



Interior Health

MEDICAL HEALTH OFFICERS **ALERT**

April 3, 2025

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Measles Update

Measles cases are increasing across Canada and the USA. In 2025, five cases of measles have been reported in BC in the Lower Mainland. There is increased risk of travel-acquired measles cases in Interior Health which could lead to local outbreaks.

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, and to ensure their vaccinations are up to date.

Actions requested of all clinicians:

Remain vigilant for cases of measles and encourage patients to review their immunization status.

1. **Immunization for Health Care Workers (HCW):** Ensure HCW's (physicians and staff) in your clinic are immune to measles.
 - Review the [BCCDC guidance](#) for recommended vaccines for HCW's. See page 2 for what constitutes measles protection.
 - If a measles exposure occurs at your clinic, [public health may exclude HCW's from work if they cannot provide proof of immunity](#).
2. **Risk factors:** In the absence of a local outbreak, it is **unlikely** that any patient has measles without **both** of the following **risk factors**:
 - Travel in the 3 weeks prior to symptom onset **OR** contact with a case of measles **AND**
 - Under/unvaccinated **AND** born after 1969
3. **Signs and Symptoms:** The **signs and symptoms** of measles include rash (descending maculopapular) after prodrome of fever, cough, coryza and conjunctivitis.
4. **Client Screening and Infection Control:** Consider having office reception staff screen patients while booking their appointment so that those with fever and rash can be isolated upon arrival.
 - HCW's wear [appropriate airborne precaution PPE](#).
 - Recommend the patient wear a facemask and place them in a private room as soon as possible to protect others in the office.
 - The room should not be used for two hours after the patient has left (e.g. book patient at the end of the day).
 - Suspect cases must stay isolated at home until four days after rash onset.
 - Please refer to the latest PICNet update—[Increase in Measles Activity](#) for more information
5. **Test:** Virus detection and serology is required (see [IH Microbiology Lab Test Directory](#)):
 - **Nasopharyngeal or throat** viral COPAN red top UTM swab, collected 0-8 days from rash onset (measles virus isolation and PCR) **AND**
 - **Urine sample**, collected 0-14 days after rash onset (measles virus isolation and PCR testing), **AND**
 - **Blood sample** to test for measles specific IgM and IgG class antibodies, collected at presentation up to 7 days after rash onset (ACUTE Measles Serology).

If you suspect the patient is still in their period of infectivity, **please call ahead** to the Emergency Department to ensure they can maintain isolation of the patient when coming in for testing.

Please call the Medical Health Officer immediately if you have a patient with risk factors for, and symptoms of, measles.

During business hours (0800-1630) call 1-866-778-7736
After hours and on weekends please call 1-866-457-5648