



Office of the
Chief Medical
Health Officer

COWICHAN AREA

250.331.8591

Shannon Waters
MD MHSc FRCPC
601-222 Cowichan Way
Duncan, BC V9L 6P4

NORTH ISLAND

250.331.8591

Charmaine Enns
MD, MHSc, FRCPC
355-11th Street
Courtenay, BC V9N 1S4

CENTRAL ISLAND

250.739.6304

Paul Hasselback
MD, MSc, FRCPC
3rd Floor 6475 Metral Drive
Nanaimo, BC V9T 2L9

SOUTH ISLAND

250.519.3406

Richard Stanwick, CMHO
MD, MSc, FRCPC, FAAP

Murray Fyfe
MD, MSc, FRCPC

Dee Hoyano
MD, FRCPC

430 –1900 Richmond Ave.
Victoria, BC V8R 4R2

After Hours On Call

1.800.204.6166

April 17, 2019

Measles Update

As of April 16th, there have been six measles cases identified on Vancouver Island since early March. All cases have been in South Island and the ages range from less than one year to over 40 years. Two cases had previously received two doses of measles-containing vaccine, while the remainder were not fully immunized. A two dose series of measles-containing vaccine is highly protective however, occasional cases do occur in fully immunized individuals. When this does happen, the illness is often less severe, and the individual may be less infectious to others.

Reducing Risk of Measles Exposure in Health Care Settings.

Patients *suspected of having* measles should be provided with a surgical mask *on arrival* and placed in a private room immediately. Importantly, *this* exam room should not be used for two hours after the patient has left *your office*. Ideally these patients should be scheduled *to be* seen at the end of the day after which other patients will not *be present and at risk of exposure* in *your office*.

If the patient is *so* ill that they need to be assessed in the emergency department (ED), please notify the ED in advance so that appropriate infection control measures can be taken.

A viral nasopharyngeal or throat swab (using red top or blue top Copan swab in UTM media), as well as urine (collected in a sterile urine container) for measles virus detection should be collected for suspected cases up to 12 days after rash onset. Serology for measles is generally not necessary to confirm the diagnosis.

To reduce the risk of exposing other patients and health care workers, it is highly preferable that patients not attend a laboratory setting in person. Rather the swab should be collected at the physician’s office, and the urine be collected at the *doctor’s* office or at patient’s home.

To expedite the turnaround time for South Island suspect measles case diagnosis, specimens and the accompanying requisition should be dropped off at the VGH or RJH outpatient lab by a family member or acquaintance who is not ill and has been fully immunized for measles.

If you suspect your patient has measles, please report it immediately to the Communicable Disease unit during business hours or to the Medical Health Officer on-call after hours.

Communicable Disease Office	Address	Phone Number
South Island CD Office	1947 Cook St Victoria	1.866.665.6626
Central Island CD Office	#8 – 1599 Dufferin Crescent Nanaimo	1.866.770.7798
North Island CD Office	355 11 th Street Courtenay	1.877.887.8835

Medical Health Officer after hours: 1.800.204.616