

# Managing Measles Presentations in the WRHA Clinic Setting

*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 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 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; when out of the room, the client shall wear a procedure/surgical mask
  - 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 1 hour after client left the clinic**
  - After 1 hour passed, clean the room per Routine Practices (no special cleaning required)
- Collect NP swab (preferred) and/or urine for measles virus detection and blood for serologic testing (measles IgG and IgM) if measles is suspected. Submit specimens to Cadham Lab
- 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 Health Officer 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:

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

MHSAL CDC Measles Protocol: <http://www.gov.mb.ca/health/publichealth/cdc/protocol/measles.pdf>

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