Information Bulletin

island health

Measles Update

As of March 29. 2019 two cases of measles have been reported on Vancouver Island. Based on clinical management and prior immunization, the risk of transmission is extremely low.

In addition, Washington State is currently experiencing an outbreak of measles, which is impacting BC. As of March 29, 2019 there have been 74 confirmed cases of measles in Washington and 22 cases in BC. It should be noted that the Vancouver Island cases are not related to either the outbreak in Washington or Vancouver). Staff should remain vigilant as unimmunized children and adults who have traveled or have been exposed to infected patients could be at risk for measles and may seek care at an Island Health facility.

FREQUENTLY ASKED QUESTIONS

1. **What is measles?**

Measles is a highly contagious respiratory virus. Commonly known as *red measles*, it was a common childhood illness before the introduction of widespread vaccination.

2. **What are the symptoms?**

Symptoms begin with fever, cough and runny nose. Often there is non-purulent conjunctivitis and the patient is very sensitive to light. Small blueish-white spots may appear on the buccal mucosa (Koplik spots). Three days later, a generalize maculopapular rash will appear and last for 4 -7 days.

3. **How is it transmitted?**

Measles is extremely contagious. It is transmitted via airborne droplets and direct contact with the nasal or throat secretions of an infected patient.
Patients are communicable from about 4 days before the rash onset to 4 days after the appearance of the rash.

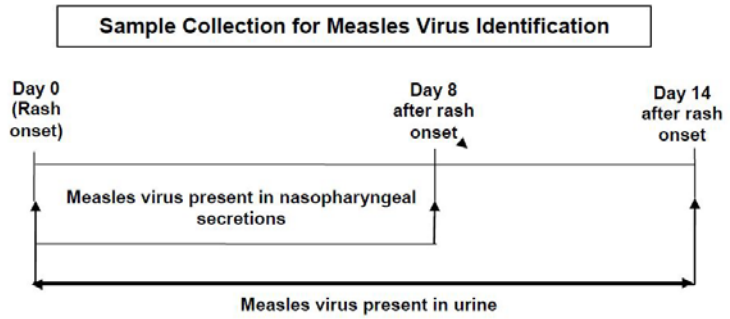
4. **What is the incubation period?**

The usual incubation period is 8-12 days but can be as long as 21 days.

5. What do I do if I have a patient who I suspect has measles?

Patients arriving at the Emergency Department with symptoms consistent with measles:

- Triage to a negative pressure room and begin airborne precautions. If the patient is admitted, ensure that a negative pressure room and airborne precautions will be implemented on the receiving unit.
- Assess the patient's likelihood of having measles based on natural infection or completion of a vaccine series. Consider as likely immune:
    - Children and adults who have had **two** documented doses of Measles, Mumps, Rubella (MMR) vaccine after their first birthday.
    - Adults who have had prior measles infection.
- Collect clinical samples for virus detection. NP or throat swabs for measles PCR can be collected up to 8 days after onset of rash. Urine for PCR can be collected up to 14 days after the onset of rash. Swabs must be collected in viral transport media (blue top swab).



BCCDC Communicable Disease Control Manual

- Serology should only be collected for Measles IgM and IgG after the rash is evident, and is used to rule out other viral causes such as parvovirus B19 and rubella. Please note, 20% of measles cases will not have a reactive IgM if tested within the first 3 days of the rash.
- Notify the medical microbiologist on call and the MHO on call.

For more information:

- Measles – Healthlink BC
- MMR Vaccine
- Occupational Health & Safety – Health & Wellness – Measles Exposure
- News update March 29, 2019