



# BCCDC Measles, Mumps and Rubella Enhanced Surveillance Case Report Form

Disease:  Measles  Mumps  Rubella

## INSTRUCTIONS

Report cases of Measles, Mumps and/or Rubella to your MHO that meet suspect, probable/clinical or confirmed case definitions. Enter cases into the electronic data management system for communicable disease (iPHIS/PARIS).

**MHO or delegate to submit completed form to the Immunization and Vaccine Preventable Disease Program, BCCDC:  
Attn: Dr. Monika Naus 604-707-2516 (fax)**

### A. PERSON REPORTING

Health Authority:  FHA  IHA  VIHA  NHA  VCH Date of report: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY MM DD  
Name of PHN/HCW reporting: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_  
First name Last name  
E-mail: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

### B. CASE INFORMATION

Personal Health #: \_\_\_\_\_ Name: \_\_\_\_\_ Sex:  Male  Female  
First name Last name  
Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of birth:  Canada  Other (Specify) \_\_\_\_\_ Year of arrival in Canada \_\_\_\_  
YYYY MM DD  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Phone numbers (home/office/cell): \_\_\_\_\_  
Attending Physician: \_\_\_\_\_  
 Health Care Worker<sup>1</sup>  Attends child care, school, or university; specify where: \_\_\_\_\_  
Is the case pregnant?  Yes  No  Unknown Number of previous pregnancies in Canada (for rubella only) \_\_\_\_\_  
Is the case Aboriginal?<sup>2</sup>  Yes  No  Unknown If yes, does he/she live on-reserve?  Yes  No  Unknown

### C. CLINICAL INFORMATION

Case status:  Confirmed  Probable / Clinical  Suspect \* **For case definitions see attached appendix**  
Did the case visit a physician?  Yes  No  Unknown Did the case visit an ER?  Yes  No  Unknown  
Was the Case Hospitalized (>24 hours)?  Yes ( \_\_\_\_ days)  No  Unknown Name of Hospital: \_\_\_\_\_  
Reason for hospitalization: \_\_\_\_\_ If yes, was case admitted to an Intensive Care Unit? :  Yes  No  Unk  
Outcome at the time of reporting:  Recovered  Sick  Died  Unknown If died, date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY MM DD

#### SIGNS/SYMPTOMS

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Conjunctivitis           | <input type="checkbox"/> Maculopapular rash          | <input type="checkbox"/> Post-auricular, occipital and posterior cervical lymphadenopathy | <input type="checkbox"/> Encephalitis |
| <input type="checkbox"/> Coryza (runny nose)      | <input type="checkbox"/> Arthralgia (painful joints) | <input type="checkbox"/> Bilateral parotitis (Sublingual/submaxillary glands)             | <input type="checkbox"/> Hearing loss |
| <input type="checkbox"/> Cough                    | <input type="checkbox"/> Fever                       | <input type="checkbox"/> Unilateral parotitis (Sublingual/submaxillary glands)            | <input type="checkbox"/> Koplik spots |
| <input type="checkbox"/> Pharyngitis/ sore throat | <input type="checkbox"/> Myalgia                     | <input type="checkbox"/> Orchitis/oophoritis  | <input type="checkbox"/> Meningitis   |

Other(specify): \_\_\_\_\_

Date of onset of prodromal symptoms<sup>3</sup>: \_\_\_\_/\_\_\_\_/\_\_\_\_ Did the case visit a diagnostic laboratory? Y / N If yes, name of institution: \_\_\_\_\_  
YYYY MM DD

Date of onset of parotid swelling/orchitis/rash: \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration of parotid swelling/orchitis/rash (days): \_\_\_\_  
YYYY MM DD

<sup>1</sup> Any individual who is regulated by the Health Professions Act including doctors, nurses, dentists, physiotherapists, occupational therapists

<sup>2</sup> Any individual who self identifies as Aboriginal

<sup>3</sup>Prodrome: early non-specific sign(s) or symptom(s) that indicate the start of the illness before disease-specific symptoms occur.

**Measles:** 3 to 4 days before rash (i.e., fever, cough, coryza, conjunctivitis)

**Mumps:** 3 to 5 days before parotitis (i.e., myalgia, anorexia, malaise, sore throat, headache, low-grade fever)

**Rubella:** 1-5 days before rash (i.e., fever, headache, malaise, coryza)



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### D. CASE IMMUNIZATION HISTORY

Is case a conscientious objector to vaccination?  Yes  No  Unknown

Record prior vaccination against this disease:

| Vaccine Name | Date Received (YYYY/MM/DD) | Age (Yrs) | Province/Territory or Country of receipt (if known) |
|--------------|----------------------------|-----------|---|
| 1.           |                            |           |   |
| 2.           |                            |           |   |
| 3.           |                            |           |   |
| 4.           |                            |           |   |

If there are no documents of prior vaccination available:

No documented prior immunization but patient recall indicates vaccine history specify: \_\_\_\_\_

