THE FOLLOWING MEASLES MATERIALS HAVE BEEN DEVELOPED BY & SHARED (WITH PERMISSION) BY HAMILTON HEALTH SCIENCES.

March 2025

Measles Process Flow: Ambulatory Patients

Step 1: Registration Pre-Screening

ASK: Have you or anyone accompanying you to this visit:
1) Had a Measles exposure in the past 28d
2) Have symptoms suggestive of measles: Cough, fever, coryza, conjunctivitis +/- rash **AND in the past 21days** travelled outside of Canada?

CHECK: if patient is flagged in EPIC as Measles exposed

YES

CHECK IMMUNITY: Measles immune if:
1. Minimum 1 dose of the measles vaccine **OR**
2. Known history of measles **OR**
3. Positive serology **OR**
4. Born before 1970

YES

If symptomatic, patient/visitor dons a mask

NO

NO or unsure

Measles suspected until proven otherwise

✓ Measles immune staff only to care for patient-don N95, Escort patient to isolation room (with HEPA if available and close the door), airborne signage, patient/visitor dons mask

Step 2: Clinical/Medical Patient Review

If measles is suspected, MRP performs Clinical/medical review of patient & determines best clinic approach

NON-URGENT Visit
- Advise going directly home & contact their GP or call local Public Health Unit (Mon–Fri 8:30-4:30 pm)
- Reschedule appointment with MRP in 1 month (*date dependent on duration of isolation in discussion with IPAC)*

URGENT or REQUIRED Visit

STAFF: Message clinician via Epic in-basket to advise patient screened positive and state where they are waiting

CLINICIAN: don N95 and determine if testing is required through review with IPAC.

If testing required at acute site and nursing available to perform testing, proceed

If unavailable, provide PH contact to patient using contacts below (or handout)

Engage IPAC to determine if appointment can proceed without additional precautions if:
- Exposure >21d ago AND did not get measles Ig/IVIG as PEP, AND is now asymptomatic
- Has symptoms and travel but rash started >4 days ago does not need isolation but may merit testing

VISIT during 21-day incubation period requiring Airborne precautions
- Schedule at end of day or after hours in designated enclosed clinic space with HEPA/negative pressure
- Contact security to arrange best path of travel
- Patient/visitors PPE arranged in advance from point of entrance
- Required Lab/DI completed in designated room

- *If patient arrived via Public Transport, send home via Taxi service. Inform taxi patient is a measles exposure, driver should be vaccinated, provide voucher, and instruct to go directly home*
- *Review testing guideline document for specific requirements/process for testing*

Ambulatory Staff Guide
Patients screen positive and require Outpatient Testing

Who to Test?

If you have a patient that has informed you prior to their visit they are **NOT** measles immune (measles immune is defined as: born before 1970, had at least 1 dose of measles vaccine, had a history of measles infection or had a history of measles positive serology IgG) **AND** meets either of the below criteria they require measles testing as measles person under investigation (PUI):

1) Fever/URTI/Rash AND Travel history in the past 21days **OR**
2) Fever/URTI/Rash AND Known Measles exposure

Ask this patient to postpone their visit until their testing is resulted. Anyone who requires measles testing should isolate at home until they receive their test results via phone from Public Health.

- If the patient's visit is deemed necessary to proceed despite being a measles PUI (minority of patients) the clinical team should make appropriate arrangement in airborne isolation for testing and ongoing care.

Where to Test?

Severely unwell needing emergency room care (minority of cases)

- Refer them to the nearest ER (call this ER in advance to let them know a measles PUI is coming)
- Advise patient to go to ER with a caregiver (friend or parent) that is known to be immune to measles. Prior to entering the emergency room, instruct them to wear a mask, and report to the triage nurse that they may have measles. The patient should not wait in the waiting room, they should only go into the hospital once wearing a mask and ideally, when the ER is ready to receive the patient they are put immediately in airborne isolation.
- If they are on site when measles risk is recognized they may require EMS for transport to the local ER
    - If there is an appropriate ER on site the patient can be escorted by staff wearing N95s to the on site ER after informing the ER of the incoming potential measles patient
    - If there is not an appropriate ER on site the patient should await EMS arrival in airborne isolation and EMS staff should be made aware of risk

