



Medical Health Officers
Alert for Physicians

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Health Alert: Measles Update

There are currently **no** confirmed cases of measles in Interior Health but we are asking healthcare professionals and the public to be alert for the signs and symptoms of measles.

With the recent outbreak of measles in [California](#) and many outbreaks globally, the Public Health Agency of Canada has issued a [Travel Health Notice](#) for measles. California has had 107 confirmed cases of measles with 39 cases visiting Disneyland where they are presumed to have been exposed. In addition, there have been recent cases of measles in Toronto, ON.

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. 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 facemask 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, 1957 are considered immune, regardless of lack of memory of disease.
 - Individuals born January 1, 1957 to December 31, 1969 (except Health Care Workers) are considered immune if they report a history of disease or at least one dose of vaccine, otherwise they can be offered 2 doses of measles containing vaccine.
 - Individuals born January 1, 1970 and later (January 1, 1957 for Health Care Workers) require either lab evidence of immunity or documentation of 2 doses of live measles vaccine given at 12 months of age and older and at least 4 weeks apart to be considered immune.
 - Individuals can be immunized by calling their local 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. 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. Physicians who suspect measles are asked to immediately call 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.

References:

California Department of Public Health Measles: <http://www.cdph.ca.gov/HealthInfo/discond/Pages/Measles.aspx> site last updated Feb 9, 2015

Public Health Agency of Canada Measles: Global Update: <http://www.phac-aspc.gc.ca/tmp-pmv/notices-avis/notices-avis-eng.php?id=98> last accessed Feb 4, 2015.