northern health
the northern way of caring

All Sites and Facilities

Suspect Measles Patient Reporting

Last Name:
First Name (Preferred Name):
Encounter number: NH Number: Chart Created: Y/N
Date of Birth: Gender: Age: Encounter Type:
Responsibility for Payment: PHN:
Primary Care Physician/Attending Physician:
PATIENT LABEL

Instructions to Healthcare Provider: **Suspect measles** is a reportable illness. High risk contacts exposed to a measles case may be eligible for post-exposure prophylaxis (PEP) if administered within specific timelines. Complete this form to notify Public Health of suspected cases **as soon as** they are identified to assist in prompt case follow up and high-risk contact identification. When this form is completed, send to: CD Hub either by fax to 250.645.7995 or email to **RegionalCD.HubTeam@northernhealth.ca**

For any consults after 4p.m. or on weekends, or if a patient is admitted or transferred, contact the Medical Health Officer (MHO) On-Call at 1.833.214.3274. MHOs are public health and preventive medicine specialists and are available for consultations.

To be filled out by patient (or caregiver) or clinician

Patient information

Main contact name and phone number	Alternative contact
Name:	Name:
Phone #:	Phone #:

Measles vaccination status	☐ **0** doses ☐ **1** dose ☐ **2** doses ☐ Unknown
Do any of these apply	☐ Currently Pregnant ☐ Breast/Chest Feeding ☐ Under 12 months old ☐ Immunocompromised ☐ Live in or access services in a First Nations community

Exposure history

Have you been exposed to a person with measles? If yes, please share more about the setting (e.g., household or social gathering):	☐ Yes ☐ No Date(s) of exposure (yyyy-mm-dd):
Have you been in areas with measles activity (including BC) or in a known exposure setting? If yes, please share the location(s):	☐ Yes ☐ No Date(s) of exposure (yyyy-mm-dd):
Do you have any household members who are infants younger than 12 months, pregnant, or immunocompromised?	☐ Yes ☐ No

To be filled out by Healthcare Provider

Level of suspicion for Measles:
☐ High ☐ Medium ☐ Low Alternative diagnosis if low: _____

Symptoms (See Appendix A)

Prodromal symptoms	Fever ☐ Yes ☐ No	Cough ☐ Yes ☐ No	Onset Date:	
	Coryza ☐ Yes ☐ No	Conjunctivitis ☐ Yes ☐ No		
Rash (Provide Description)		☐ Yes ☐ No	Onset Date:	
Other (Provide Description)	☐ Diarrhea ☐ Abdominal pain		Onset Date:	

Have test(s) been ordered? ☐ Yes ☐ No If yes, check those that apply: ☐ NP/Throat Swab ☐ Urine ☐ Serology

Patient disposition ☐ Discharged ☐ Admitted ☐ Transferred

If seen in Primary Care: sent to ED ☐ Yes ☐ No ☐ N/A

Reporting site information

Site name			
Signature		Date	

Last Name:	
First Name (Preferred Name):	
Encounter number: NH Number:	Chart Created: Y/N
Date of Birth: Gender: Age:	Encounter Type:
Responsibility for Payment: PHN:	
Primary Care Physician/Attending Physician:	
PATIENT LABEL	

Appendix A — Clinical Presentation

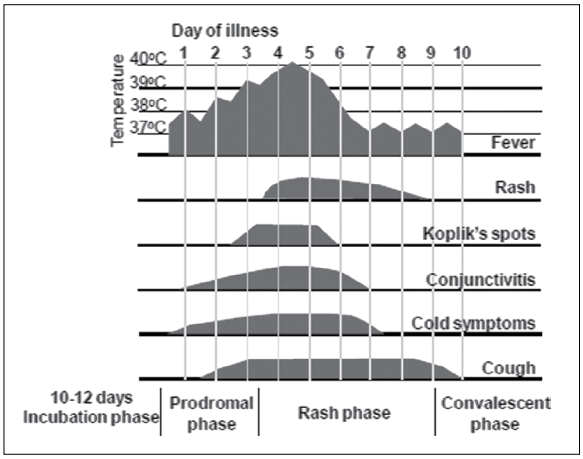
Note: Measles is more likely in context of exposure history and non-immunity.

Measles is a highly contagious airborne viral infection with up to > 90% attack-rate in exposed, non- immune individuals. The incubation period for measles ranges from 7 to 21 days followed by a period of communicability from 1 day prior to the prodromal period to 4 days after rash appearance.

The clinical presentation typically presents in the following phases:

1. **Viral prodrome:** Fever and malaise, followed by cough, coryza (runny nose) conjunctivitis and sore throat.
2. **Mucosal rash:** 2–3 days after symptom onset, an enanthem (mucosal rash) characterized by Koplik spots, white/gray elevations with an erythematous base on the buccal mucosa or palate, can be seen but not always present. Please consider differential diagnosis, as mucosal rash is not unique to measles and can be seen with other respiratory viruses[1].
3. **Skin rash:** 3–5 days after prodrome onset, the exanthem (skin rash) of measles typically appears. This is characterized by an erythematous, maculopapular rash beginning at the hairline, then spread to the face and caudally to the neck, back and trunk, and subsequently extremities.

Modified measles is a milder presentation of measles in persons who have some degree of immunity (e.g., through vaccine or immune globulin), which can be accompanied by a less characteristic rash (e.g. sparse rather than generalized, discrete rather than confluent).



Complications from measles include ear infections, pneumonia, encephalitis, diarrhea/gastroenteritis, and hepatitis.

[1] The differential diagnosis of measles includes influenza, respiratory syncytial virus, adenovirus and parainfluenza; as well as other viral causes of rash in children including enterovirus, human herpesvirus 6, parvovirus B19, and rubella.

Figure 1. Clinical course of primary measles infection Source: Manual for the laboratory diagnosis of measles and rubella virus infection. 2nd Ed. WHO (2007).
www.who.int/publications/i/item/WHO-IVB-07.01

Source Material:
BC Centre of Disease Control – Management of Specific Diseases, Measles

REVISION HISTORY			
Initial Effective Date:	July 11, 2025		
Approved By:	NH EOC		
Author Title:	Population and Public Health (PPH) Situation Table		
Revision History:	Effective Date:	Description of Changes:	Reviewed or Revised by:
	July 25, 2026	1. Form submission instructions have been changed to only send to CD Hub 2. New question regarding testing has been added 3. "Clinician" language has been replaced with "healthcare provider" 4. Modified measles description has been updated	Dr. Diana Bark, Diana Cutting, Sabrina Dosanjh-Gantner, Deanna Hembroff, Karien Lanenga, Tanya Stevens-Fleming
Contact RegionalCD.HubTeam@northernhealth.ca if further information is required.			