Patients attending a required ambulatory appointment who are measles under investigation (refer to Measles process flow: Ambulatory Patients document for reference)

Nursing staff available in clinic to perform testing (urine, blood and nasopharengeyl swab)

- Staff to don N95 mask and provide mask for patient to don if not already in place. Escort patient to identified isolation room with hepafilter (if available) and close door.
- Complete measles panel under measles work-up in EPIC (includes urine, blood and NP swab)
- Order: Measles Workup - Ambulatory which includes:
    - Serology Measles Diagnosis (IgM) (red top tube)
    - PCR Measles: NPS or Throat swab (viral media – check expiry date)
    - PCR Measles: Urine (can be first void, no catheterization needed)
- Instruct patients they will be contacted by Public Health with results as they become available and provide educational handout

Nursing staff not available in clinic to perform testing

- Refer patients to community testing (see below)

Community Testing (should be encouraged whenever possible)

- For patients in our ambulatory areas that screen positive at registration as a measles PUI that do not need to proceed with their ambulatory visit until they are no longer requiring measles precautions can be directed to the below two options for testing
  1. GP offices are in some cases able to test patients at the end of their clinic day – have them call their GP to arrange this in advance
  2. Call your local Public Health, Monday–Friday 8:30-4:30 p.m. –leave voicemail, RN will call back

Hamilton: 365-323-8170 Brant: 519-753-4937 Niagara: 905-688-8248 ext. 7330 Waterloo: 519-575-4400 ext:5275	Haldimand-Norfolk 519-426-6170 ext:3438 Halton: 905-825-6000 press 0, leave message for reportable diseases Wellington-Dufferin-Guelph 1-800-265-7293 ext:4752

For patients in our ambulatory areas that screen positive at registration as a measles PUI that needs to proceed with their ambulatory visit on site

- Testing will be offered on site _____

Measles- Cleaning in Ambulatory Care Areas

Cleaning after a Measles PUI

1. Leave Airborne precaution sign to door, until room is fully clean
2. Put on gloves
3. Room with a HEPA Filter
   Run HEPA for minimum 30 minutes and clean wearing an N95

   Room with no HEPA
   Must wait 2 hours with doors closed, clean wearing an N95

   No termination clean is required by Crothal

4. Remove all articles, paper liner, sheets from exam table
5. Use Oxivir TB (or equivalent) and wipe down ALL surfaces and equipment in contact with patient and family
6. Allow all surfaces to dry between patients, as per product instructions
7. Lay clean paper on surface of exam table for next patient (NOTE: paper does not replace the need to disinfect surfaces post assessment/care of patient)
8. Wipe down computer keyboard/mouse, phone between patients, if used
9. Once completed, close door and apply "I am clean" sticker
10. At end of clinic day (4:30pm) remove all green stickers on doors so Crothal is aware which rooms need a full cleaning

Muster Stations

1. At start of clinic: teams are advised to wipe down all muster station space, keyboards and phones with Oxivir TB (or equivalent)
2. End of clinic: repeat above

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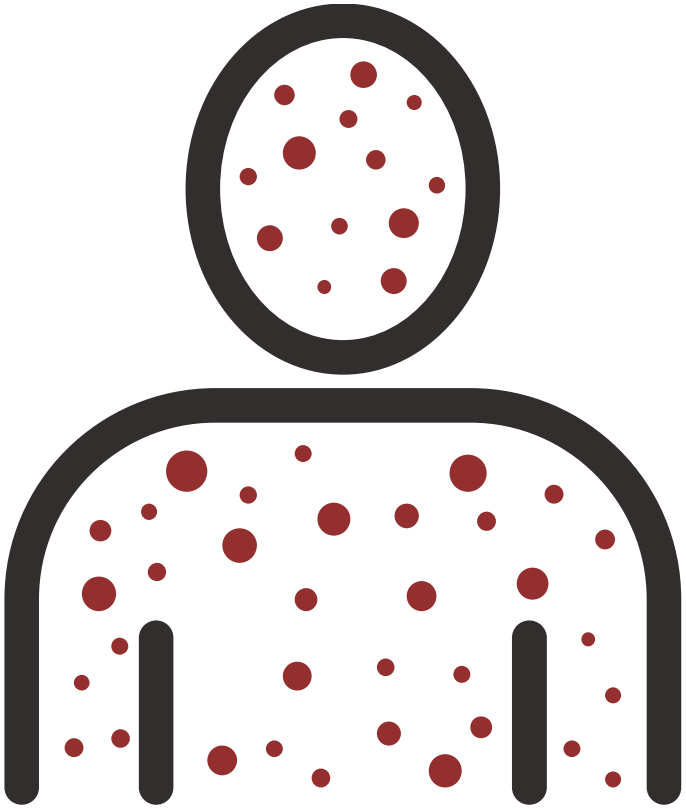


