

Ministry of Health

Frequently Asked Questions: Measles Management for Health Care Providers

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This document is meant to support health care providers with frequently asked questions related to measles exposures.

Frequently Asked Questions

When should I suspect measles in a patient?

- Exposure to a known measles case, living or recent travel to an area with measles circulation (in and outside of Canada), and being unimmunized or under-immunized
- Prodromal symptoms: fever, cough, coryza/runny nose, conjunctivitis (3Cs)
- A pathognomonic enanthema (white spots on the buccal mucosa, known as Koplik spots) may appear 2 to 3 days after symptoms begin
- Maculopapular rash: starts at the face from the hairlines moving downward and peripherally

What specimens should I collect for lab testing of measles?

- A nasopharyngeal swab/throat swab AND urine sample for molecular (PCR) testing are essential for diagnosis
- Blood for serological testing is not required for diagnosis

How should I manage a patient with suspect measles in my facility (e.g., office, hospital, clinic)?

- Contact your local public health unit (PHU) immediately to report the suspect case (do not wait for laboratory confirmation) and to receive additional guidance
- Schedule the visit to minimize exposure of others (e.g., at the end of the day) if possible
- On arrival, provide the patient with a medical mask (if able to tolerate use and no contraindications) and promptly isolate the patient in an airborne infection isolation room, if available, or private/single patient room with door closed

- After the patient leaves, the door to the room where the patient was examined must remain closed with signage to indicate that the room is not to be used for two hours
- Conduct routine cleaning of the room and equipment once sufficient time has elapsed to ensure adequate air exchange has occurred in the room
- Advise patient to isolate at home and where possible, avoid contact with unvaccinated individuals at high risk of measles complications (i.e. infants/children, pregnant individuals and immunocompromised) while results are pending

What should I do if a patient that I suspect has measles and a clinical presentation that requires further management?

- Notify the receiving facility (e.g., hospital emergency department) ahead of the patient's arrival to allow IPAC measures to be implemented to prevent exposures

What are the risks of maternal measles infection during pregnancy?

Maternal measles can lead to:

- Increased risk of maternal complications
- Pregnancy loss
- Preterm birth
- Low birth weight
- Congenital measles infection in the infant

Is the MMR vaccine recommended during pregnancy?

- The MMR vaccine is not routinely recommended during in pregnancy because it contains a live, weakened form of the measles virus
- MMR vaccine should be given:
 - Before pregnancy. Current advice from the Canadian Immunization Guide is to wait at least 1 month after getting the MMR vaccine and pregnancy
 - Anytime after birth, including while breastfeeding

What measures can my staff and I take to protect ourselves against measles?

- Only health care workers with documentation of two doses of measles-containing vaccine or laboratory evidence of immunity should provide care to patients with suspected/confirmed measles
- Maintain documentation of all staff's immunization status to measles on file to avoid staff exclusion in the event of a measles exposure

- All health care workers and staff should wear a fit-tested, seal-checked N95 respirator, regardless of immune status, when entering the room of/providing care to a patient with suspect or known measles
- Droplet and Contact Precautions are recommended (gloves, gown, eye protection) due to risk of exposure to rash (non-intact skin) and respiratory secretions

Is Vitamin A recommended for children with severe measles?

- Vitamin A does not prevent measles and is not a substitute for vaccination.
- Measles treatment focusses on supportive care to relieve symptoms and prevent and manage complications
- Measles can deplete vitamin A levels in the body and deficiency is linked to worse outcomes
- Several organizations, including [Health Canada](#), [World Health Organization](#), and the [Centres for Disease Control](#) recommend that children diagnosed with severe measles, especially those who require hospitalization, receive vitamin A supplementation to prevent and reduce complications from measles