose</th>
<th>Source of Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
<td>R Arm</td>
<td>1</td>
<td>Client</td>
</tr>
<tr>
<td>MMRV</td>
<td>L Arm</td>
<td>2</td>
<td>Consent Form</td>
</tr>
<tr>
<td>(I) Measles</td>
<td>R Leg</td>
<td>3</td>
<td>Health unit/IRIS/Panorama</td>
</tr>
<tr>
<td>(I) Measles - Rubella</td>
<td>L Leg</td>
<td>2</td>
<td>Immunization Record</td>
</tr>
<tr>
<td>(I) Rubella</td>
<td>Unknown</td>
<td></td>
<td>Parent Report</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provider Report</td>
</tr>
</tbody>
</table>

### From the iPHIS Outbreak Module go to Cases > Case > Risks > Medical Risk Factors

Select “Yes” if the client has not received any doses of measles or rubella-containing vaccine. Select the reason the client is unimmunized from the adjacent drop-down list (e.g. religious/conscientious objection, medical contraindication, laboratory evidence of previous disease, too young ineligible for vaccination). If the reason is not available in the drop-down list, select “Other” and specify the reason in the Section 11: Notes as indicated.

Obtaining missing immunization information is critical to adequately evaluate the effectiveness of our vaccine programs. Immunization records may be obtained from the local PHU where the case attended elementary school, from the primary care provider who administered the vaccine or from his/her home country for persons born outside of Canada.

### Section 8: Acquisition Exposure

*Acquisition and Transmission exposures (numbered 8 and 9) are used to examine the possible sites where a case might have acquired the disease and possible sites where a case might have exposed others during the communicable period of the disease.*

### From the iPHIS Outbreak Module go to Cases > Case > Exposures

Examine in detail all travel history and potential sources of exposure including visitors (particularly from measles or rubella-endemic countries) and health care related visits. It is extremely important to take an extensive history of the client to determine the source of the infection as measles and rubella are not endemic diseases in Ontario. Establishing the source of infection, whether local or import-related, is
important in facilitating the search and immunization of exposed susceptible contacts to limit the spread of the disease.\(^7\)

<table>
<thead>
<tr>
<th>Incubation Period per Appendix A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measles</strong> (^7)</td>
</tr>
<tr>
<td><strong>Rubella</strong> (^7)</td>
</tr>
</tbody>
</table>

**CLIENT TRAVEL OUTSIDE ONTARIO WITHIN PAST MONTH**

Either “No” or “Yes” must be selected for the behavioural risk factor “TRAVEL OUTSIDE ONTARIO WITHIN THE PAST MONTH”

If the client traveled (i.e. “Yes” selected), further details concerning travel (e.g., location and dates of travel) should be entered in *section 4.0 Exposures*.

The time frame for assessing travel outside Ontario is approximately one month from symptom onset.

The following information is captured in the name of the acquisition exposure:

“TRAVEL TO \{COUNTRY/PROVINCE\}” or “MIGRATED FROM \{COUNTRY/PROVINCE\}” or “VISITOR FROM \{COUNTRY/PROVINCE\}”.

If the client traveled (i.e. “Yes” selected), indicate:

- **Travel start date** – date client arrived at their destination (note: if the case migrated or is a visitor from a different country, enter the date of birth)
- **Travel end date** – date client departed from their destination to return to Ontario
- **Travel details** – enter the region / country / province where the client traveled or indicate if the client had out-of-province visitors suspected of transmitting the VPD. If the client traveled to more than one country / province, specify the dates client was in each area (e.g. Europe – Germany July 4-7, 2014; Austria July 7-10, 2014; Netherlands July 10-14, 2014).

**Note:** for the purpose of capturing all travel-related exposures under this travel section, both acquisition and transmission exposure details should be provided in this section. If the client traveled during his/her infectious period, additional information may be required such as flight details and/or attractions visited.

