

Primary Care Approach to Suspect Measles case

Appointment based locations: Drop in locations: Attention- Measles posters¹ at 1. Have reception staff screen patients (using entrance informs patients with signs and measles screening tool) at time of booking shortsymptoms not to enter facility, call to speak to MOA lead time appointments. for screening and direction (using measles 2. No pre-screening calls are required for screening tool) **OR** to perform hand hygiene, don appointments booked in advance. Use the Measles medical mask, and report to reception immediately. screening tool for any clients who self-identify as positive based on the <u>Attention- Measles poster</u>1 located outside facility entrance. MOA to alert UPCC Lead RN immediately SINGLE ROOM WITH DOOR AVAILABLE? Facility must prioritize providing a single room with a door Yes Νo immediately upon patients arrival. Place patient in single room with door closed. 1. If facility has resources to Post Airborne, Droplet & Contact sign manage isolation measures Patient to remain masked. have patient wait outside (i.e., car) until private room with door available. 2. If facility is unable to ALL Healthcare Providers (HCP) must don fit-tested N95 Respirator, gown, gloves, and eye maintain isolation measures protection when attending to patient. refer patient to nearest **Emergency Department for** assessment and testing. Please call ahead to ED to ensure they can maintain UPCC physician Or NP to assess patient for clinical signs of measles: isolation of the patient upon Fever >38.3°C and arrival. Cough, runny nose (coryza) or conjunctivitis, followed by Generalized maculopapular rash (Date of onset of each of the above should be noted, especially rash) AND UPCC physician or NP to assess patient for Measles risk factors: Travel to area with active measles cases and/or contact with known measles case within 21 days Measles immune status: unvaccinated or only having one dose of measles vaccine AND born 1970 or later If risk factors and symptoms of measles present: **UPCC physician or NP** to order measles PCR on urine and nasopharyngeal swab (NP) specimens and collect on site if possible. If unable to accommodate specimen collection, do not send to outpatient lab, refer to ED and follow notification process. If case highly suspicious for measles, UPCC physician/NP to immediately phone CD Unit at 1-

866-778-7736 (M-F, 8:30-16:30) <u>or</u> On-call Medical Health Officer (MHO) 1-866-457-5648 (evenings & weekends) to notify of suspect measles case.

If the patient requires emergent care, please call ahead to Emergency Department to ensure they can maintain isolation of the patient.

After patient departs, ensure room left empty, with door closed. Airborne, Droplet and Contact signage remains up until both the air clearance period (2 hours) has ended and cleaning and disinfection is completed.

Effective Date	May 7, 2025		
Last Reviewed	July 15, 2025		
Partners Reviewed	MHO, MM, CDU		
Approved By	IPAC		
Owner	Infection Prevention and Control		
Revision History	Date	Section	Revision
	July 8, 2025	Top two boxes	Added clarity on when to use Measles Screening Tool at appointment-based locations. Added hyperlink for Attention- Measles poster.
	July 15, 2025	HCP box	Removed restriction for pregnant HCP.