

## **Appendix A: Measles eCTAS**

### **Increased global measles activity may pose risk for individuals travelling outside of Canada and result in importation of infectious cases to Ontario**

#### *i. Description of issue\**

Increased measles activity is being reported globally due to travel and low vaccination rates, including recent reports of infectious travel-associated cases in Ontario.

#### *ii. Persons at risk*

Individuals returning from travel outside of Canada may have been exposed to measles. Those that are susceptible to measles (ie. individuals without history of natural infection, those who are not fully immunized, or those who are immunocompromised) are particularly at risk.

#### *iii. Description/list of symptom(s)\**

Symptoms of measles include fever, runny nose (coryza), cough, drowsiness, irritability and conjunctivitis. Small white spots (known as "Koplik's spots") can appear on the inside of the mouth and throat but are not always present. Within 3 – 7 days of the onset of symptoms, a red blotchy (maculopapular) rash appears on the face and then progresses down the body.

#### *iv. Mode(s) of transmission*

The measles virus is spread by contact with respiratory particles (through inhalation or contact with mucous membranes) at short and long range (e.g. airborne). These particles can remain suspended and contagious in the air for up to two hours, depending on the number of air exchanges.

#### *v. Site-level IPAC intervention(s)*

Patients who present to hospital with suspected measles should be moved immediately into an airborne isolation room and managed under Airborne Precautions and Routine Practices.

Measles should be suspected in returning travelers with a febrile illness and rash or other signs and symptoms of measles, particularly in susceptible individuals.

Prior to collection of clinical specimens, refer to the PHOL Measles – Diagnostic PCR and Measles - Serology test information sheets.