

# MEDICAL HEALTH OFFICERS **UPDATE** FOR PHYSICIANS

**May 27, 2019**

**In this Issue:**

- Measles Testing Post-Immunization
- Post MMR Rash

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## **Measles Testing Post-Immunization**

To protect our communities from increasing risk of imported measles, the province launched a Measles Immunization Catch-up Program for school age children. Interior Health is targeting approximately 20,000 students who are missing one or both doses of measles containing vaccine (MMR/MMRV) through school-based clinics as well as health centre clinics. Post vaccine rash occurs in approximately 10% of individuals after their first dose. As such, we anticipate that some recently immunized children may present to their family physician with vaccine related symptoms.

**Individuals who experience fever and mild rash 7-12 days following their first dose of MMR and have not been exposed to a known measles case should not be tested for acute measles.** The differential diagnosis of fever and maculopapular rashes includes infections with other viruses (rubella, HHV-6, parvovirus B19, enterovirus, EBV, adenovirus, and influenza) and bacteria (Scarlet fever caused by *Streptococcus pyogenes*).

Please contact the Interior Health Communicable Disease Unit or the on-call Medical Health Officer if you have any questions, and prior to ordering acute measles testing.

IH Communicable Disease Unit (M-F 8:30- 16:30): 1-866-778-7736

After Hours On Call MHO (Weekdays after 16:30 and Weekends): 1-866-457-5648

## **Post-MMR Rash:**

Most people have no adverse reaction following receipt of measles-containing vaccine apart from redness, pain and swelling at the injection site. A small proportion experience events such as malaise, fever, parotitis, rash, lymphadenopathy or arthralgia around 7 – 10 days (range 5 - 30 days) following MMR vaccine. About 1-10% of vaccine recipients may experience a measles-like rash and/or fever of > 39°C, and less than 1% may experience cough and/or conjunctivitis.

There is no need to take special precautions for patients who are showing vaccine related symptoms post MMR vaccine. Isolation is not necessary unless measles disease is suspected due to being epi-linked to a case.

For more information about measles testing please refer to the [February](#) physician update