



# 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"><li>• 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.</li><li>• The rash appears as blotchy spots initially, then becomes more uniform, especially on the face.</li><li>• 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"><li>○ Koplik spots are not necessary but are a classic finding for measles when present.</li></ul></li></ul> 
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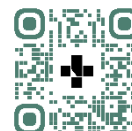
If patient presents to ED/Urgent Care with **FEVER AND RASH**, or **FEVER AND EXPOSURE** to **SUSPECT** or **KNOWN MEASLES**

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

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](#).



For more information contact  
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Created	2013-07-01
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