**EPI-LINKED TO LAB-CONFIRMED CASE**

If “Yes” is selected, provide the iPHIS case ID of the lab confirmed case.
OTHER ACQUISITION

Indicate if the client acquired disease from a source other than travel or epi-link to a lab confirmed case (e.g. attended the same location where the source case visited during the infectious period). If “Yes”, provide the facility name / type / address (e.g. Tiny Tim Toffee Shop – 123 Candy Street, Toronto) and the start/end dates of the exposure.

Section 9: Transmission Exposure

*Aquistion and Transmission exposures (numbered 8 and 9) are used to examine the possible sites where a case might have acquired the disease and possible sites where a case might have exposed others during the communicable period of the disease.*

From the iPHIS Outbreak Module go to Cases > Case > Exposures

PERIOD OF COMMUNICABILITY

<table>
<thead>
<tr>
<th>VPD</th>
<th>Period of Communicability per Appendix A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>• 1 day before the start of prodromal period, about 4 days before the onset of the rash until 4 days after the rash appears for a total of 8 days</td>
</tr>
<tr>
<td></td>
<td>• Immunocompromised patients can be contagious for the duration of their illness due to prolonged excretion of the virus from their respiratory tract</td>
</tr>
<tr>
<td>Rubella</td>
<td>• For about 1 week before and at least 4 days after the appearance of the rash</td>
</tr>
<tr>
<td></td>
<td>• Infants with CRS may shed the virus for months after birth</td>
</tr>
</tbody>
</table>

TRANSMISSION DETAILS

Obtain a list of all locations during the disease specific period of communicability that the case attended, including specific details of dates and length of time in each location (when applicable to the specific VPD). If required, additional transmission locations can be recorded on page 3 of the form. This may require a separate log sheet depending on the specifics of case (see Section 11: Notes).
Section 10: Complications & Outcome

Sections 10, 11, and 12 are used to explain possible complications and outcomes and highlights where to record notes if applicable to your health unit.

From the iPHIS Outbreak Module go to Cases > Case > Complications

COMPLICATIONS

Indicate if the client had a complication. If “Yes”, select the complication from the drop-down list. If a complication is present but not listed in the drop-down list, select “Other (specify)”, then specify the complication(s) in the adjacent “Other” field. If there is more than one complication, specify the other complication(s) in the adjacent “Other” field”. Common complications include:

<table>
<thead>
<tr>
<th>VPD</th>
<th>Possible Complications</th>
</tr>
</thead>
</table>
| Measles | • Diarrhea  
          • Pneumonia  
          • Blindness  
          • Infections of the brain  
          • Otitis media  
          • Bronchopneumonia  
          • Encephalitis  
          • Leukopenia  
          • Croup  
          • Sub-acute sclerosing panencephalitis (SSPE) |
| Rubella | • Arthritis/arthralgia (particularly among adult females)  
          • Encephalitis  
          • Leukopenia  
          • Thrombocytopenia |

OUTCOME AND OUTCOME DATE

From the iPHIS Outbreak Module go to Cases > Case > Outcome

Indicate the client outcome (recovered, residual effect(s), fatal). If the outcome is fatal, the date of death must be entered under “Outcome date”. Details can be provided in the Section 11: Notes.
Section 11: Notes

Sections 10, 11, and 12 are used to explain possible complications and outcomes and highlights where to record notes if applicable to your health unit.

From the iPHIS Outbreak Module go to Cases > Case > Notes

Include all significant clinical details and/or information which might be of assistance in ensuring a complete investigation is accomplished.

Section 12: Contact Follow-up Sheet (Optional)

Sections 10, 11, and 12 are used to explain possible complications and outcomes and highlights where to record notes if applicable to your health unit. This sheet may be used at the health unit’s discretion. As privacy best practice, do not include any identifying contact information.

ADDITIONAL TRANSMISSION EXPOSURES

Record additional transmission exposures in this section, including facility name / type / address, and start / end dates.

