




Suspect Measles (Rubeola)

Measles clinical presentation (including all)

1. Fever $\geq 38.3^{\circ}\text{C}$ and
2. Cough, coryza **OR** conjunctivitis **and**
3. Generalized maculopapular rash 3-7 days after symptom onset.

		<ul style="list-style-type: none"> • Rash beginning on the face (along the hairline of forehead and behind the ears) and spreading down the body and then to the arms and legs. • The rash appears as blotchy spots initially, then becomes more uniform, especially on the face. • On lighter skin colours, the rash appears red and blotchy. On darker skin colours, it can appear more reddish-brown to purple or darker than the skin around it, or it might be hard to see. <ul style="list-style-type: none"> ○ Koplik spots are not necessary but are a classic finding for measles when present. 	
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If patient presents to ED/Urgent Care with **FEVER AND RASH**, or **FEVER AND EXPOSURE** to **SUSPECT** or **KNOWN MEASLES**

	<p>Immediately have patient put on a procedure mask Encourage masking for those accompanying patient</p>		<p>Initiate AIRBORNE Contact & Droplet Precautions</p> 
	<p>Notify Public Health/Medical Officer of Health 1-844-343-0971</p>		<p>Complete testing as required</p> 

Measles is highly communicable from approximately 5 days before onset of rash until 4 days after onset of rash.

Ensure air clearance time has elapsed before using room for another patient.

For further details, see [IPC Recommendations for Measles](#).