Please inform the registration staff
arrival and wear a mask if you

1. Had a known measles exposure i
   the past 28days
2. Have travelled outside of Canada
   the past 21days and have a fever
   cough, rash, runny nose, pinkeye

All patients with a fever, or respirato

Measles Exposure BPA Tip Sheet

This document will provide visual navigation for how to satisfy the Measles Exposure BPA or how to correct erroneous documentation.

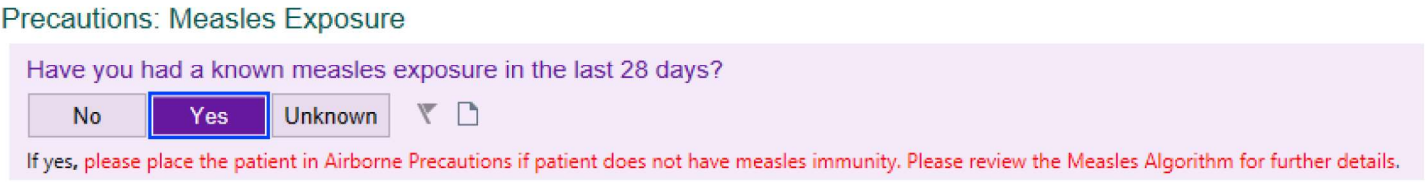
Background:

A BPA was created to flag patients who meet the appropriate criteria for measles exposure who are not already in airborne isolation. The purpose is to limit further exposure to other patients, staff and family members. The firing of the BPA is dependent on the location of the patient's current hospital encounter. The Measles Exposure BPA will automatically display if a patient presents to the hospital with either of the following responses documented within the Travel/ARO/ARI activity;

As of April 4th:

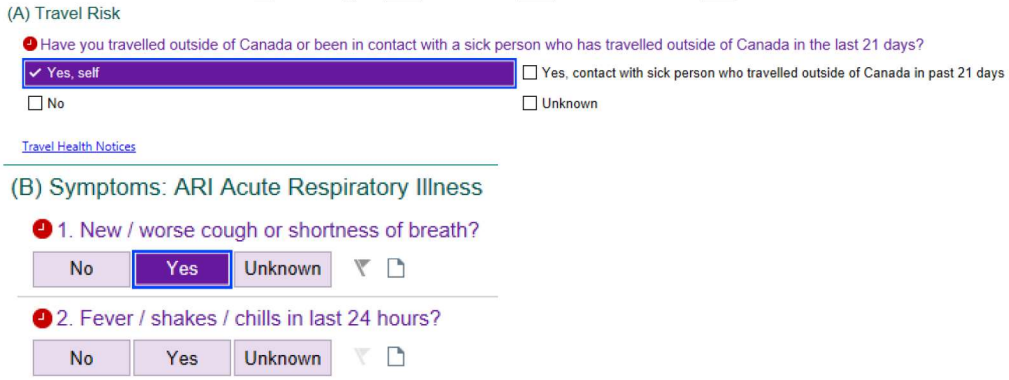
In addition to above, the BPA will also look to whether or not they have their immunization status documented and it will let you jump to the immunization activity to complete it if not.

