

Measles Update in Vancouver

We are no longer seeing secondary measles cases related to the outbreak that began in February, but we continue to identify travel-related cases of measles. A new case of travel-related measles spent time in the following locations within Vancouver Coastal Health on March 27th, 2019:

- The Expo Line between 8 a.m. and 11 a.m. and noon to 3 p.m.
- Lobby and elevators at 666 Burrard Street in Vancouver and the Ascenda School of Management, at the same location, between 8:55 a.m. and 2:05 p.m.

We ask that physicians continue to remain vigilant for further clinical cases of measles. Measles initially presents with a fever, cough, runny nose, and conjunctivitis, which is then followed a few days later by a red maculopapular rash. The rash begins in the hairline and spreads rapidly to the face, trunk and limbs. Koplik spots, if present, fade as the rash appears.

Please note that both fever and rash can occur following immunization, but testing is not needed unless you suspect wild type measles. Measles tests post-vaccination will be falsely positive because of the vaccine strain of the virus, and will require further testing at the National Laboratory to rule out true measles illness. Fever occurs in 5-15% of first time measles vaccine recipients (typically 7-12 days post immunization, lasting 1-2 days) and rash occurs in 2-5% of first time measles vaccine recipients (typically 7-10 days post immunization, lasting about 2 days). As we have no continuous community transmission of measles at this time, a mild fever and rash in a post-vaccination patient *not* known to be a contact of a measles case is more likely to be a mild adverse event rather than a true case of measles.

If you have a high suspicion for measles, please immediately notify the Medical Health Officer at 604-675-3900 (After hours: 604-527-4893) and take the following steps:

- 1) 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.
- 2) To confirm the diagnosis,** please collect a nasopharyngeal or throat swab (COPAN red-top or blue-top swab in universal transport media (UTM)) and collect a urine sample for measles virus detection. Collection of blood for serologic testing is also advised (request testing of measles IgG and IgM; mark as 'ACUTE measles').

Please take this opportunity to immunize against measles. Two doses of MMR vaccine are recommended for patients born after January 1, 1970; those born before that date are considered to be immune. Health care workers born between 1957 and 1969 are recommended to have two doses of MMR vaccine. Patients with an uncertain immunization history may also be immunized. Post immunization serology is not indicated for MMR vaccine.

You can reach a Medical Health Officer in Vancouver at 604.675.3900 Toll free at 1.855.675.3900
For public health emergencies after hours contact the Medical Health Officer on call at 604.527.4893

Vancouver Medical Health Officers
Dr. Patricia Daly (Chief Medical Health Officer)

Dr. Réka Gustafson, Dr. John Harding, Dr. Althea Hayden, Dr. James Lu, Dr. Emily Newhouse

To receive Physicians' Updates by email please contact us at: vchregistrationcdc@vch.ca