

# Managing Measles Presentations in a Southern Health-Santé Sud ED

*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. 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
- Patients who report being contacts of a probable or confirmed case of measles: follow same precautions as a suspect case unless it is identified that they are not potentially infectious (if exposure is either less than 5 days or more than 21 days from presentation)
- 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
- Susceptible HCWs should not enter the room of a patient with suspected or confirmed measles or the room of a patient who is in the infectious period. In circumstances when this is unavoidable, the HCW should wear an N95 respirator. **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**
- For any transfers (internal or external), advise the receiving facility/unit *in advance*, that the patient is suspected of having measles
- Report any new suspect/probable/confirmed cases to the site Infection Control Practitioner (ICP)
- For suspect cases of measles, preferred specimen is a nasopharyngeal (NP) swab (flocked swab in 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; NP 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:
  - 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. Offer the taxi driver an N95 respirator and provide seal check instructions and limitations (not fit tested and/or facial hair – seal not guaranteed, self-monitor for 21 days from this date)

## 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](http://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>

Further questions: Contact Site ICP or Regional Coordinator, Infection Prevention & Control  
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