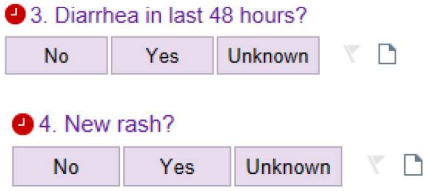
1. Measles Exposure:



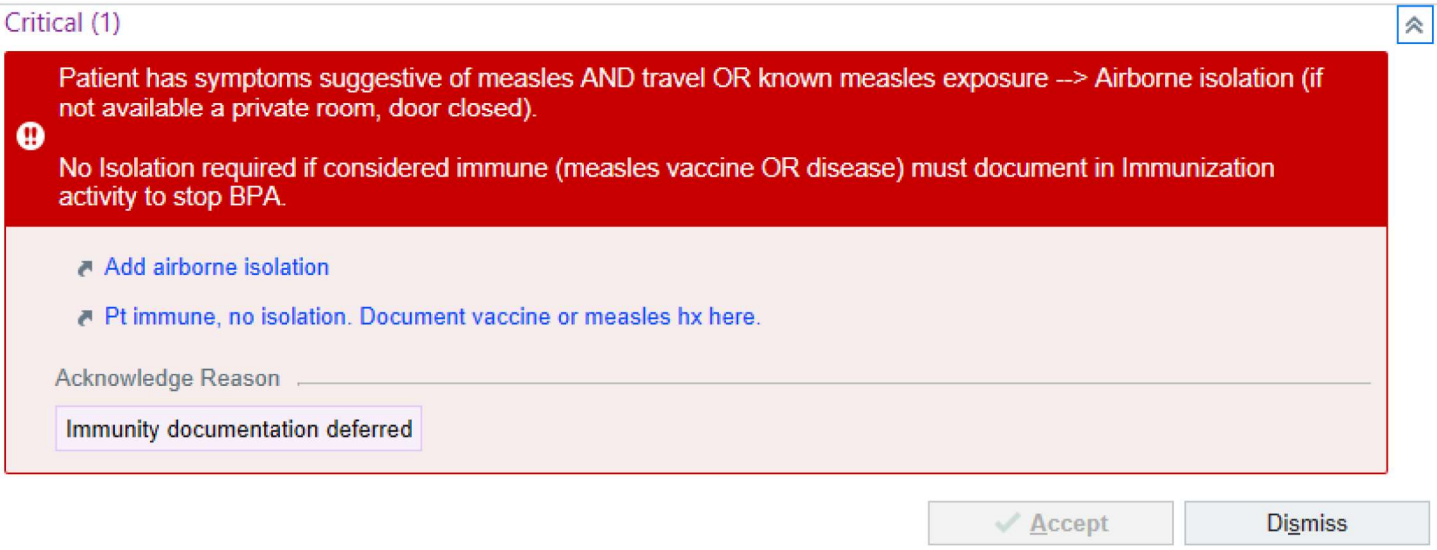
OR

2. Recent Travel + Cough or Fever or Diarrhea or Rash:





Visual of the BPA:



Resolving the BPA:

New as of April 4th.

In order to resolve the BPA, either airborne isolation will need to be added to the patient by following the hyperlink "Add airborne isolation", or documenting their MMR vaccine by clicking the hyperlink "Pt immune, no isolation. Document vaccine or measles hx here". Acknowledging the BPA with the acknowledge reason of 'Immunity documentation deferred.' Will pause the BPA for yourself for 24 hours.

BPA Firing in error:

If the BPA fires in error due to erroneous Travel/ARO/ARI screening documentation, a user will have to file correct Travel/ARO/ARI screening OR edit the previous erroneous documentation.

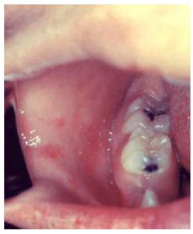
Bug Spotlight

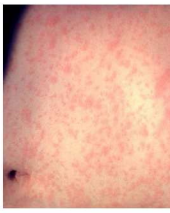
MEASLES (Red Measles, Rubeola)

- Measles is THE MOST INFECTIOUS PATHOGEN—it is an airborne virus
- Occurs most often in late winter and spring
- Our community vaccination rate is now below the threshold to maintain cohort immunity—there have been 3 confirmed cases in Ontario, majority of cases are associated with travel (MARCH BREAK is next week)

Signs and Symptoms?

- Fever that lasts for a couple of days, Cough, runny nose, and red and water eyes that follow the fever
- 2-3 days later small red spots with bluish-white centers inside mouth (Koplik spots)
- 3-5 days later rash that starts on the face and hairline, upper neck and spreads down the body before spreading to the arms, hands, legs and feet





How does is Spread? AIRBORNE

- It can be caught just by being in the room with a person with measles or where someone with measles has been recently. The virus can survive in the air up to two hours
- This virus is very contagious up to 4 days before the rash or signs of illness starts until 4d after the rash starts (longer for those with immune problems)

Mode of Transmission?

