



Measles

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

Sources:

- Public Health Ontario's (PHO) resources: [Measles Information for Health Care Providers](#) (January 2026) and [IPAC Measles Checklist](#) for Clinics.
- Public Health Agency of Canada's (PHAC) [Guidance for the public health management of measles cases, contacts and outbreaks in Canada](#).

What you need to know

- If a patient attends clinic with febrile and/or respiratory rash illness, provide a medical mask when in clinic, if tolerated, and expedite evaluation in a private room to minimize patient and staff exposures.
- Keep the exam room door closed after the patient exits to allow sufficient time for the air to change in the room and be free of respiratory particles (two hours is a conservative estimate) and then conduct routine cleaning of the room and equipment.
- All health care workers must wear an **N95 mask when caring for a patient with a suspected case of measles**. Only those with presumptive immunity should care for patients with suspected measles.
- Order N95 respirators and other PPE through the [Ontario PPE Supply Portal](#).

Report all suspected cases to your local public health unit immediately to facilitate case and contact management.

Immunization Recommendations

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.

Routine Immunization Schedules and Travel Immunization Recommendations

Age Group	Ontario's publicly funded routine immunization schedule	Measles immunization recommendations for travel*
Infants (6 to 11 months)	Not recommended	One dose of MMR vaccine
Children (12 months and over)	Two doses of measles-containing vaccine: <ul style="list-style-type: none"> One dose of MMR at 1 year of age One dose of MMR between 4 and 6 years of age (prior to school entry) 	Two doses of measles-containing vaccine: <ul style="list-style-type: none"> One dose of MMR at 1 year of age Children 1 to 4 years of age may receive an early second dose of measles-containing vaccine**
Adults (18 years and older)	Adults of any age who have had only one dose of MMR may receive a second dose if they are: <ul style="list-style-type: none"> Health care workers Post-secondary students OR based on a health care provider's clinical judgement 	A second dose of MMR is recommended for all adults born in or after 1970 (for those who have not previously received 2 doses of MMR)

*These recommendations apply to those who are travelling to areas where measles is of concern, either domestically or internationally (please see the Government of Canada's [Travel Health Notices](#) or refer to provincial and territorial websites for more information).

**Measles-containing vaccines (Measles, Mumps, Rubella [MMR]; Measles, Mumps, Rubella, Varicella [MMRV]) should be separated by a minimum interval of ≥ 4 weeks, from one another and other live attenuated vaccines.

Key Immunization Principles

- Infants who receive their first dose of MMR vaccine between 6–11 months of age require two additional doses after the 1st birthday to ensure long term protection and for school immunization requirements.
- All adults are eligible for one dose if they have never received an MMR vaccine. However, most adults born before 1970 are immune from past exposure to measles.
- If immunization status is unknown, offering a measles vaccine is preferred to ordering serology to determine immune status. There is no harm in receiving an additional dose.

Immunization Guidance for Pregnant Patients and those who are Breastfeeding

- Measles-containing vaccines are not routinely recommended in pregnancy.
- Review immunity to measles in patients of reproductive age who may become pregnant; complete immunization before pregnancy.
- If planning to get pregnant, individuals should aim to delay their pregnancy for at least four weeks following vaccination with a measles-containing vaccine ([Measles Vaccines: Canadian Immunization Guide](#)).
- Measles-containing vaccine may be given to susceptible individuals at any time after giving birth, including while breastfeeding.



Screening

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 your differential diagnoses, particularly in patients returning from travel.

- Routine practices and airborne precautions are recommended.
- Only health care workers with presumptive immunity (i.e., two doses of measles-containing vaccine or lab evidence of immunity) should care for a patient suspected of measles.
- All health care workers and staff should wear an N95 mask when caring for a patient with a suspected case of measles.

Testing

Report all suspect cases of measles to your local public health unit immediately. **Do not wait for laboratory confirmation.**



Yes

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).
- PCR is the preferred testing method. Measles serology may be helpful and should be used at your discretion.
- 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, the receiving facility (e.g., hospital emergency department) must be notified ahead of the patient's arrival to allow IPAC measures to be implemented to prevent exposures.

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, if tolerated.
- Promptly isolate symptomatic patients in a single patient room with the door closed.

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

Isolation Advice for Patients

- If measles is suspected, **advise the patient to isolate while lab results are pending**. Patients with measles are infectious from four days prior to rash onset through four days after rash onset (nine days in total). Immunocompromised individuals may be infectious for a longer period and should isolate for the duration of the illness.
- See [Public Health Agency of Canada's](#) advice for more information regarding pre and post diagnosis to provide to patients.