



# Interior Health

## MEDICAL HEALTH OFFICERS **ALERT**

June 27, 2025

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1-866-457-5648

### Measles Activity in Interior Health

There have been confirmed cases of measles across several different communities in Interior Health. Additional measles cases are expected as transmission occurs in IH communities.

Interior Health posts updated measles case counts and significant public exposures on the BC Centre for Disease Control [webpage for measles](#).

All cases of measles are investigated and followed up by the IH Communicable Disease Unit. Individuals who have been exposed to a case of measles, where possible, are contacted directly for information regarding symptom monitoring, immunization information and recommended follow-up.

### 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](#).  
HCW's can access their immunization records through Health Gateway ([www.healthgateway.gov.bc.ca](http://www.healthgateway.gov.bc.ca)). If they have physical records of immunization that are not in the Provincial Immunization Registry those records can be submitted online at [www.immunizationrecord.gov.bc.ca](http://www.immunizationrecord.gov.bc.ca).
2. **Risk factors:** As measles is currently circulating in the Interior region, cases may not have a history of recent travel or known exposure to another case of measles. Patients born before 1970 OR who are fully vaccinated against measles remain unlikely to acquire measles infection.
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.
5. **Test:** Collect the appropriate samples for Virus detection. (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)

**Please call the MHO immediately if you have a patient with clinically compatible measles.**

**During business hours (0800-1630) call 1-866-778-7736**

**After hours and on weekends please call 1-866-457-5648**