- If measles is suspected, isolate the patient in AIRBORNE (or place a HEPA filter in the room), Wear a fit-tested, seal-checked N95 respirator for entry to the room.
- Keep the door and windows to the patient room shut at all times. Do not use the room until 2hour afte the patient leaves to allow for the air exchanges to remove remaining virus

Testing: Measles PCR or NPS or throat swab within 7d of rash, and/or Urine within 14days of rash

McMaster Children's Hospital

Measles Management- ED/Direct Admits

STEP 1- Measles risk screening: (at ED Registration or upon MRP decision to transfer)				
MEASLES SYMPTOMS OR EXPOSURE	Any of cough, fever, coryza, conjunctivitis, rash AND International travel in the past 21 days	Known measles exposure in the past 28 days	Is flagged on the Epic Story Board as "Measles Exposed" "Measles Rule Out" BPA ALERT TBD	Patient sent in by PH or GP that are on the incoming tracker, require Airborne Isolation for testing *(Rational: MD or PH has liaised with ED physician)*
Patient to wait at ED registration desk or in room with door closed				

STEP 2- Screening for measles immune status	
Measles Immune if:	• Minimum 1 dose of the measles vaccine (>2 weeks prior) • Known history of measles • Positive serology documented • Born before 1970; presumed to have natural immunity • *Most infants <1 year will be NON IMMUNE*

If Immune **No Airborne Isolation**

STEP 3- If not immune	
PRECAUTION	• Airborne + Droplet/contact precautions • Isolation room preferred, private with HEPA filter and door closed ○ Order HEPA Filter via service task, include which room • PPE: N95, eye protection, glove, gown • Triage occurs in isolation room • RN document time patients placed in airborne precautions initiated in EPIC

TESTING	• Order "Measles Workup" in EPIC, this includes;
	  ○ NPS and urine PCR
	  ○ Serology for measles (immunity & diagnosis)

MOVEMENT within hospital	Call security for escort and to empty hallways/path, Use patient dedicated elevator, all staff wear appropriate PPE
DISCHARGE from hospital	• Patient is escorted directly to nearest exit avoiding public spaces i.e. waiting room • Charge RN to decide if security escort required, determined by distance to exit • In ED – close resus/triage doors, and exit via EMS exit directly (parent to pull car up)
ROOM CLEANING	*Note: cleaning is done by the EA wearing an N95 while HEPA is running* 1. Rooms in the ED with a HEPA or neg pressure rm- available **35min** after patients leaves (12 air exchanges per hour) 2. Rooms on units with a HEPA or neg pressure rm- room is ready **70 min** after patient leaves (6 air exchanges per hour)

Measles Update

Current Algorithm

The current Measles Algorithm (Version 3 for *ED & Direct Admits*) remains up to date and is found on the HHS HUB by selecting the **Measles** icon 

Movement of Patients Confirmed Positive for Measles

The movement of *Patients with a Confirmed Measles Positive* status to another care area must include security. Security will determine the best route of travel for a patient in Airborne with Droplet/Contact precautions. The unit is to call security at ext. 77753 to facilitate patient movement. Ensure the receiving unit is prepared to receive the patient.

Testing & Placement of Patients in the Emergency Department (ED)

For patients under investigation (PUI) for measles or those with a confirmed measles positive status, limit visitors to one essential caregiver, preferably a caregiver vaccinated for measles.

**** Confirm each parent's immune status for every PUI ****

Guidelines for Caregivers of Patients Under Investigation (PUI) for Measles

Essential Caregiver is…	Asymptomatic & vaccinated against measles	Symptomatic **AND/OR** unvaccinated against measles
Preferred Room	Private room only	Private room with bathroom
Bathroom Privileges	Any bathroom	Patient and caregiver use bathroom in room *If dedicated bathroom not available, essential caregiver may use bathroom closest to patient room, and must be cleaned then shut down for 2 hours after use. Caregiver to be masked at all times upon exiting patient room.*
Food	May go to cafeteria or cafe	Food to be provided to patient room
Is Caregiver Testing Required?	No	Yes If symptoms, complete full "Measles Workup" If no symptoms but not vaccinated, draw IgG and IgM

To arrange for caregiver testing, contact the Pediatric Emergency Department at ext. 75020, and notify the "Phones" ED physician of caregiver Health Card Number, date of birth and name to create an Epic encounter.

