



Date: March 25, 2025

From: Dr. Dueck, Medical Officer of Health

Re: Guidance for Testing for Measles in the Community; Resource: Post-Exposure Prophylaxis for Contacts of a Measles Case; Ministry of Health Measles Webinar

Guidance for Testing for Measles in the Community

Community clinicians are reminded to offer community testing for measles where possible, per steps below, to prevent overwhelming the hospital's emergency department for testing.

The Ministry of Health notes clinically compatible signs and symptoms of measles are characterized by:

- Fever ≥ 38.3 degrees Celsius (oral), and
- Generalized maculopapular, erythematous rash for at least three days, and
- At least one of: cough, runny nose (coryza), or red eyes (conjunctivitis).

From the [Ministry of Health's Ontario Public Health Standards](#) measles appendix (p. 5):

- "Measles is characterized by a prodrome of fever (≥ 38.3 degrees Celsius oral), cough, coryza (runny nose), and conjunctivitis which usually begin 10 to 12 days after exposure (range 7 to 21 days). Koplik spots (tiny blue-white spots on the buccal mucosa) may also be present during the prodromal period. Then, 3 to 7 days after the start of these prodromal symptoms, a red maculopapular, non-itchy rash appears on the face and then spreads downward to the neck, trunk, arms, legs, and feet. The rash usually appears about 14 days after exposure (range 7 to 21 days). Individuals who have received one or two doses of measles vaccine may develop an attenuated infection with milder symptoms."

If the clinical picture is aligned with pre-test probability for testing for suspect measles:

- In the community, diagnostic specimens include NP swab, throat swab, and urine for PCR. Multiple PCR specimens (i.e., at least 2 sites) are required to increase sensitivity for PCR testing. In the community, serology is not the preferred specimen if it will delay or impede diagnosis given risk of exposure for vulnerable people in the lab setting.

- In hospital settings, please draw serology in addition to PCR swabs. This can offer additional information to confirm the diagnosis.
- Utilize appropriate [IPAC practices](#) when assessing individuals with suspected or confirmed measles. See individuals at the end of the day without exposing others.
- Please ensure that all clinic staff and health care workers have measles immunity.

From Public Health Ontario's [At A Glance: Measles Information for Health Care Providers](#):

“If you suspect measles infection in a patient presenting to you [don airborne and contact + droplet personal protective equipment and precautions per point of care risk assessment]:

1. Provide the patient with a medical mask (if able to tolerate use and no contraindications).
2. Promptly isolate the patient in a negative pressure room with the door closed, if available (if not available, place in a single patient room with the door closed).
3. Obtain specimens for testing.
4. Contact your local public health unit immediately [**by phone**] to report the suspect case (do not wait for laboratory confirmation) and to receive additional guidance. [**Note:** LPH's [Measles Reporting Form](#) will be requested for pertinent information - please fill out both pages of the form].
5. **Provide isolation guidance to the patient while results are pending.**
 - If you are referring a patient for further assessment or diagnostic testing [e.g., patient is unwell], 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.

For further testing related guidance, refer to [Public Health Ontario's \(PHO\) Test Information Index](#). **Community testing supplies orders:** [Requisition for Specimen Containers and Supplies](#).

Resource: Post-Exposure Prophylaxis for Contacts of a Measles Case

Certain susceptible high-risk contacts of measles cases may be eligible for immune globulin (Ig) post-exposure prophylaxis (PEP) in coordination with LPH, which is only available at the hospital (as a blood product), with the following resources available for clinical decisions regarding measles Ig PEP treatment plans. Public Health Ontario (PHO) has updated their [At A Glance Measles: Post Exposure Prophylaxis for Contacts](#) providing a summary of measles post-exposure prophylaxis (PEP) guidance for individuals who have been exposed to a measles case.

Further information is available in the Ontario Immunization Advisory Committee (OIAC) statement on [Recommendations on Measles PEP for Individuals with Immunocompromise](#) and PHO's [At A Glance: Measles Information for Health Care Providers](#).

Ministry of Health Measles Webinar

Please view **Ontario's Ministry of Health recording linked below** regarding measles, on behalf of Emily Christoffersen, Vice President, Capacity Access and Flow, and Dr. Jennifer Everson, Vice President, Clinical Programs, Ontario Health (West):

VIDEO RECORDING: [Information Session: Measles - YouTube](#)