

THINK MEASLES



First Nations Health Authority
Health through wellness

Consider measles in any client presenting with a febrile rash illness, especially if unvaccinated for measles or traveled where measles is known to be circulating in the last 21 days.



MEASLES SYMPTOMS

- High Fever
- Cough
- Coryza (runny nose)
- Conjunctivities (red, watery eyes)
- Koplik spots (tiny white spots inside mouth)
- Maculopapular Rash
 - Typically appears 2-4 days after symptoms begin
 - Begins at hairline, spreads downward, to face, neck and trunk
 - Rash appears red on light complexions, but may be harder to see or appear as purple or darker than surrounding skin on dark complexions



PRE-VISIT TELEPHONE TRIAGE

- For those reporting measles symptoms, assess the risk of exposure:
 - Has there been contact with a known measles case?
 - Are measles cases present in your community?
 - Did the client spend time out of the community and/or country or in an area where measles is circulating in the 21 days before symptom onset?
- Is the client protected from measles by vaccination or disease?
- In order to protect others in the clinic, client and companion will be asked to wear a medical mask and, if possible, will be placed in a private room. If available have client enter through a side or back entrance to reduce exposure to others.



PATIENTS PRESENTING WITH SUSPECTED MEASLES

- Provide a medical mask to clients (2 years of age and older) and anyone accompanying them before they enter the clinic.
- Immediately move client and companion to a physically separate location, ideally a negative pressure room (AIIR) if available. If unavailable, use a private room with the door closed.



INFECTION PREVENTION PRECAUTIONS

NOTE: Only healthcare providers/staff known to be immune to measles should be in contact with the client.

- Carry out a Point of Care Risk Assessment (PCRA) to select appropriate PPE & additional infection prevention precaution measures.
- Implement Airborne Precautions and place in a private room (ideally negative pressure) with minimal supplies/equipment.
- Use a fit tested N95 respirator.
- Use a gown/gloves eye protection as per the PCRA.
- Carry out Routine Practices (5-moments of hand hygiene etc.).
- Provide client and others who may be exposed with a medical mask for use in the clinic and during transportation.
- Maintain airborne precautions until at least 4 days after rash onset for immunocompetent clients and until symptom resolution for immunocompromised clients.
- If a negative pressure room is unavailable, the room the client was in should remain vacant for at least 2 hours after the client leaves. If a staff member must enter the room within 2 hours, a fit tested N95 respirator should be worn.
- After the 2 hour air clearance time is complete, a terminal clean with Health Canada approved healthcare grade products should be carried out.



PUBLIC HEALTH NOTIFICATION

- Measles is a reportable disease in BC.
- Refer to the [BCCDC Manual: Measles Interim Guidelines](#) for guidance on case definition, testing and case and contact management.
- Immediately report all confirmed, probable and suspect cases of measles as per BCCDC Case Definition to the [RHA CD Unit](#) and initiate control measures.

Please contact ipc@fnha.ca, cdmgmt@fnha.ca or immunize@fnha.ca for any questions or guidance