Food for Caregivers in Isolation

Please order a caregiver meal tray through Epic for families who are unable to leave patient room.

Diagnostic Imaging

When possible, please complete imaging portably (i.e., portable x-ray or ultrasound) for patients under investigation for measles or with a confirmed measles positive status. If the patient requires an MRI, the MRI space must be closed for 2 hours after patient's departure from the exam as HEPA filters cannot be utilized in MRI. For other imaging or exams, please ensure a HEPA filter is placed in the patient exam space. After the test/exam room needs to be closed for 30 min with HEPA left running.

HEPA Filter Management

After the discharge or transfer of a patient confirmed positive for measles, follow the current Airborne Infection Isolation (Negative Pressure) Rooms and HEPA Filters – Care, Storage and Maintenance policy. The policy is available here.

IPAC on Call

This weekend, there will be additional IPAC staff on-call to support questions about Measles at MUMC. Please go through paging (ext. 76443) and ask for *MUMC Measles IPAC* on-call.

Questions Related to Potential Measles Exposure

All patients calling regarding a potential exposure to measles at the McMaster Children's Hospital Corner Café can be directed to the Hamilton Public Health website, available here

Patients Flagged by Public Health (PH) Requiring ED Assessment

PH may direct a patient to the ED for testing or assessment for measles. PH will speak directly with the Emergency Department (ext. 75020) physician to pre-register the patient. PH will also advise the patient and family to arrive to the main entrance of the ED and to call ext. 75020, then await further instructions prior to entering ED.

If PH is sending a patient to receive immunoglobulin post-exposure prophylaxis, this will be coordinated by the IPAC Medical Director in discussion with the ED. PH will provide the same scripting as above to the patient and family. Vaccine post-exposure prophylaxis is being offered by PH or primary care in the community.

Measles FAQ for essential caregivers & patients with appointments

Updated: March 27, 2024

For parents/caregivers of peds patients

Question	Response
How would I know my child's vaccination status?	Your child's immunization status can be found on their yellow immunization card. ○ Everyone over age four should have two doses of the measles, mumps and rubella (MMR) vaccine. ○ Everyone who is aged one to four should have had one dose of MMR vaccination https://www.hamilton.ca/peopleprograms/public-health/vaccines-immunizations. Keep your immunization card in your wallet, or a photo of it on your phone, for easy access. Ensure that your child is up to date on their vaccine.
What do I do if my unvaccinated child has been exposed to someone with measles?	If you think an unvaccinated child has been exposed to measles, call Hamilton Public Health Services at 905-546-2489 as soon as possible to speak with a public health nurse who can assess your risk of developing measles, and recommend potential actions such as an MMR vaccination or immunoglobulins. Monitor and quarantine your child for signs and symptoms of measles for 21 days after the date you think the exposure occurred.
What do I do if a vaccinated child has been exposed to measles?	Watch for signs and symptoms of measles until 21 days after exposure. You can continue to attend work, school or daycare.
How do I know if my child has been exposed to measles?	If you are identified as a contact, Hamilton Public Health will do one, or all, of the following: □ Call to inform you that you are a contact.

What should I do if my child has measles?	• Send a letter to your home if you are unreachable. • Alert the community by issuing a media release if the exposure may have happened in a public space, such as a shopping mall or a restaurant.
	• Get lots of rest, drink plenty of fluids and take medicine to help with fever. • Stay home. Do not go to school, daycare or work for at least four days after your rash started. You can leave the house on day five after onset of the rash. • Do not share drinking glasses or utensils with others. • For specific questions about symptom management or medical care, speak with your doctor or nurse practitioner.
What do I do if my child has been tested for measles and I am waiting for the results at home?	Anyone with a pending measles test is asked to quarantine at home until Hamilton Public Health calls with the results. If you are waiting for measles test results, Public Health will contact you as soon as possible to give you the positive, OR negative, results and offer guidance regarding quarantine at home and advice for your household contacts.
What should I do if I need to see a doctor?	Call the doctor's office before you visit. If you go to the Emergency Department, inform the registration desk immediately if you have: 1) had exposure to measles 2) tested positive for measles 3) travelled outside of Canada and have symptoms *(fever/rash/runny nose/pinkeye)*
Where can I get more information about the MMR vaccine?	More information about measles and the MMR vaccine (measles, mumps, rubells) is avaiolable on the Hamilton Public Health website: https://www.hamilton.ca/people-programs/public-health/vaccinesimmunizations/vaccine-preventable-diseases/measles#prevention

