

IPC Recommendations for Measles

In addition to [Routine Practices](#)



Assessment and screening

Acute Care

- All patients (Admitted Inpatients, Emergency Department [ED], Surgery, Obstetrics, Inter-Facility Transfers, Direct Admissions) are to be assessed initially for symptoms and risk factors associated with communicable disease using the Connect Care Communicable Disease Screen.
- Refer to [Rash Algorithm](#) to assess the need for Additional Precautions.
- See [Management of Patients Requiring Airborne Precautions for Suspected or Confirmed Measles](#).

Ambulatory Care (stand alone or part of an Acute Care site)

- Assess patients at every visit to Ambulatory Care and Outpatient Department using the Connect Care Communicable Disease Screen in Connect Care.
- See Measles page- [IPC Diseases and Conditions Table Recommendations for Management of Patients Acute Care](#). This also applies to ambulatory medical surgical and outpatient settings
- Patients with suspect measles should be directed not to attend ambulatory or primary care clinics and to call 811 for more information unless MOH has provided direction otherwise.

Continuing Care

- Refer to [Managing Rash in Continuing Care](#) to assess the need for Additional Precautions.
- See [IPC Diseases and Table Recommendations for Management of Residents Continuing Care](#).

Primary Care

- See [Infection Prevention and Control Risk Assessment \(IPC RA\)](#) for personal protective equipment recommendations.
- See [Community-based Services Resource Manual](#).
- Patients with suspect measles should be directed not to attend primary or ambulatory care clinics and to call 811 for more information, unless otherwise directed by MOH.
- Follow [Measles Specimen Collection Pathways](#) for options on collecting specimens in the Community.

Immunocompromised Patients

- See [IPC Considerations for Immunocompromised Patients](#).

Discontinuation of Airborne Precautions for Confirmed Measles

- Immunocompetent individuals are considered to no longer be communicable 4 days after start of rash (i.e., date of rash onset is day 0 so can discontinue on day 5).
- For immunocompromised patients: Maintain until all symptoms are gone; discuss with IPC prior to discontinuing.



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Version	Date (YYYY-MM-DD)
Created	2024-03-27
Updated	2025-03-27
Revised	2025-04-22
ECC Approved	2025-04-22



Preventing Transmission: masking reminder

Please remind:

- all patients who have been asked to isolate because they're a contact of someone with measles
- all patients who have symptoms of measles
- all person who are accompanying someone with suspected measles

that they are **encouraged to mask** to help protect patients, visitors, and staff, at any healthcare facility.

Surgical masks are not a substitute for airborne precautions. They serve as an added layer of protection in shared or transitional spaces



Medical Officer of Health (MOH) notification

If you suspect measles in a patient, you must notify public health by calling 1-844-343-0971.

If you need additional support, you can call the MOH on call at the following numbers:

- Calgary Zone: 403-264-5615
- Central Zone: 403-356-6430
- Edmonton Zone: 780-433-3940
- North Zone: 1-800-732-8981
- South Zone: 403-388-6111

MOH will be notified by Alberta Precision Lab (APL) of presumptive and confirmed positive results if testing is done. Contact tracing and follow-up (where needed) will be guided by AHS Public Health. In acute care facilities, this is in collaboration with IPC.



Laboratory Testing for Measles

Symptomatic individual please order testing as outlined in the [APL Lab Bulletin](#).

All patients with suspected measles (etiology not confirmed): use [Airborne Precautions](#)

AND [Contact & Droplet Precautions](#).

- HCW wears fit tested N95 respirator, gown, gloves and eye protection upon entry to room regardless of immune status.
- Use eye protection with a fit tested N95 respirator as required by [Airborne Precautions](#) AND [Contact & Droplet Precautions](#), or if otherwise indicated based on [Infection Prevention and Control Risk Assessment \(IPC RA\)](#). Do not use procedure mask or double mask.
- Change all PPE after swabbing. (Exception: During home collection and specimens collected from same family/household.)
- Refer to [lab bulletins](#) for specimen handling, testing and notification for updates. APL will coordinate testing requests. [See *Laboratory Testing for Suspected Measles* – posted 15 May 2024]

Patients should not be sent to community or outpatient lab collection sites for measles testing. Contact 811 for information unless otherwise directed by MOH.

