

# IPAC Protocol for suspect case of measles in Physician Offices

## WHAT TO DO IF YOU SUSPECT MEASLES:

**Physicians' offices who are contacted by a patient stating they have been exposed to measles and feel unwell should conduct the following precautions:**

1. Ensure all office staff are adequately immunized for measles
2. Ensure a designated room with direct egress route for the appointment or book patient at the end of the day after other patients have left
3. Provide instructions for arrival including which entrance to use and the precautions to take (e.g., how to notify office staff, when to enter the office, don a facemask upon entry.).
4. Immediately isolate patient in a single room and close door.

### Symptoms:

- Fever (usually high)
- Cough, coryza, conjunctivitis
- A maculopapular rash that starts on the face and neck and subsequently spreads down the rest of the body (occurs 3-7 days after symptom onset)
- Koplik spots (small white spots) may also show up inside the mouth and throat

## Infection Prevention and Control Protocol around suspect case of measles:

Measles is a highly infectious virus that is spread through respiratory droplets (contact with nasal/throat secretions) but can also be spread through the airborne route. The incubation period from infection to symptom onset is about 10 days, with average time from infection to onset of rash about 14 days. Cases are infectious from the onset of fever and until four days after the appearance of the rash.

### PPE

- **Gloves:** As per routine practices based on point of care risk assessment
- **Gowns:** As per routine practices based on point of care risk assessment
- **Masks:** Procedure mask as per routine practices based on point of care risk assessment.
- **If HCW nonimmune or unknown immunity, wear a NIOSH approved mask with HEPA Filter (N-95 respirator)**

**Duration of Precautions:** Until 4 days after start of rash; duration of illness in immunocompromised patients assessed case by case

**Comments:** Only immune personnel and caretakers should enter the room. HCWs who are unsure of their immune status should contact health care provider

1. **Inform** local Public Health and Infection Prevention and Control.
2. **Order and/or collect** specimens (see below).
3. After patient is discharged:
  - Leave procedure or office room where patient was examined empty with door closed for 2 hours
  - Clean the room using regular cleaner disinfectant as per isolation protocol

## Laboratory testing of suspected measles:

If necessary, order and collect the appropriate lab sample and follow direction of Public Health for next steps. If the suspected case is being sent to another health care facility, such as Emergency Department, please notify them in advance.

LABORATORY TESTING AND SAMPLE TYPE			
	Specimens to be Collected	Specimen Containers	Test Request
Acute Illness	1) Nasopharyngeal swab / aspirate or throat swab = collect as soon as possible from rash onset (within 7 days).  <u>AND</u> 2) Urine = collect within 14 days of rash onset.	1) Viral Transport Medium.  <u>AND</u> 2) Urine = 50 mL in a sterile container.	Request <b>Measles PCR</b> for swab and urine.
	<u>AND</u> 3) Serology = collect ideally within 7 days of rash onset.	<u>AND</u> 3) Serum – collect 5mL blood in SST tube.	Request <b>Measles IgM</b> and <b>Measles *IgG serology</b> .
Immunity determination	1) Serology	Serum – collect 5mL blood in SST tube.	Request <b>Measles IgG serology</b> .
Refrigerate samples at 4°C and sent promptly to the Central Zone Laboratory at the QE II HSC. <ul style="list-style-type: none"> <li>For acute illness samples: Let <a href="mailto:Janice.Pettipas@nshealth.ca">Janice.Pettipas@nshealth.ca</a> know if a sample is being sent or <b>after hours</b>, inform the Microbiologist on-call at 902-473-2222.</li> </ul>			