CONTACTS

- Number of contacts identified
- Number of contacts traced
- Number of contacts tested & treated

Individuals who were in contact with a person during the period of communicability require assessment to determine their risk of acquiring the disease. This assessment will assist in determining the risk of the contacts with respect to disease acquisition as a result of this exposure (i.e. not susceptible or susceptible) and whether additional recommended public health interventions such as chemoprophylaxis or immunoprophylaxis is indicated.

<table>
<thead>
<tr>
<th>VPD</th>
<th>Contact identification and post-exposure management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>• Timely identification of susceptible contacts for post-exposure prophylaxis (MMR vaccine or immune globulin) within 24 hours of reporting a suspect case of measles is essential to mitigate the risk of infectious disease spread. (^4)</td>
</tr>
</tbody>
</table>
**Contact identification and post-exposure management**

- **Contact:** any susceptible person who shared the same air space for any length of time during the period of communicability, including 2 hours after the case left the air space (e.g. home, school, day care, school bus, doctor’s office, emergency room, etc.)
  - **Health care worker:** see the [Ontario Hospital Associated / Ontario Medical Association (OHA/OMA) Protocol](https://www.ontario.ca/health-care-worker)

- **Susceptible contact:**
  - Lack of documented evidence of vaccination with measles-containing vaccine:
    - One dose for adults 18 years of age and older and born in 1970 or later who are not health care workers or students in post-secondary educational setting
    - Two doses for health care workers, military personnel or students in post-secondary educational settings
    - Two doses for children 12 months to 17 years of age (given on or after the first birthday and given at least 4 weeks apart for MMR vaccine, or 6 weeks apart for MMRV vaccine)
    - Infants under age 12 months, regardless of immunization history
  - **OR**
    - Lack of laboratory evidence of prior measles infection or documentation of prior confirmed measles disease in iPHIS
  - **OR**
    - Lack of laboratory evidence of immunity (i.e. “reactive” or “positive” anti-measles IgG antibody or a previous measles antibody level of ≥ 200 mIU per ml)

- **Post-exposure prophylaxis:** see section [6.4 Management of Contacts – Post-exposure prophylaxis](#) for recommendations on MMR vaccine and immune globulin

- **Exclusion of susceptible contacts:** see section [6.4 Management of Contacts – Post-exposure prophylaxis](#)

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**Rubella**

- **Contact:** any susceptible person who has had close contact with the case during the infectious period
  - **Health care worker:** see the [Ontario Hospital Associated / Ontario Medical Association (OHA/OMA) Protocol](https://www.ontario.ca/health-care-worker)
  - **Note:** pregnant contacts should be advised to consult with their physician promptly to confirm rubella susceptibility status and where this is negative, perform serology to determine if infected

- **Susceptible person:**
  - Lack of documented evidence with a rubella-containing vaccine on or after the first birthday
  - **OR**
  - Lack of laboratory evidence of prior rubella infection
VPD | Contact identification and post-exposure management
---|---

**OR**

- Lack of laboratory evidence of immunity

- **Post-exposure prophylaxis:** post-exposure MMR vaccination does not prevent or alter the clinical severity of rubella after exposure, however if exposure to rubella does not cause infection, post-exposure MMR vaccination should induce protection against subsequent infection. Over 97% of individuals develop immunity after one dose of rubella vaccine. Passive immunization with human immune globulin is not effective in prevent rubella, including congenital infection.

**PUBLIC HEALTH ACTION**

Indicate any public health action by your health unit. For example, media release, Public Health Alert/CNPHI/CIOSC, immunization clinic, letter to daycare/school/workplace, etc.

**ADDITIONAL NOTES**

Record additional case and contact investigation details at your discretion.
References


6) Ontario Ministry of Health and Long Term Care. Timely entry of cases and outbreaks. iPHIS Bulletin #17. Toronto, ON: Queen’s Printer for Ontario; 2012: 17 (or as current).


