

Managing Measles Presentations in a WRHA ED/UC

*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 the fever starts, beginning on the face and spreading down the body
- A potential exposure history

Process

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

- Any patient suspected of measles must be isolated with Airborne Precautions. Patient is to have a mask put on immediately
- Triage suspected patients as expeditiously as possible into an **airborne infection isolation room** (AIIR) to avoid exposure to contacts in waiting rooms
- Patients with suspected or confirmed measles should be cared for in an AIIR (**with door closed**) from the onset of symptoms up to and including four days after onset of maculopapular rash
- If an AIIR is not available, the patient should be placed in a single room (**with door closed**) away from susceptible patients until transfer to an AIIR can be arranged. Patient shall wear a mask at all times unless in an AIIR
- Immunocompromised patients may have prolonged excretion of the virus from their respiratory tract and likely require a longer duration of additional precautions
- 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 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
- For any transfers (internal or external), advise the receiving facility/unit **in advance** the patient is suspected of having measles
- Report any new suspect/probable/confirmed cases to the site Infection Control Professional (ICP)
- 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 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 (bus)
 - Preferred option: Use private vehicle with “previously exposed” contacts, if not possible
 - Use taxi with the patient to be masked for full duration of trip and the 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>

Contact Site IP&C: <https://professionals.wrha.mb.ca/old/extranet/ipc/contact.php>