



Medical Health Officers  
**UPDATE** for Physicians

**June 1, 2014**

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**DUTY MHO LINE**  
**(24/7)**  
**1-866-457-5648**

**MEASLES UPDATE**

There is currently one confirmed case of measles in Interior Health (South Okanagan) in a visitor from Alberta. As of April 29, 2014, a measles outbreak has been declared in the Calgary, Central, and Edmonton Zones of Alberta Health Services. We are asking healthcare professionals and the public to be alert for the signs and symptoms of measles.

Symptoms of measles include: fever, cough, coryza and/or conjunctivitis and a maculopapular rash typically starting 3-4 days after the fever. The pathognomonic Koplik spots look like grains of salt on a red inflamed background and appear on the mucosa of the cheek next to the upper premolars and molars in early illness. They fade as the rash appears. The rash typically starts first on the face and neck, and spreads to the chest, arms and legs, lasting at least three days. Complications of measles can include diarrhea, otitis media, pneumonia and rarely encephalitis. Patients are considered infectious from 4 days prior to 4 days following rash onset and should be encouraged to self-isolate at home during this period.

**Action requested of all clinicians:**

1. Be alert for cases of measles. Consider measles in any patient with fever and rash, especially in people with exposures to known cases or with recent travel history.
2. Screen clients. Consider having office reception staff screen patients while booking their appointment so that those with fever and rash can be isolated upon arrival. Please ask them to wear a surgical mask and place them in a private room as soon as possible to protect other patients in the office.
3. Promote immunization. Review with your patient their own and their children's medical records to ensure they have received two doses of measles containing vaccine. Children receive their first dose of measles containing vaccine at 12 months and their second dose at ages 4-6 years (second dose was previously given at 18 months). Individuals born before January 1, 1970 (January 1, 1957 for healthcare workers) are considered immune. Individuals can be immunized by calling their local public health unit/centre.

4. Make sure your own and your office staff immunizations are complete.

5. Suspect measles cases should be tested by both virus detection and serology.

Submit a nasopharyngeal swab and urine sample for measles virus isolation and PCR testing. Blood should be collected to test for measles specific IgM and IgG class antibodies. For IgM and IgG serology, obtain the first (acute) sample at the time of presentation and no later than day 7 following rash onset. Collect the second (convalescent) sample 10 to 20 days after the first sample. Collect nasopharyngeal swabs and urine samples at the time of presentation. Nasopharyngeal swabs may be collected up to 8 days after rash onset. Urine samples may be collected up to 14 days after rash onset.

If you suspect the patient is still in their period of infectivity, please call ahead to the lab to ensure they can maintain isolation of the patient when coming in for blood testing. As the clinical presentation of measles can resemble other viral infections, please request that sera from suspect measles cases also be tested for parvovirus B19 and rubella antibodies.

6. Measles is a reportable condition requiring immediate notification to public health. Physicians who suspect measles are asked to immediately notify the IH Communicable Disease Unit during business hours at 1-866-778-7736 to initiate public health follow-up, isolation and testing. After office hours, please call the Medical Health Officer on-call at 1-866-457-5648.