Version	Date (YYYY-MM-DD)
Created	2024-03-27
Updated	2025-03-27
Revised	2025-04-22
ECC Approved	2025-04-22



Accommodation




Acute Care Confirmed, Suspect Case AND Susceptible Contacts

- Immediately place procedure mask on patient and accompanying DFSP at first point of entry to a facility or first symptoms, if admitted.
- Follow [Management of Patients Requiring Airborne Precautions for Suspected or Confirmed Measles](#).
 - Place patient in a negative pressure room (Airborne Isolation room) and implement [Airborne Precautions](#). Patient may remove mask once in negative pressure room with door remaining closed. Ensure that negative pressure is functional and monitored.
 - Use [Airborne Precautions](#) AND [Contact & Droplet Precautions](#) if other infectious diseases are suspected (i.e., influenza, meningococemia) have not been ruled out.
 - Once other infectious diseases have been ruled out or measles has been confirmed, use [Airborne Precautions](#) and [Infection Prevention and Control Risk Assessment \(IPC RA\)](#).
- If negative pressure room is not available see [Management of Patients Requiring Airborne Precautions for Suspected or Confirmed Measles](#).
- [Airborne Precautions](#) AND [Contact & Droplet Precautions](#) sign visible on entry to room. Once measles is confirmed, only [Airborne Precautions](#) are needed.
- In ambulatory care/outpatient areas (including the Emergency Department), shared bathrooms are common. It is preferable to have patient use a commode or urinal in their room rather than sharing a bathroom.
 - If a shared bathroom must be used, patient on [Airborne Precautions](#) must wear procedure mask when using a shared bathroom. If a mask is not worn, 2 hour air clearance or “settle time” may be required. Consult IPC as air clearance times vary based on air exchanges per hour for a facility (or for particular rooms within a facility).
- Cohorting recommendations. Patients on Airborne Precautions are NOT candidates for cohorting as per [Recommendations for Cohorting Inpatients on Additional Precautions in Acute Care](#).
 - There may be exceptions for households with confirmed measles where there are limited airborne isolation rooms. This is a larger discussion that includes MOH, IPC, and Clinical Operations.
- Admitted susceptible contacts who are discharged home will be followed up by Public Health: Communicable Disease team.




Post-Exposure Prophylaxis (PEP)

- Decisions about post-exposure prophylaxis (PEP) for susceptible contacts who are inpatients will be made by IPC in collaboration with Public Health/Medical Officer of Health.


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Updated	2025-03-27
Revised	2025-04-22
ECC Approved	2025-04-22

	<p>Continuing Care Confirmed, Suspect Case AND Susceptible Contacts</p> <p>If the resident is not in a single room/negative pressure room:</p> <ul style="list-style-type: none"> Remove the roommate from the room AND mask the infected resident, if possible. Close the door(s). Implement Airborne Precautions AND Droplet & Contact Precautions with addition of eye protection until other infectious diseases are (i.e., influenza, meningococemia) are ruled out. Once measles is confirmed only Airborne Precautions are needed. <ul style="list-style-type: none"> If a negative pressure room is unavailable, see Management of Patients Requiring Airborne Precautions for Suspected or Confirmed Measles. May have to arrange for resident transfer to a facility with a negative pressure room. In continuing care, shared bathrooms are common. It is preferable to have patient use a commode or urinal in their room rather than sharing a bathroom. If a shared bathroom must be used, patient on Airborne Precautions must wear procedure mask when using a shared bathroom. Cohorting recommendations. Patients on Airborne Precautions are NOT candidates for Cohorting.
	<p>Measles vaccination</p> <ul style="list-style-type: none"> Regardless of patient vaccination status, all initial symptom and risk factor assessments should be performed. All HCWs are to use an N95 respirator when working with suspected or confirmed measles patients regardless of immune status to measles. <ul style="list-style-type: none"> Fit testing should be current (i.e., within 2 years).
	<p>Hand hygiene</p> <ul style="list-style-type: none"> Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water as described in Routine Practices. Educate patients and designated family support persons (DFSP)/visitors about how and when to use hand hygiene products.
	<p>Masking (N95 respirator)</p> <p>General principles</p> <ul style="list-style-type: none"> Choose the correct N95 model/size based on your fit testing. Wear the N95 respirator so that it covers the nose, mouth and chin. Do not double mask in any combination. If the N95 respirator becomes wet/moist or visibly soiled, leave the room, doff the N95 respirator currently being worn, perform hand hygiene, and don a new one. Respirators are single use; do not reuse or store in uniform/scrubs or clothing pockets. Do not wear an N95 respirator around the neck. Remove the N95 respirator after leaving the patient's room. Doffing an N95 respirator is a deliberate process and should be done carefully to prevent self-contamination.

