



MEMO

Date: March 19, 2024
From: Infection Prevention & Control (IP&C) Program Team
Subject: Measles in Manitoba

There is an increase of Measles activity worldwide. **Maintain vigilance for measles, especially among susceptible persons presenting with a febrile rash with cough, coryza, or conjunctivitis and a potential exposure history.**

Actions for WRHA 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 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 WRHA 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 5 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 AIIR. Minimize time spent in the waiting room; place in an AIIR (or single room if not available) immediately
 - 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.
 - 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: [PurposePCManual.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 patients 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 a patient 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, 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:

- [Routine Practices](#) and [Airborne Precautions](#)
- **WRHA Measles Specific Disease Protocol** in the [WRHA Acute Care IP&C Manual](#), and in the [WRHA Community IP&C Manual](#)
- [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](#)