Interior Health
INFECTION PREVENTION & CONTROL

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Emergency Department See, Think, Do– Approach to Suspect Measles

Follow Routine Practice and Point-of-Care Risk Assessment (PCRA)
With every patient, every task, every time.

SEE Presenting Complaint	THINK Travel/Exposure/Immunity	DO Patient Accommodation
FEVER & RASH Clinical signs Fever (≥ 38.3°C) **and c**ough, runny nose (**c**oryza) or **c**onjunctivitis, **followed by** Generalized maculopapular rash appearing 3-7 days after symptom onset.	**Could it be** Measles**?** Look for: Risk factors. Known Exposure to measles case or area with documented measles outbreak or recent travel. Born 1970 or later **and** unvaccinated against measles / has only received 1 dose of measles-containing vaccine/unsure of immunity.	• **Patient to don medical mask immediately.** • Remove patient from waiting room. • Place patient in AIIR room with DOOR CLOSED. • If no AIIR room available place patient in SINGLE ROOM with DOOR CLOSED. • Post Airborne, Droplet & Contact sign outside room. • Alert physician immediately. • Notify local **Infection Preventionist or** on call Medical Microbiologist (evenings & weekends) for case follow up. ***See Test & Report***

TEST

- **ED physician to assess patient for clinical signs of measles and risk factors** (see above box): date of onset of each sign should be noted, especially rash.
- **ED physician to order:** Measles PCR on urine **AND** nasopharyngeal swab specimens **AND** measles IgM & IgG serology. *Samples should be collected before discharge*.

REPORT

If clinical signs highly suspicious for measles and risk factors for measles present, ED physician to immediately phone CD Unit at 1-866-778-7736 (M-F, 8:30-16:30) **or** On-call Medical Health Officer (MHO) 1-866-457-5648 (evenings & weekends) to assess likelihood of measles case.

Treatment

Treatment recommendations are from Child Health BC and approved for guidance in Interior Health.

There is no specific antiviral treatment for measles infection. Medical management is supportive and aimed at symptom relief and management of complications.

If suspected secondary bacterial infection, before starting antimicrobial therapy, take blood and any other relevant samples for culture and treat with antibiotics (refer to the Empiric Antimicrobial Guide on PHSA SHOP).

- Moderate to severe otitis media — amoxicillin PO or amoxicillin-clavulanate PO
- Pneumonia — amoxicillin PO or ampicillin IV
- Sepsis — cefotaxime or ceftriaxone IV (refer to Provincial Pediatric Sepsis Recognition and Management Guideline on PHSA SHOP)

Use of Vitamin A: Vitamin A does NOT prevent or treat measles but there is evidence that patients with measles who are treated with vitamin A have decreased risk of mortality and severe ophthalmologic sequelae. Vitamin A should be given in the doses outlined below (higher doses pose risk of vitamin A toxicity).

Give vitamin A for confirmed or highly suspected diagnoses of measles in children who have not already had one or more doses of vitamin A if:

- they require **admission to hospital**
- OR they have **immune compromising conditions (even if admission to hospital is not needed)**

In these situations, give vitamin A orally once daily for 2 days, as follows:

- Infants < 6 months of age — 50,000 international units
- Infants 6 to 11 months of age — 100,000 international units
- Children ≥12 months — 200,000 international units

For patients with chronic kidney disease, consult pediatric nephrology at BC Children's Hospital (604-875-2345, page the pediatric nephrologist on call) prior to initiating vitamin A.

Two products of oral vitamin A are available:

- Vitamin A liquid containing 10,000 international units per drop (approx. 0.033 mL). This is the **preferred product** for pediatric patients. A dose of 100,000 international units is 10 drops or 0.33 mL.
- Vitamin A oral capsule containing 10,000 international unit per capsule (not appropriate for young children or for the dosages recommended in the management of measles).

Additional IH Resources

1. Infection Prevention and Control (IPAC): Measles Resource
2. Infection Prevention and Control (IPAC): Measles Quick Guide
3. Management of Patient Requiring Airborne Isolation IN THE ABSENCE OF AIIRs
4. Clinical Care of Children/Youth (age 0 – 17 years) with Suspected or Confirmed Measles

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