For patients with appointments

What should I verify before coming to my ambulatory visit at the hospital?	1) Everyone is asked to review if they are **measles immune**: a. Born before 1970 in Canada (everyone born before 1970 is considered to have natural immunity). b. Everyone older than the age of one should have had at least one dose of measles vaccine (takes 2 weeks to become immune after vaccination). 2) If you are **not immune**, we ask that prior to any upcoming visits, all patients consider if they meet the following criteria: 1. Measles exposure in the past 28 days. 2. Symptoms of potential measles (fever, cough, rash, pinkeye) AND have travelled in the past 21 days. If so, you are asked to NOT come to the hospital, but call your clinical team to discuss what would be most appropriate for care and decide if you need testing. If you arrive at the hospital and meet these criteria, before entering the hospital, call your clinical team for guidance on attending your visit. If you are in clinic and it is determined you meet these criteria then your clinical team will decide if rescheduling your appointment is most appropriate or if care will proceed with measles testing.
What does immunity mean?	People who are “immune” to measles means that their body can fight the virus effectively and they will not become sick if exposed to measles. There are only two ways to become immune: either after vaccination or after infection.

What are my next steps?	People who have screened positive for measles are encouraged to follow up with their family physician and/or contact their local public health unit. (You may need to leave a voicemail.) • Hamilton: 365-323-8170 • Brant: 519-753-4937 • Niagara: 905-688-8248 • Waterloo: 519-575-4400 • Haldimand-Norfolk: 519-426-6170
	• Halton: 905-825-6000 • Wellington-Dufferin-Guelph: 1-800-265-7293
What does testing for measles include?	Testing for measles includes a single blood test, a urine test, and a throat or nasopharyngeal swab.

Hamilton Health Sciences

Measles virus precautions

Frequently Asked Questions (FAQ's) for staff and physicians

Question	Response
What is measles?	• Measles is a highly contagious viral illness that occurs worldwide. • The infection is characterized by fever, cough, runny nose, and pinkeye, followed by a rash. Cough may persist for one or two weeks after measles. A minority of patients develop severe complications from measles including otitis, pneumonia and encephalitis • Children less than five years of age, adults older than 20 years of age, pregnant people and people who are immunocompromised are at higher risk of complications from measles.
How does it spread?	• Through the air when a person who is infected breathes, coughs, sneezes or talks. It may also spread through direct contact with fomites contaminated with secretions from the nose and throat of a person who is infected. • The measles virus can persist in the air for up to two hours after a person who is infected has left the space. • Airborne precautions should be used for patients with confirmed or suspected measles.
What are the symptoms of measles?	• Fever that lasts for a couple of days. • Cough, runny nose, and red and watery eyes that follow the fever. • Small red spots with bluish-white centers inside mouth appear two or three days later. • Rash that starts on the face and hairline, upper neck and spreads down the body before spreading to the arms, hands, legs and feet, three to five days later.
How soon do symptoms appear?	• Symptoms usually start between day six to 21 days after exposure (most people by day 13).
Are there travel destinations of greater concern?	• At this time, measles is an increasing problem in many jurisdictions from areas in the USA, Europe, Asia, etc. Therefore we are not able to provide a list of epidemiologically higher risk areas at this time and anyone who has travelled outside of Canada with symptoms will be considered potentially at risk if not immune.

