

Measles Cheat Sheet

Fever + respiratory symptoms + rash (head → downwards)

WITH

Travel history OR Contact to someone with measles

- THINK ABOUT MEASLES! Especially if unvaccinated or under vaccinated.
- Airborne + Routine Practice
 - Patient to wear mask.
 - If no airborne infection isolation room → private room, door closed.
- **Nasopharyngeal Swab – measles PCR** (goes to CPL) and measles serology (IgM + IgG)
 - Flocked swab / Dacron in VTM / UTM
- Education: avoid close contact (i.e. isolate) until results back, other preventative measures
- If you need to send to ED, please advise facility of suspect measles in advance
- Notify Public Health on same day of all suspected cases – fax clinical notification form AND phone call www.gov.mb.ca/health/publichealth/surveillance/forms.html
- If seeing patient in hospital, also notify IP&C of suspected case
- PH and IP&C will sort through potential contacts and determine if susceptible / needs PEP
 - PH → community contacts including family / household members
 - IP&C → in hospital contacts
 - Anyone discharged is referred to PH for follow-up
 - Staff who are contacts are referred to OESH for follow-up
 - Collaborates with PIDs on-call to recommend PEP for inpatient contacts

Resources:

Manitoba's Publicly-Funded Vaccine Eligibility:

www.gov.mb.ca/health/publichealth/cdc/vaccineeligibility.html

PHAC Criteria for Measles Immunity: www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-12-measles-vaccine.html#p4c11t1

PHAC Measles PEP Recommendations for Contacts: www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-12-measles-vaccine.html#table2