

Quick Reference Guide: Measles

Infection control steps

If patient presents to the ED/Health centre/Clinic with:

Fever **and** exposure to clinical or known measles

OR

Clinical illness: Documented fever, **and** cough, coryza, or conjunctivitis, **and** generalized maculopapular rash of any duration



1. **IMMEDIATELY** place procedure mask on patient at triage.
2. **AS SOON AS POSSIBLE** place patient in negative pressure room. Patient may remove procedure mask while in negative pressure room with door closed.
 - a. If negative pressure room is unavailable, place **ASAP** in private room, close the door and have the patient keep their mask on.
 - b. If private room is unavailable, place in cubicle area, close curtains, have patient keep mask on, then move to private room or negative pressure room ASAP.
3. **IMMEDIATELY** notify YCDC/MOH of all suspect cases, and facility IPAC practitioner if applicable.
4. **Exam rooms should not be used for 2 hours after a suspect case has left the room.**
5. **Negative pressure rooms should not be used for 45 minutes after a suspect case has left the room.**

Lab Specimens: Must collect NP swab AND urine AND serology at initial presentation, order STAT (and notify YCDC/MOH)

Test	Specimen details	Timing of collection	Collection Instructions
Measles virus detection (PCR)	Nasopharyngeal swab (preferred) OR throat COPAN red top UTM, flocced swab¹	At presentation, up to 8 days after rash onset	Label requisition & specimens "acute measles" ^{2,3}
Measles virus detection (PCR)	Urine Sterile container¹	At presentation, up to 14 days after rash onset	Inform WGH Lab of specimen urgency
Serology IgG, IgM	Measles, parvovirus, B19 and rubella ⁴ SST gold top tube¹	At presentation, within 7 days of rash onset	
Serology IgG, IgM	Measles	10-30 days after the first serology	Label requisition "convalescent measles" ^{2,3}

1. If immediate transport is not feasible, place the specimen(s) in a refrigerator and transport to the WGH laboratory as soon as possible. The specimen should be kept cool during transport.
2. Ensure completion of clinical and travel history portion of the requisition.
3. Please consult the eLab handbook for details about requisitions, transportation and storage
<http://www.elabhandbook.info/PHSA/Default.aspx>
4. These are recommended as the clinical presentation of measles can resemble these other viral infections.

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Critical Information to Report to YCDC/MOH:

All clinical, probable, confirmed cases,

YCDC: 667-8323, Monday-Friday 0830-1630; MOH on call number: 332-6922, after hours and weekends <small>Please do not post MOH on call number publicly or share beyond healthcare teams and clinicians</small>	
Use this table as a guide for critical information to report by fastest means possible. Complete and send the full Yukon Measles, Mumps, Rubella Case Report Form within 24 hours.	
Demographics	YHIS: Name: Address: Phone numbers: Attending Physician:
Parent information, if case is a child	Name: Phone Number:
Date of onset of fever:	
Date of onset of rash:	
History of exposure to suspect or known measles case	Where _____ When _____
History of travel outside of Yukon and/or outside of Canada in the last 21 days*? If yes, document recent locations	<input type="checkbox"/> Yes, client has history of travel outside of Yukon or Canada Dates and locations:
Does client identify as:	<input type="checkbox"/> Health care worker <input type="checkbox"/> Attend or work at a childcare, school or other congregate setting. (If yes, circle which one) <input type="checkbox"/> Pregnant
Immunization History	Measles Vaccination: <input type="checkbox"/> Yes, In Yukon <input type="checkbox"/> Yes, outside of Yukon. Where: _____ <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unknown

*Longest possible incubation period is 21 days

