



March 5, 2019

**Office of the
Chief Medical
Health Officer**

Measles Update for Physicians

With measles cases currently occurring in Vancouver, we know that there has been heightened concern about measles and measles vaccination on Vancouver Island. This has impacted healthcare providers across the region. Some of the common concerns/questions are addressed below. If you have further questions, please contact your local Communicable Disease unit or Medical Health Officer.

Although there is a specific school based outbreak in Vancouver (12 linked cases as of Feb 27), measles is not widely circulating in Vancouver, nor any other region of Canada, and the likelihood of exposure to measles in public settings remains low. Overall BC has high rates of measles vaccination, thus limiting the sustained transmission of measles in the community. Unvaccinated or under-vaccinated travelers to countries with high measles activity remain the most common type of measles case we see in Canada.

Differential Diagnosis & Testing

When considering measles in the differential diagnosis of a patient, consider:

- 1) the clinical picture- Measles presents with fever, cough, runny nose and conjunctivitis, and then red maculopapular rash a few days later. The rash begins on the face and descends. Irritability, fatigue and anorexia is common. The incubation period for measles is usually 7-10 days after exposure, up to 21 days.
- 2) high risk travel history or exposure to a known case
- 3) patient's vaccination history.

A viral nasopharyngeal or throat swab (using UTM media), as well as urine for measles virus detection should be collected for suspected cases. Serology for measles IgM and IgG can also be collected for acute cases. Serology is not recommended for confirmation of immunity after vaccination.

Vaccination

One dose of MMR vaccination induces immunity in up to 95% of individuals, and a second dose 99% protection. Once vaccinated, there is some immediate protection although it takes about two weeks for a full protective response. After two doses, immunity is presumed to be lifelong.

Mild vaccine-related fever and rash about 7-12 days following MMR vaccination occurs in some people; this is not communicable and does not require reporting or special follow up.

Children and adults born in 1970 or later (born in 1957 or later for healthcare workers) are eligible for 2 doses of MMR. Children are routinely immunized at 12 months and 4-6 years old. Early MMR vaccination (before 12 months of age) or an early second dose (before 4 years) is NOT recommended unless there will be high risk travel to countries with high measles activity.

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After Hours On Call

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Communicable Disease Reporting & Follow Up

If you suspect your patient has measles, please report it immediately to the Communicable Disease unit or Medical Health Officer (after hours). Measles is a reportable condition in BC.

Island Health Communicable Disease will follow up all suspect and confirmed cases, including any contact notification in public settings.

Communications

Please exercise caution when communicating with patients about including measles in your differential, as this is an anxiety-provoking disease for the general public. We have already had inappropriate messaging and actions on social media and other community settings based on unconfirmed information and rumors. If there is a confirmed case in a Vancouver Island community, Island Health Public Health will report this publicly and coordinate any public health action. Direct patients to the Island Health website if they require further information about measles cases or vaccination.

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