## 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 medical masks and alcohol-based hand rub are available at admission desk

- Clients with suspected or confirmed measles, and accompanying individuals, must put on a medical mask immediately upon arrival at the clinic
  - Instruct client and accompanying individuals they must wear a mask until they have exited the clinic building, even when in a room with the door closed
  - Change mask as soon as it becomes wet/soiled as it will not provide adequate protection
- Isolate anyone with suspected/confirmed measles (presenting with the signs and symptoms listed above) immediately with Airborne Precautions
- Escort clients as quickly as possible into a private clinic room to avoid exposing others in the waiting room. *Keep door closed until they are ready to leave the clinic*
- 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. 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)
- All HCWs regardless of presumptive immunity to measles must wear a fit-tested, seal-checked N95
  respirator when providing care to a client with suspect or confirmed measles. Additional PPE such as
  gloves, gown, and eye protection may be added as required based on a Point of Care Risk
  Assessment, and as part of Additional Precautions when caring for individuals presenting with
  respiratory symptoms and/or undifferentiated viral symptoms
- Assess and treat clients with suspected or confirmed measles in a clinic room with door closed
  - All required health care practitioners should see the client as quickly as possible to avoid 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), notify transport services AND the receiving facility in
     advance the client is suspected/confirmed to have measles and Airborne Precautions are
     required. Ensure client is masked for the transfer.
  - Keep the clinic room door closed for a minimum of 2 hours after client left the clinic
  - After 2 hours passed, clean the room per Routine Practices (no special cleaning required)
- For suspect cases of measles, preferred specimen is a <u>nasopharyngeal (NP) swab</u> (flocked swab in universal transport medium) for measles virus PCR. A NP aspirate is acceptable. Also collect blood for <u>serologic testing (measles IgG and IgM)</u>. 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: <a href="http://www.gov.mb.ca/health/publichealth/cdc/protocol/form13.pdf">http://www.gov.mb.ca/health/publichealth/cdc/protocol/form13.pdf</a>
- When sending suspect/confirmed cases home:
  - · Send them directly home
  - Do not send home on public transport with multiple passengers (e.g., bus)
  - <u>Preferred option</u>: Use private vehicle with "previously exposed" contacts (e.g., family members) or immune individuals. If <u>not</u> possible use a taxi, with client masked for full trip duration and windows opened if possible

### Additional Information on Measles

Manitoba Health – Measles: <a href="https://www.gov.mb.ca/health/publichealth/diseases/measles.html">https://www.gov.mb.ca/health/publichealth/diseases/measles.html</a>
Manitoba Health Measles Protocol: <a href="http://www.gov.mb.ca/health/publichealth/cdc/protocol/measles.pdf">www.gov.mb.ca/health/publichealth/cdc/protocol/measles.pdf</a>
Public Health Agency of Canada-Measles: <a href="http://www.phac-aspc.gc.ca/im/vpd-mev/measles-rougeole-eng.php">http://www.phac-aspc.gc.ca/im/vpd-mev/measles-rougeole-eng.php</a>
Community Infection Control Professional (ICP) – (204) 833-1741 or <a href="https://www.phac-aspc.gc.ca/im/vpd-mev/measles-rougeole-eng.php">https://www.phac-aspc.gc.ca/im/vpd-mev/measles-rougeole-eng.php</a>