	• Other than making sure patients are up to date with their vaccines before travelling, consider early MMR booster doses for children older than one year who have not received their second dose. • However, individualized conversations would be necessary to ensure there is no contraindication to vaccination (e.g. immunosuppressive medications, etc).
What can you do to prevent the spread of measles?	• If measles is suspected, isolate the patient in airborne precautions (or place the patient in a private room with a HEPA filter). • Wear a fit-tested, seal-checked N95 respirator for entry to the patient's room. • Keep the door and windows to the patient room shut at all times. • Contact IPAC if you have a case or a susepected case and are unsure of patient placement/when the room can be used after the patient vacates. • Testing: PCR of NPS, throat swab within seven days of rash, and/or urine PCR within 14 days of rash. • Adherence to infection prevention and control measures by staff and visitors is required to prevent further spread of the virus. • Ensure your patients are fully MMR vaccinated or immune to measles; if not, offer or recommend the vaccine, if appropriate.
If exposed, what is the risk?	• Measles is very contagious as it is airborne. The illness may be transmitted in public spaces even in the absence of direct or face to face contact. • Following exposure, approximately 90 percent of susceptible individuals develop measles.
If exposed, what can be done to minimize the risk of acquiring measles?	1. Verify your immunity status • If you have two doses of measles vaccine, history of measles infection, confirmatory bloodwork that shows antibodies to measles, or were born before 1970, you are considered immune. 2. If you have only received one dose of measles vaccine, it is advised to get a second dose as soon as possible. You will not be required to isolate and can return to work once you get your second dose. 3. If you have had no doses of vaccine and no history of measles infection or antibody testing proving immunity, you would be at high risk of getting measles. You will be required to isolate from day five to 21 after a known measles exposure.

	• In the first three days after exposure, the measles vaccine reduce the risk of severe infection. • Anyone less than one year of age, pregnant or immunocompromised, would be eligible to receive measles immunoglobulin or IVIG as prevention of measles infection after exposure. This needs to be given within the first five to six days after exposure for preventative effect, home isolation is still need from day five to 28 after exposure.

If exposed and immunocompromised, do I need to do anything differently?	• Verify your immunity status.
	  ○ If you have two doses of measles vaccine, history of measles, confirmatory bloodwork that shows antibodies to measles, or born before 1970, you would be considered immune.
	  ○ Even immunocompromised patients that have received vaccines prior will have immune protection from vaccine.
	• Some immunocompromised individuals are eligible for measles immunoglobulin or IVIG as added protection regardless of immunity status. This can be discussed with public health, your health care provider or EHS, if appropriate.

If someone is suspected to have measles, how do we confirm it?	• We send either a nasal swab "NPS", and throat swab and urine specimen for the virus (Measles PCR). • Antibodies for measles (measles IgG and IgM).
What is required to be considered "Measles Immune"?	• Most individuals are vaccinated against measles, usually at one year and four to six years in Ontario. Two doses are considered evidence of full immunity. • In general, adults born before 1970 are considered immune regardless of whether they received a vaccine or not. • Some people may have a known history of having had measles, or been tested for immunity to measles by bloodwork and would be considered immune. • Children who are 1 to 4 years of age with a single dose of measles vaccine are considered immune • Children under 1 year are not considered measles immune
I am not vaccinated and not immune and I have symptoms, .	• Anyone with a travel history outside of Canada and symptoms in keeping with measles such as fever, respiratory symptoms or a rash.

when should I suspect measles and solate?	• Anyone with a known exposure to a measles case with symptoms. • Anyone who presents with typical signs and symptoms of measles regardless of travel history or exposure history

I received measles immunoglobulin (Ig) because I was not immune and exposed, what should I monitor for?	• You may have pain, redness or swelling at the injection site.
	• Fever or allergic reaction are possible side effects.
	• If you get fever, URTI symptoms or rash, it may be measles infection or injection related.
	  ○ Children less than one month of age would be advised to come back to MCH ED if they have fever to be assessed. We would isolate in airborne precautions for the duration of the stay until day 28 after measles exposure.
	• For all patients who have received measles Ig:
	  ○ They cannot receive any measles or varicella vaccine for six months after having the measles Ig dose.
	  ○ No changes to other vaccine timings are needed.
	• For all patients who have received IVIG as measles prevention:
	  ○ They cannot receive any measles vaccine for eight months after having the measles Ig dose.

	○
More information	• Measles: For health professionals • Statement from the Chief Public Health Officer of Canada on Global Increase in Measles and Risk to Canada