

## **INFORMATION FOR PHNs ABOUT MEASLES INQUIRIES**

### **Calls from HCP re: Suspected Measles Cases**

Assess as follows:

Clinical illness is characterized by all of the following:

- fever 38.3°C or greater;
- cough, coryza (runny nose) or conjunctivitis; and
- generalized **non-blanching** maculopapular rash for at least three days.

Note: *Atypical cases in immunocompromised or partially immune persons may lack hallmark symptoms.*

Prior to the onset of rash, bluish-white Koplik's spots, which are pathognomonic for measles, may be seen in the oral mucosa

### **Non-laboratory Confirmed Case:**

In the absence of laboratory confirmation, clinical illness (as listed above) in a person who has had contact (refer to page 7 of the *Communicable Disease Management Protocol for Measles (Rubeola)* for definition of contact) with a laboratory confirmed case.

### **Probable Case:**

Clinical illness (as listed above) in the absence of appropriate laboratory tests and in the absence of known contact with a laboratory-confirmed case, in a person who:

- Has travelled during the 21 days prior to onset of rash to a geographic area where measles is endemic or an outbreak of measles is occurring,
- OR
- Belongs to a defined risk group during an outbreak (e.g., immunocompromised)

### **If measles is suspected, direct the HCP to:**

- ➔ Review Memo send out to HCP on [February 27, 2024 Re: Be Vigilant for Measles – Rise in Imported Cases in North America](#)
- ➔ Refer to the *Communicable Disease Management Protocol for Measles Rubeola Section 6. Laboratory Diagnosis – pg. 5*  
<https://www.gov.mb.ca/health/publichealth/cdc/protocol/measles.pdf>

1. Advise the patient to wear a mask when they present to any healthcare setting, such as a laboratory, emergency department or clinic. Suspect patients should be placed on airborne precautions and evaluated promptly. ***Be sure to notify the receiving health care setting in advance of sending your patient for follow-up.***
2. Nasopharyngeal swab is preferred for virus isolation. However, a throat swab can be used for virus isolation as well.
  - Collect an NP swab (preferred) or throat swab for measles virus detection **within four days of rash onset**. *Since the virus is cell associated, the technique should be vigorous enough to capture some epithelial cells.*
    - Swabs should be placed in a tube containing 2 – 3 ml of viral transport medium (VTM).
  - Collect blood for serologic testing (both measles IgG and IgM).
    - IgM serology should be collected within 3 – 7 days of rash onset, but may be taken up to 28 days after rash onset. *IgM serology taken on day 3 or earlier should be repeated if the result is IgM negative; a second specimen should be obtained three days later.*
    - IgG serology should be taken twice: acute and convalescent samples.

- Acute sample should be collected no later than 7 days from rash onset.
- Convalescent sample should be taken 10 – 30 days after the first.
- Additionally, a 50 ml urine specimen should also be collected within 7 days of rash onset.

3. Submit the Clinical Notification of Reportable Diseases or Conditions form, available at: [www.gov.mb.ca/health/publichealth/cdc/protocol/form13.pdf](http://www.gov.mb.ca/health/publichealth/cdc/protocol/form13.pdf)

4. Clients should be advised to self-isolate (i.e., avoid public places, public transit, gatherings or travel) until further direction by Public Health and/or health care provider.

### MHSAL Immunization Eligibility Criteria

#### **Measles, Mumps, Rubella (MMR)**

- All children  $\geq$  12 months of age are eligible to receive 2 doses. In addition to those doses, children age 6 months to under 12 months are eligible for 1 dose if travelling to a measles endemic country.
  - All adults born in or after 1985 are eligible to receive 2 doses of the MMR vaccine.
  - Adults born between 1970 and 1984 are eligible to receive one dose if they do not have documentation of receiving one dose of an MMR vaccine or a history of a laboratory-confirmed infection or laboratory evidence of immunity\*.
  - Health care workers are eligible for 2 doses of MMR vaccine regardless of year of birth if they do not have documentation of receiving two doses of MMR vaccine or a history of a laboratory-confirmed infection or laboratory evidence of immunity\*.
  - Students born before 1970 are eligible for 1 dose; and Students born in or after 1970 are eligible for 2 doses of MMR vaccine if they do not have documentation of receiving an MMR vaccine or a history of a laboratory-confirmed infection or laboratory evidence of immunity\*.
  - Hematopoietic stem cell transplantation (as per CancerCare Manitoba Blood and Marrow Transplant (BMT) Immunization Schedule)
  - Patients currently under the care of a haematologist or oncologist from CancerCare Manitoba (CCMB) who have been provided a CCMB directed Immunization Schedule.
- \*Note: Ordering measles, mumps or rubella serology is not necessary prior to administering an MMR vaccine.
- If the client does not have previous serology demonstrating immunity **AND** does not have documentation of receiving the recommended number of doses of the MMR vaccine or previous laboratory-confirmed infection, assume that they are not immune and administer a dose of the MMR vaccine.
  - If serology is inadvertently done after receiving MMR immunization(s) and does not demonstrate measles or mumps immunity, re-immunization is not necessary.
  - If previous serology is available and shows the client is not immune against rubella only, they can receive one dose of MMR and will be considered immune if the dose was administered after their first birthday.

\*\*Note: Adults born before 1970 are generally considered immune to measles, mumps and rubella due to previous exposure to these infections. They are not eligible for any doses of MMR vaccines unless they are a health care worker or a student.

## **Calls from the Public: Symptomatic or Contact to a Confirmed Case**

1. Assess for symptoms. (see above)
2. If symptomatic, advise them to call their health care provider ahead of time alerting them that they may have measles (this is so MD can assess and proper precautions can be put in place)
3. Clients should be advised to self-isolate (i.e., avoid public places, public transit, gatherings or travel) until assessed further.
4. If client meets the clinical criteria (see above), gather info using the provincial Measles case form **as a tool** for PHIMS data entry:  
[VACCINE PREVENTABLE DISEASE INVESTIGATION FORM \(gov.mb.ca\)](https://www.gov.mb.ca/vaccine-preventable-disease-investigation-form)
5. Report info to CD Coordinator. If after hours call 204-788-8666 and ask for the Medical Officer of Health on call.

## **Information for the Client**

### **What should I do if I think I have measles?**

- If you have fever and a rash and think you may have measles, especially if you have been in contact with someone with measles or traveled to an area with a measles outbreak:
  - Have yourself examined by a health care professional. It is best to call ahead so that you can be seen quickly and without infecting other people. Measles can spread easily in places like waiting rooms and emergency rooms. The doctor or triage nurse can make sure that you are taken into a closed area for an examination and attend the clinic at a time when the waiting room is empty.
  - Bring your immunization record with you.
  - A physical examination, blood test, and throat swab or urine sample will be collected to make the diagnosis of measles.

### **How can I prevent spreading measles to others?**

- The measles virus can be spread for up to 4 days after the rash appears. If you have measles you can help prevent spreading it to others by:
  - Staying at home for at least 4 days after the rash first appeared.
  - Wear a mask.
  - Washing your hands regularly.
  - Coughing or sneezing into a tissue or sleeve rather than your hands.
  - Not sharing food, drinks or cigarettes, or kissing others.

Measles Factsheet, Manitoba Health-

<https://www.gov.mb.ca/health/publichealth/factsheets/measles.pdf>