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	<ul style="list-style-type: none"> Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of N95 respirators. <p>When using Airborne Precautions AND Contact & Droplet Precautions</p> <ul style="list-style-type: none"> Eye protection can be a face shield, goggles, or personal safety glasses. Prescription eyeglasses alone are not adequate. Using clean hands, don facial PPE by putting the respirator on first. Consider facial PPE to be a single unit of protection; always don/doff both at the same time. Change/discard facial PPE if it becomes contaminated, wet or soiled, as directed by additional precaution signs. See the previous general principles section for additional N95 doffing instructions. <p>Assessing the Need for Additional PPE</p> <ul style="list-style-type: none"> When a patient is on Additional Precautions, follow PPE requirements as indicated AND perform an Infection Prevention and Control Risk Assessment (IPC RA). Different or more PPE may be required based on the IPC RA.
	<p>Handling Patient Care Items and Equipment (including charts and electronics)</p> <ul style="list-style-type: none"> Use disposable patient equipment, when possible. Dedicate reusable equipment for a single patient use only until discharge. If re-usable equipment cannot be dedicated for a single patient use, clean and disinfect between patients. Handling, Cleaning & Disinfecting Mobile DI Devices All rooms should contain a dedicated linen bag; double bag only if leaking. Do not share items that cannot be cleaned and disinfected. For shared computers, laptops and tablets, follow recommendations for the Bedside Computers and Electronic Devices. Meal trays and dishes do not require special handling. Disposable dishes and utensils are not required. Special handling of linen or waste is not required; general waste from patients on Additional Precautions is not biomedical waste. Paper is not a means of transmission. Handle all paper with clean hands; clean any shared items, e.g., chart binders, pens or binders with a low-level disinfectant wipe.
	<p>Intra-Facility Transport and Patient Ambulation Outside Room, Bedspace or Transfer</p> <ul style="list-style-type: none"> Patients should leave the room or bedspace for essential purposes only. Exceptions require IPC consultation. Sites should have a clearly documented process for transporting patients on Airborne Precautions. Use pre-determined transport routes to minimize exposure for healthcare workers, other patients and DFSP/visitors.

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	<ul style="list-style-type: none">• Before departure, notify the receiving area that the patient requires Airborne Precautions or Airborne Precautions and Contact & Droplet Precautions.• Before patients leave their room or bedspace:<ul style="list-style-type: none">○ Assess whether they can wear a procedure/surgical mask for the duration of the transport;○ Educate or assist them to put on a procedure/surgical mask;○ Consider alternate strategies for patients who cannot tolerate a mask, e.g., neonates, infants, toddlers (cuddle with care provider, stroller with cover, isolette, etc.);○ For patients with tracheostomy, cover site with surgical mask (with ties);○ Perform hand hygiene;○ Put on clean clothing or hospital gown/housecoat;○ Ensure dressings and incontinence products contain any drainage;○ Provide an escort for the patient.• A team member or Protective Services member clears the transport path and elevator, (if used)• Elevator to be placed out of service for 2 hours following patient transport if patient is not masked during transport.<ul style="list-style-type: none">○ Transport staff should choose clean personal protective equipment (PPE) if necessary, to handle the patient during transport and at the transport destination, using Infection Prevention and Control Risk Assessment (IPC RA). PPE is to be removed when patient handling is complete.• Staff assisting with transport do not require an N95 respirator after leaving the room unless patient is unable to wear a procedure/surgical mask for the duration of transport.• Transport the patient directly into a negative pressure capable room in the receiving area. Bypass any holding areas.• Avoid performing aerosol-generating medical procedures (AGMP) enroute.
	<p>Air Clearance Time (also called “settle time”)</p> <ul style="list-style-type: none">• After patient discharge or transfer, or if Airborne Precautions are discontinued:<ul style="list-style-type: none">○ Keep room door closed for the minimum time to maintain negative pressure and air exchanges to allow the room air to be cleared of airborne particles.○ Consult IPC as air clearance times vary based on air exchanges per hour for a facility (or for particular rooms within a facility).○ The room may be entered without using a N95 respirator for discharge or transfer cleaning after the air clearance time has lapsed.○ If HCWs must enter before minimum air clearance time, wear fit tested N95 respirator and door must remain closed. <p>After a patient leaves any temporary non-negative air space following a medical procedure, a 2-hour settle time is not required only if the patient has been monitored throughout their entire time in the room and observed to be compliant with wearing a procedure/surgical mask for the duration of that time. Note: Although the term “settle time” is often used, this period does not mean that airborne viral particles are falling or “settling” to the floor.</p>

