

## Measles Update

Measles cases have recently been identified in every regional health authority in BC, including Island Health. The resurgence in measles activity locally, in BC and nationally is being driven by declining vaccination rates. **Measles infection has occurred almost exclusively in unvaccinated or under vaccinated individuals.**

## Vaccination is the Best Defense

Measles vaccination is very effective, and immunity is long-lasting (85-95% after 1 dose, ~100% after 2 doses). In BC, **a two-dose series is routinely provided at 12 months and at 4-6 years of age.** 15% of 7-year-olds are under/unvaccinated for measles. The following people are eligible for publicly funded MMR vaccine in BC (see [BCCDC MMR Eligibility](#)):

- **Those born on/after January 1, 1970** (1957 for healthcare workers) are eligible for 2 doses, a minimum of 4 weeks apart
- **Children < 4 years old** can receive an **early second dose** of:
  - MMR (#2) if they will be travelling to a community experiencing a measles outbreak\*, or internationally. The minimum interval between MMR doses is 4 weeks. They do not need another MMR dose, but should get the second dose of varicella vaccine at school entry.
  - MMR-Varicella (#2) if they live in a community experiencing a measles outbreak\*. The minimum interval between varicella vaccines is 12 weeks (see [BCCDC MMRV biological page](#)). They do not need any further doses of MMR or varicella vaccine.
- **Infants 6 -11 months old** can receive an **early extra dose** if they:
  - Live in, or will be travelling to, a community experiencing a measles outbreak\* or internationally.
  - Have had a measles exposure (depending on timing, they may qualify for immune globulin instead of MMR)

*These children should receive 2 additional doses per the routine infant and childhood schedule*

\*Updated measles activity and exposure locations are posted on the BCCDC website: <http://www.bccdc.ca/health-info/diseases-conditions/measles#cases>. A measles outbreak is declared when there is widespread community transmission and links between cases cannot be established.

Patients can access and/or update their immunization records online [Immunization records | HealthLink BC](#) ([Immunization records | HealthLink BC](#)). Note that the provincial electronic record may be incomplete especially if immunizations were given out-of-province/country, at a doctor or NPs office, at a travel clinic etc. If a patient's immunization records are unavailable, immunization with measles-containing vaccine is preferred, rather than ordering serology to determine immune status.

### Where to get vaccinated:

- **Children** age 4+ years can receive MMR at a community pharmacy that stocks it ([MMR Vaccines](#)), or at their local health unit ([Health Unit Locations](#)).
- **Adults** can go to a community pharmacy that stocks MMR ([MMR Vaccines](#)), and if the vaccine isn't locally available, they can book an immunization appointment at their local health unit

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### Island Health Medical Health Officers

Chief MHO: Dr. Réka Gustafson 250-519-3406; North Island: Dr. Charmaine Enns 250-331-8591

Central Island: 250-739-6304; Cowichan Region: 250-737-2020

South Island: Dr. Carol Fenton, Dr. Christina Kay, Dr. Mike Benusic 250-519-3406

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- Family physicians, NPs, and other clinicians can order vaccines from Public Health to offer to their patients ([Immunization Information for Healthcare Professionals](#)). If you immunize children <19 in your office, and did not record the immunization in the provincial immunization registry (i.e. Panorama, Pharmanet, ImmsBC or eForm), please report the immunizations to Public Health by completing the [Report of Immunization of Children 0-18 Years by Community Vaccine Providers Form](#) and faxing it to the [Local Health Unit](#).

## Thinking Measles?

### *When to Consider Measles?*

In the absence of a local outbreak, it is unlikely that a patient has measles without **both** of the following:

- Under/unvaccinated AND born after 1969
- Travel in the last month to an area of measles activity OR exposure to a case

Signs/Symptoms:

- Descending maculopapular rash 3-7 days after a prodrome of fever, cough, coryza, conjunctivitis
- <http://www.bccdc.ca/health-info/diseases-conditions/measles#cases>.

### *Report to Public Health*

All suspected cases must be reported to Public Health. If you are suspicious enough to test, or need a Public Health consult, please report to:

- South Island: 250-388-2225
- Central Island: 250-740-2615
- North Island: 250-331-8555
- Afterhours/weekends: 1-800-204-6166

### *Testing for Measles*

Patient with suspected measles should remain masked; do not use exam room for two hours after patient left. HCW should use airborne precautions. If patient is going to a lab, call ahead for infection prevention instructions.

#### **Tests to order:**

Nucleic acid testing (RT-PCR)

- Nasopharyngeal (NP) swab is preferred (in a COPAN red top in universal transport medium) OR throat swab (in a COPAN blue-top tube in universal transport medium) and a urine sample.
- Complete requisition form ([Virology Requisition](#)) and submit to Island Health Lab (preferred for less travel time) or BCCDC.
- NP and throat swabs may be collected up to 8 days after rash onset, and urine samples up to 14 days of rash onset

Serology (both measles IgM and IgG) is valuable, but not critical

### *Advice to Patients & Families*

#### **For suspected cases of measles:**

- Isolate at home while infectious: Measles is airborne, and highly infectious, for 5 days before to 4 days after onset of rash.
- Seek urgent care if illness worsens (call ED in advance for infection prevention instructions).

#### **For patients who were exposed to measles:**

- If fully immunized, no further action needed.
- Susceptible individuals may be eligible for post-exposure prophylaxis. MMR vaccine within 3 days of exposure or immune globulin within 6 days of exposure can prevent or reduce severity of illness. Priority populations for measles post-exposure prophylaxis include: infants <1yo, un/under immunized pregnant people, and immunocompromised individuals.
- Monitor for symptoms for 21 days from the last exposure. If symptoms develop: isolate, call your primary care provider or 811, and/or seek urgent medical attention if seriously ill.

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