### E. EXPOSURES

**INCUBATION PERIOD: time interval from contact with infectious person until first symptoms appear**

**Measles** – average time from exposure to onset is 8-12 days (range: 7-18 days)

**Mumps** – average time from exposure to onset is 16-18 days (range: 12-25 days)

**Rubella** – average time from exposure to onset is 14-17 days (range: 14-21 days)

Exposure period: Earliest possible exposure \_\_\_\_/\_\_\_\_/\_\_\_\_ Latest possible exposure \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY MM DD YYYY MM DD

Did the exposure occur in a health care setting?  Yes  No  Unknown

*During exposure period:*

Travel<sup>4</sup>:  Yes  No  Unknown

If yes, travel within Canada:  Yes  No  Unk If yes, specify where \_\_\_\_\_ when \_\_\_\_\_

travel outside Canada:  Yes  No  Unk If yes, specify where \_\_\_\_\_ when \_\_\_\_\_

Contact with a known case:  Yes  No  Unknown

If yes, specify whom \_\_\_\_\_ where \_\_\_\_\_ when \_\_\_\_\_

Notes: \_\_\_\_\_

Contact with a visitor from outside of BC?  Yes  No  Unknown

If yes, specify when: \_\_\_\_\_ Visitor's residence: \_\_\_\_\_

Contact in a known outbreak location:  Yes  No  Unknown

If yes, specify where \_\_\_\_\_ when \_\_\_\_\_

### F. LABORATORY INFORMATION (Please also complete the 2<sup>nd</sup> table if tested for more than one disease)

Laboratory Tests:  Yes  No  Unknown

Test results for disease diagnosed

| Specimen Collected   | Collection Date (YYYY/MM/DD) | Results                           |                                   |  |                                  |
|--|------------------------------|-----------------------------------|-----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Throat, nasopharyngeal or buccal swab (circle specimen collected) |                              | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Indeterminate | <input type="checkbox"/> Pending |
| <input type="checkbox"/> Urine   |                              | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Indeterminate | <input type="checkbox"/> Pending |
| <input type="checkbox"/> Blood   | IgM                          | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Indeterminate | <input type="checkbox"/> Pending |
|  | IgG (acute)                  | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Indeterminate | <input type="checkbox"/> Pending |
|  | IgG (convalescent)           | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Indeterminate | <input type="checkbox"/> Pending |

Other relevant test results: \_\_\_\_\_  
 \_\_\_\_\_

<sup>4</sup> Any travel outside the city of residence should be included



## BCCDC Measles, Mumps and Rubella Enhanced Surveillance Case Report Form

### Measles, Mumps and Rubella Case-Related Contact Summary Form

Please complete this form once follow-up with contacts is complete. Do not delay sending the case report form pending completion of this contact summary form. Complete this form for each reported case of Measles, Mumps and/or Rubella that meets the suspect, probable/clinical or confirmed case definitions.

**Fax this form to the Immunization and Vaccine Preventable Disease Program, BCCDC: Attn: Dr. Monika Naus 604-707-2516**

#### PERIOD OF COMMUNICABILITY: time interval when the case can transmit the infection to others

**Measles:** 1-2 days before onset of prodromal symptoms and up to 4 days after rash onset

**Mumps:** maximum infectiousness occurs between 2 days before to 5 days following the onset of parotid swelling

**Rubella:** 7 days before to at least 7 days after rash onset

Period of communicability: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YYYY MM DD YYYY MM DD

Manage case contacts based on this date range. Include contact summary in Section E Contact Management.

*Note: If travel occurred during the period of communicability notify BCCDC of travel itinerary*

#### G. CONTACT TRACING

Case PHN: \_\_\_\_\_

Case name: \_\_\_\_\_ Sex:  Male  Female Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First name Last name YYYY MM DD

Total number of contacts: \_\_\_\_\_

Number of susceptible contacts: \_\_\_\_\_

Number of immune contacts: \_\_\_\_\_

Number of contacts that received MMR: \_\_\_\_\_

\_\_\_\_\_ within 3 days

\_\_\_\_\_ within 4 to 6 days

Number of contacts that received Ig: \_\_\_\_\_

Number of contacts by setting type:

\_\_\_\_\_ Household

\_\_\_\_\_ Workplace (not including doctor's office, Emergency Room or hospital)

\_\_\_\_\_ Health care setting (doctor's office, ER, hospital)