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Environmental Cleaning

- Room surfaces and equipment cleaning/disinfection is required daily or more frequently if directed by IPC using AHS approved products and procedures.
- If staff must enter before minimum air clearance time, wear fit tested N95 respirator and door must remain closed.



Designated Family/Support Persons (DFSPs) and Visitors

- To minimize the risk of transmission, wherever possible, access to patients will be limited to DFSPs/visitors who have been assessed and deemed immune or adequately immunized, as outlined in [Alberta Public Health Disease Management Guidelines, Measles](#). Exceptions require approval by IPC and MOH.
- Assessment of the DFSP/visitor should be undertaken in a timely manner to minimize additional exposures and simplify the preventive measures.
- Encourage DFSPs/visitors to perform hand hygiene and follow all IPC precautions.
- The [Airborne Isolation Precautions](#) patient care handout can be provided.
- Door must remain closed, except when entering or leaving the room.
- Access limits for DFSPs/visitors to be guided by [Managing Limits To Designated Family / Support Person And Visitor Access](#).

Rooming In (admitted inpatients)

Immune DFSP (documentation of 2 doses of measles containing vaccine or serological proof of immunity or born before 1970)


- DFSP not required to remain with patient in airborne isolation room, may leave room as needed.
- DFSP not required to wear N95 respirator while with dependent patient in the airborne isolation room.
- DFSP not required to wear medical/surgical mask whenever outside the airborne isolation room.

Susceptible DFSP (no documentation of 2 doses of measles containing vaccine or serological proof of immunity, born after 1970)

In circumstances where there is no immune DFSP available and a susceptible DFSP must remain with a child/dependent adult patient, the following applies:

- Situation must be reviewed and pre-approved by IPC/MOH.
- All IPC precautions must be followed as identified by IPC/MOH when within the facility.
- The DFSP to always remain with the patient in the airborne isolation room.
- Exceptions:
 - When the patient must leave the room for a necessary test/procedure and the DFSP is required to accompany the patient.
 - When there are extenuating personal circumstances that the DFSP must attend to (medical issues, childcare, etc.)

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	<ul style="list-style-type: none">• DFSP is no longer considered susceptible based on direction from the MOH. DFSP must be compliant with all recommended IPC precautions and always wear a medical/surgical mask whenever outside the airborne isolation room and continuously within the facility.• DFSP is not required to wear N95 respirator when in the airborne isolation room.• Food and access to shower/bath to be provided to DFSP within the room, if possible.• Consult with IPC to determine if DFSP serology testing can be performed if appropriate• Discontinuation of Airborne Precautions may require extension if DFSP is still within the 21-day incubation period from their most recent exposure.• If the identified DFSP requires develops symptoms and requires hospitalization, they will be admitted to the most appropriate acute care hospital where care for adult patients can be provided.• MOH will collaborate with facility and IPC to advise on circumstances where the identified DFSP refuses or is unable to comply with IPC precautions
	<div><div>Signs, posters and videos</div><div><ul style="list-style-type: none">• Airborne Precautions Sign Acute Care• Contact and Droplet Precautions Sign Acute Care• Patient Symptom Alert Poster</div><div><ul style="list-style-type: none">• Airborne Precautions Sign Continuing Care• Droplet and Contact Precautions Sign Continuing Care• 3M N95 Donning and Doffing Video• Donning and Doffing Personal Protective Equipment Video</div></div>

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