



Measles

This resource provides the most up-to-date information on prevention and management of suspected cases in your practice.

What you need to know:

- See here for Public Health Ontario's new resources; [Measles Information for Health Care Providers and IPAC Recommendations](#).
- If patients call or attend clinic with febrile and/or respiratory rash illness, expedite evaluation in a private room to minimize patient and health care workers' exposures.
- All health care workers, regardless of immune status, should wear an **N95 mask**. This recommendation from PHO comes in light of recent documented cases of measles transmission to health care workers with presumptive evidence of immunity.
- Order N95 respirators and other PPE through the [Ontario PPE Supply Portal](#).

All suspected cases should immediately be reported to your [local public health unit](#), which will facilitate a public health case and contact management.

Immunization Recommendations

Amidst this rise in measles cases, consider reviewing immunization records during routine appointments, with a particular focus on school-aged children. Counsel parents and caregivers about the importance of vaccination, particularly for children under five who are at the highest risk for severe outcomes.

Everyone in Ontario is recommended to stay up-to-date with measles-containing vaccines according to the [Publicly Funded Immunization Schedules for Ontario](#).

Children

- Standard two-dose regimen – the first given at 12 months (MMR vaccine) and the second between ages four to six (MMRV vaccine).
- Some children may have missed a shot due to the COVID-19 pandemic – it is important children are fully vaccinated against measles.

Adults born before 1970

- Generally assumed to have natural immunity.
- One dose of MMR vaccine is recommended prior to travel outside of Canada, unless there is lab evidence of immunity or history of lab-confirmed measles.

Born in 1970 or later

- Adults born in or after 1970 likely received one dose of a measles-containing vaccine. In 1996, two doses became standard in Ontario.
- Those who have only received one dose of MMR vaccine are eligible to receive a second dose if they meet any of the criteria below or based on the health care provider's clinical judgment.
 - Health care workers
 - Post-secondary students
 - Planning to travel outside of Canada

Travelling

- Individuals travelling outside Canada should ensure they're adequately vaccinated against measles prior to travel. This includes infants six to 11 months (note: an additional two doses of measles-containing vaccine are still required after the first birthday for long-term protection).
- [See chart on page 3](#) summarizing recommendations for measles vaccination prior to travel outside of Canada.

Unknown immunization history

- There is no harm in giving measles-containing vaccine to an individual who is already immune.
- If a patient's immunization records are unavailable, vaccination is preferable to ordering serology to determine immune status.

Screen Patient by Asking: Do you have symptoms of measles?



Fever



Cough



Conjunctivitis



Runny Nose



Koplik spots



Rash

- The infectious period for measles is four days before rash onset until four days after rash onset.
- Measles can resemble other viruses, including Mpox, varicella, and hand, foot and mouth disease.
- Symptoms generally start around 10 days after being exposed but can start anywhere from seven to 21 days after exposure and typically last for one to two weeks.
- The characteristic red maculopapular rash typically appears after three to seven days of initial symptoms.
- Rash first appears on the face and spreads downwards over the body, lasting five to six days.

Yes

Do you have risk factors for measles?



Recent travel



No/unknown immunity



Links to a known outbreak or case

Yes

Providing Care for Symptomatic Patients

When patients call for appointments with symptoms of febrile and/or respiratory rash illnesses, consider measles in differential diagnoses, particularly in patients returning from travel.

- Routine practices and airborne precautions are recommended.
- Only health care workers with presumptive immunity should care for a patient suspected of measles (two doses of measles-containing vaccine or lab evidence of immunity).
- All health care workers and staff should wear an N95 mask, regardless of immune status.
- Health care workers should also conduct a personal care risk assessment (PCRA) to determine whether additional PPE is recommended (e.g., gloves, gown, eye protection).

Patient flow

- Where possible, schedule symptomatic patients separately from other patients—ideally at the end of the day since no other patients should be placed in the same room for two hours afterwards.
- Require symptomatic patients to wear medical masks.
- Promptly isolate symptomatic patients in a negative pressure room, if available, or single patient room with the door closed.

For more guidance, refer to [PHO's new Interim IPAC Recommendations](#).

! Testing

Note: All suspect cases of measles should immediately be reported to your local public health unit. Do not wait for laboratory confirmation.

Collect samples for testing

- To optimize test turnaround time, ensure use of valid (non-expired) collection kits (if you require specimen collection supplies for your clinic, order [through PHO](#)).
 - Collect PCR nasopharyngeal / throat swab **AND** urine as well as diagnostic serology.
- If you cannot collect samples in your office, provide the patient with a requisition and refer to a lab for testing.
- If you are referring a patient for further assessment or diagnostic testing, advise the patient to contact the health care facility prior to arrival (if possible) so appropriate IPAC precautions can be implemented.