\_\_\_\_\_ School, day care

\_\_\_\_\_ Other, please specify: \_\_\_\_\_



## BCCDC Measles, Mumps and Rubella Enhanced Surveillance Case Report Form

### Measles Case Definition

| Surveillance case definition <sup>1</sup> |   | Reportable                        |
|---|---|-----------------------------------|
| <b>Confirmed case</b>                     | Measles compatible illness and laboratory confirmation of infection in the absence of recent (i.e., within the previous 28 days) immunization with measles-containing vaccine: <ul style="list-style-type: none"> <li>• isolation of measles virus from an appropriate clinical specimen<br/><b>OR</b></li> <li>• detection of measles virus RNA<br/><b>OR</b></li> <li>• seroconversion or a significant (e.g., fourfold or greater) rise in measles IgG titre between acute and convalescent sera by any standard serologic assay<br/><b>OR</b></li> <li>• detection of measles IgM antibody using a recommended assay in a person who is either epidemiologically linked to a laboratory-confirmed case or has recently travelled to an area of known measles activity<br/><b>OR</b></li> </ul> Clinical illness <sup>2</sup> in a person with an epidemiologic link to a laboratory-confirmed case. | Yes                               |
| <b>Clinical / Probable case</b>           | Clinical illness <sup>2</sup> in the absence of appropriate laboratory tests <b>and</b> not epidemiologically linked to a laboratory-confirmed case.  | Yes<br>("clinical case" in iPHIS) |
| <b>Suspect case</b>                       | For public health intervention – <b>all</b> of the following: <ul style="list-style-type: none"> <li>• Fever <math>\geq 38.3^{\circ}\text{C}</math>, and</li> <li>• Cough, coryza, or conjunctivitis, and</li> <li>• Generalized maculopapular rash <b>of any duration.</b></li> </ul>  | Yes                               |

1. Public health action, including contact management, may commence at any level of the case definition, including for a suspect case.

2. Clinical illness is characterized by all of the following features:

- fever  $38.3^{\circ}\text{C}$  or greater, and
- cough, coryza, or conjunctivitis, and
- generalized maculopapular rash **for at least 3 days**

### MUMPS CASE DEFINITION

| Surveillance                    | Definition  | Reportable |
|---------------------------------|---|------------|
| <b>Confirmed case</b>           | Mumps-compatible illness <sup>1</sup> and laboratory confirmation of infection in the absence of recent immunization with mumps-containing vaccine (i.e., within the previous 28 days): <ul style="list-style-type: none"> <li>• isolation of mumps virus from an appropriate clinical specimen<br/><b>OR</b></li> <li>• detection of mumps virus RNA<br/><b>OR</b></li> <li>• seroconversion or a significant rise (e.g., fourfold or greater) in mumps IgG titre by any standard serologic assay between acute and convalescent sera<br/><b>OR</b></li> <li>• Detection of mumps IgM antibody<sup>3</sup> in a person who is either epidemiologically linked to a laboratory-confirmed case or has recently travelled to an area of known mumps activity<br/><b>OR</b></li> </ul> Mumps-compatible illness <sup>3</sup> in a person with an epidemiologic link to a laboratory-confirmed case | Yes        |
| <b>Clinical / Probable case</b> | Mumps-compatible illness <sup>2</sup> in the absence of laboratory confirmation of infection and not epidemiologically linked to a laboratory-confirmed case.   | Yes        |
| <b>Suspect case</b>             | Illness consistent with mumps <sup>4</sup> but without parotitis or orchitis, in a person who is a contact of a confirmed or clinical mumps case.   | Yes        |

1. Mumps-compatible illness is characterized by acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland, or orchitis, lasting  $\geq 2$  days, and without other evident cause.

2. IgM serology has the potential for false positive and false negative findings. If the clinical presentation is inconsistent with a diagnosis of mumps or in the absence of recent travel/exposure history, IgM results must be confirmed by the other listed confirmatory methods. In a mumps case that had been previously immunized, the IgM class antibody response may not be detectable.

3. Illness consistent with mumps may include myalgia, anorexia, malaise, headache, low-grade fever, or non-specific respiratory symptoms.



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### RUBELLA CASE DEFINITION

| Surveillance   | Definition   | Reportable |
|----------------|--|------------|
| Confirmed Case | Rubella compatible illness <sup>1</sup> and Laboratory diagnosis of infection in the absence of recent (i.e., in the previous 28 days) immunization with rubella-containing vaccine: <ul style="list-style-type: none"><li>• isolation of rubella virus from an appropriate clinical specimen<br/>OR</li><li>• detection of rubella virus RNA<br/>OR</li><li>• seroconversion or a significant (i.e., fourfold or greater) rise in rubella IgG titre by any standard serologic assay between acute and convalescent sera<br/>OR</li><li>• detection of rubella IgM antibody using a recommended assay in a person with an epidemiologic link to a laboratory-confirmed case or who has recently travelled to an area of known rubella activity</li></ul> OR<br>Clinical illness <sup>1</sup> in a person with an epidemiologic link to a laboratory confirmed case | Yes        |
| Probable case  | Clinical illness <sup>1</sup> <ul style="list-style-type: none"><li>• in the absence of appropriate laboratory tests<br/>OR</li><li>• in the absence of an epidemiologic link to a laboratory-confirmed case<br/>OR</li><li>• in a person who has recently travelled to an area of known rubella activity</li></ul>  | Yes        |

1. Clinical illness is characterized by fever and rash, and at least one of the following:

- arthralgia/arthritis
- lymphadenopathy
- conjunctivitis