

Managing MEASLES Presentations in a WRHA Clinic

*Measles is extremely contagious and spreads easily through the air.
Please maintain vigilance for measles especially among susceptible patients.*

Signs and Symptoms

- Fever of 38.3°C or higher
- Cough, rhinitis or conjunctivitis
- Red blotchy rash appearing 3-7 days after fever starts, beginning on face and spreading down the body
- A potential exposure history

Process

Ensure procedure/surgical masks and alcohol-based hand rub are available at admission desk

- Isolate any client suspected of measles (presenting with the signs and symptoms listed above)
- ***Suspected clients must put on a procedure/surgical mask immediately***
- Instruct client to wear a mask until they have exited the clinic building
- Client's mask to be changed as soon as it becomes wet as it will not provide adequate protection
- Escort suspected clients as quickly as possible into a private clinic room to avoid exposure to any susceptible individuals in the waiting room. ***Keep door closed***
- Susceptible HCWs (and those unsure of their measles immune status) should not enter the room of a client with suspected or confirmed measles. If this is unavoidable, the HCW shall wear an N95 respirator. Immune HCWs ***do not*** require an N95 respirator to enter the clinic room of an individual with suspected or confirmed measles
- Assess and treat clients with suspected or confirmed measles in a clinic room with the door closed until they are ready to leave the clinic. The medical mask shall be worn at all times when in the building, even when in a room with the door closed
 - The client should be seen by all required Health Care Practitioners as quickly as possible to avoid any unnecessary exposure to susceptible individuals
 - Conduct as many medically necessary interventions as possible in the clinic room
 - Clients should only exit the clinic room for medically essential purposes
 - For any transfers (internal or external), advise the receiving facility ***in advance*** the client is suspected of having measles. Ensure client is masked for the transfer.
 - ***Keep the clinic room door closed for a minimum of 3 hours after client left the clinic***
 - After 3 hours passed, clean the room per Routine Practices (no special cleaning required)
- For suspect cases of measles, preferred specimen is a nasopharyngeal (NP) swab (flocked swab in viral/universal transport medium) for measles virus PCR. A NP aspirate is acceptable. Also collect blood for serologic testing (measles IgG and IgM). Include date of onset of both fever and rash. Do not send serology alone; nasopharyngeal swab is required. Send NP and serum to Cadham Provincial Laboratory.
- Primary Care Providers who suspect measles are to call their local Public Health Unit while the patient is still in the office to initiate immediate public health follow-up and guide laboratory testing. After office hours call 204-788-8666 and ask for the Medical Officer of Health on-call
- Submit Clinical Notification of Reportable Diseases or Conditions form, available online at: <http://www.gov.mb.ca/health/publichealth/cdc/protocol/form13.pdf>
- **When sending suspect cases home:**
 - Do not send home on public transport with multiple passengers (e.g., bus)
 - Preferred option: Use private vehicle with "previously exposed" contacts (e.g., family members) or immune individuals. If not possible use a taxi, with client masked for full trip duration and windows opened if possible

Additional Information on Measles

Manitoba Health – Measles: <https://www.gov.mb.ca/health/publichealth/diseases/measles.html>

Manitoba Health Measles Protocol: www.gov.mb.ca/health/publichealth/cdc/protocol/measles.pdf

Public Health Agency of Canada – Measles: <http://www.phac-aspc.gc.ca/im/vpd-mev/measles-rougeole-eng.php>

Community Infection Control Professional (ICP) – (204) 833-1741 or lbraun9@wrha.mb.ca