



April 4, 2019

**Measles Update**

There have now been 3 confirmed cases of measles on Vancouver Island; all cases are located in the South Island. One new case was identified on April 2. At this time, there is no known link between this newest case and the previous cases, nor other known exposures or travel-exposure.

On April 4, Island Health publicly alerted individuals that they may have been exposed to measles at the following locations:

Date	Time	Location
March 30, 2019	12 pm. to 3 p.m.	Beacon Community Services Thrift Store: 7060 West Saanich Road (located in same building as Victoria Costumes)
March 30, 2019	12 p.m. to 3 p.m.	Fairway Market: 7108 West Saanich Road

We are asking unimmunized or incompletely immunized people who were present at either of those locations during the specified times and it has been less than 6 days since this exposure (up to April 5) to call the **Saanich Health Unit at 250-519-5100** to find out where to get vaccinated/prophylaxis this week.

We are also asking people who may have been exposed to measles to monitor for symptoms for 21 days after the exposure date. Symptoms of measles include fever, runny nose, sore throat, cough, diarrhea and red eyes, followed a few days later by a rash that starts on the face and spreads to the chest.

There were other exposure locations identified and we have been contacting susceptible people directly for follow up. Some of those settings are healthcare facilities.

This situation highlights the need to be vigilant for potential measles cases. Although we do not expect to see significant local ongoing transmission of measles due to high immunization coverage in BC, global increases in measles activity will result in increased importations and possible unidentified transmission in Canada.

**Differential Diagnosis & Testing**

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

- 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.
- History of travel to high risk area or exposure to a known case
- Patient’s vaccination history

**Office of the Chief Medical Health Officer**

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**After Hours On Call**

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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. This combination of testing is preferred as highly specific and sensitive. Serology for measles IgM and IgG is not as useful clinically, particularly in previously vaccinated individuals. Serology is not recommended for confirmation of immunity after vaccination. Serology is also complicated by the need for infection control measures at lab collection sites; please ensure that the lab is aware of any potentially infectious patient being referred for serology so that infection control measures can be put into place.

Promptly isolate patients with suspect measles. Measles is airborne and highly infectious. To protect other patients, please provide them with a surgical mask and place them in a private room immediately. Importantly, the exam room should not be used for two hours after the patient has left. Suspect cases will need to stay isolated at home until four days after rash onset.

### **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.

### **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.

Sincerely

Dee Hoyano, MD, FRCPC, CCFP  
Medical Health Office