

MEMO

Date: March 7, 2025

From: Infection Prevention & Control (IP&C)

Re: **Measles in Manitoba**

Public Health has notified the public of a confirmed measles case, unrelated to previously announced cases, and connected with recent international travel to Pakistan. Exposure sites include Health Sciences Centre Winnipeg Children's Hospital Emergency Department waiting room. To view the public health bulletin please visit [Province of Manitoba | News Releases | Measles Update](#).

Maintain vigilance for measles, especially among susceptible persons presenting with a febrile rash with cough, coryza, or conjunctivitis and/or a potential exposure history.

Actions for Shared Health staff:

- Always follow Routine Practices consistently with all patients/residents/clients, regardless of their diagnosis
- *Implement Airborne Precautions for persons with symptoms compatible with measles (below)*
- *Implement Airborne Precautions for persons reporting contact with a case*
- *Implement Airborne Precautions for persons with "RESP RISK" EPR Health Issue flag*
 - Specific dates for precautions are indicated in the Description Box of the Health Issue
- Consult Infectious Diseases for high-risk contacts (i.e., immunocompromised, pregnant, and/or non-immune needing IVIG)
- Manitoba Health requires same day reporting for measles cases. All probable and confirmed cases must be reported on the same day to on-site IP&C on weekdays, and Manitoba Health on weekends/evenings/nights
 - During business hours, on-site IP&C staff will complete the [Clinical Notification of Reportable Diseases and Conditions](#) form on behalf of the diagnosing physician if promptly notified
 - During weekends/evenings/nights, contact the Manitoba Medical Officer of Health on call at 204-788- 8666. Complete the [Clinical Notification of Reportable Diseases and Conditions](#) form and fax to Manitoba Health at 204-948-3044
- Review patient/resident/client immunization histories and update vaccinations as required
- Direct concerns related to possible staff exposures to Occupational and Environmental Safety and Health (OESH)

Clinical Information

- Measles (Rubeola) is an acute, highly communicable viral infection (one of the most highly communicable diseases in humans). Also known as “Red Measles”
- Not to be confused with rubella (“German Measles”) or Roseola Infantum (“Infant Measles”)
- Primary infection site is the respiratory epithelium of the nasopharynx
- Divided into 4 periods of illness: incubation, prodromal, exanthema (rash), recovery
- Most infectious during late prodromal phase when cough and runny nose at their peak
- Koplik spots are unique to measles; often appear as clustered white papules on buccal mucosa
- Virus can spread for approximately 4 days before the onset of rash until approximately 4 days after rash onset (longer in immunocompromised persons)
- Anyone who has not had the disease or not been successfully immunized is susceptible

Infection Prevention and Control:

- Follow Routine Practices, including [Respiratory Hygiene](#) measures
- Case Management: once measles is suspected in an individual presenting to a healthcare facility or clinic, provide the patient/resident/client with a mask and immediately implement Airborne Precautions. The mask shall remain on at all times, unless patients/residents/clients have been placed into an Airborne Isolation Room (AIR). Minimize time spent in the waiting room; place in an AIR (or single room if not available) immediately
 - For suspect cases of measles, preferred specimen is a nasopharyngeal (NP) swab (flocked swab in 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.
 - Submit [Clinical Notification of Reportable Diseases and Conditions](#) form as outlined above
 - Call your site/area Infection Control Professional. For after-hours coverage, see page 2: [PurposeIPCManual.pdf \(wrha.mb.ca\)](#).
- Contact Management: implement Airborne Precautions for a patient/resident/client who is a susceptible contact to measles from day 5 after their first exposure to day 21 after their last exposure regardless of post- exposure prophylaxis. Ensure eligible contacts receive immunoprophylaxis unless contraindicated. Susceptible contacts include those born during or after 1970 who do NOT meet criteria for immunity:
 - Adults who have received two doses of Measles, Mumps, Rubella vaccine (MMR); OR
 - Children 12 months to 17 years of age who have received two doses of MMR; OR
 - Laboratory documentation of antibodies to measles; OR
 - History of laboratory confirmed infection

- NOTE: IP&C will identify known measles contacts with the EPR Health Issue flag “RESP RISK”. Other individuals may present who are not known and therefore not identified in EPR
- Only health care workers (HCWs) with presumptive immunity to measles should provide care to someone with suspect/confirmed measles due to increased risk of transmission of measles to susceptible individuals
 - Criteria for immunity for HCWs: HCWs are considered immune to measles if they have laboratory confirmed evidence of either immunity or disease or a history of two doses of a measles containing vaccine after their first birthday. HCWs who do not meet these criteria should receive one or two doses of vaccine as required. Non-immunized HCWs who are exposed to measles who are found not to be immune will be furloughed from days 5-21 post exposure.
- Non-immune, susceptible staff may only enter the room in exceptional circumstances (i.e., no immune staff are available and patient safety would be compromised otherwise)
- All HCWs regardless of presumptive immunity to measles are to wear a fit-tested, seal-checked N95 respirator when providing care to someone with suspect or confirmed measles
- Additional personal protective equipment such as gloves, gown, and eye protection may be added as required based on a Point of Care Risk Assessment (PCRA), and is recommended as part of Additional Precautions when caring for individuals presenting with respiratory symptoms and/or undifferentiated viral symptoms
- Duration of Precautions
 - In healthcare facilities/clinics, maintain Airborne Precautions until 4 days after start of rash; or for the duration of symptoms in immunocompromised patients/residents/clients
 - In community, people with measles should stay home (self-isolate) for 4 days after rash onset
 - Airborne Precautions for exposed susceptible patients/residents/clients should begin from day 5 after their first exposure to day 21 after their last exposure regardless of post-exposure prophylaxis

Resources:

- [Province of Manitoba | News Releases | Measles Update](#)
- [Routine Practices](#) and [Airborne Precautions](#)
- [WRHA Measles Specific Disease Protocol](#)
- [Clinical Notification of Reportable Diseases and Conditions form](#)
- [Infectious Rash Infection Prevention and Control Measures Algorithm](#)
- [Managing Measles Presentations in the WRHA Emergency Department](#)
- [Managing Measles Presentations in the WRHA Clinic Setting](#)
- [Manitoba Health Fact Sheet](#)
- [Manitoba Health Measles, Mumps and Rubella \(MMR\) Vaccine Eligibility](#)
- [PHAC Measles and Rubella Weekly Monitoring Reports - 2024](#)