

# Memorandum

April 1, 2026

To all Central Zone physicians and medical staff:

**Subject: Ongoing Measles Activity**

## Background

Central Zone is experiencing a resurgence of measles cases in 2026 with 22 confirmed cases reported, as of March 30, 2026. In 2025, a total of 137 confirmed cases of measles was reported in zone [[www.alberta.ca/measles-data-and-statistics](http://www.alberta.ca/measles-data-and-statistics)]. There remains a need for ongoing vigilance as measles disease continues to circulate in our communities. The following information is a reminder of resources and processes for healthcare providers.

## Implications for Clinical Practice

Maintain a high index of suspicion for measles, especially in unvaccinated patients with febrile rash.

### Clinical presentation of measles:

- fever 38.3°C or greater
- cough, runny nose and/or red eyes (the 3 C's: cough/coryza/conjunctivitis)
- tiny white spots (Koplik spots) may appear inside the mouth on the oral mucosa 2 to 3 days after prodromal symptoms begin before the onset of rash, and
- a rash that appears 3 to 7 days after fever starts, usually beginning behind the ears and on the face and spreading down to the body and then to the arms and legs

### Measles testing and specimen collection for suspected cases:

- Recommended laboratory testing based on clinical presentation: [www.ahs.ca/assets/info/ppih/if-ppih-measles-specimen-collection-pathway.pdf](http://www.ahs.ca/assets/info/ppih/if-ppih-measles-specimen-collection-pathway.pdf)
- Provincial measles primary care clinical pathway: [www.ahs.ca/assets/info/aph/if-aph-prov-measles-pathway.pdf](http://www.ahs.ca/assets/info/aph/if-aph-prov-measles-pathway.pdf)

**Process to report to Public Health when measles is suspected:** All suspect, probable, and confirmed cases (in-person or virtual assessments) should continue to be reported to **1-844-343-0971**.

- Advise the patient to isolate in their home until they are called by their healthcare provider with negative results or by public health for any positive results.

Central Zone Medical Officers of Health on-call may be contacted with questions or concerns at: [moh.central@ahs.ca](mailto:moh.central@ahs.ca) or 403-356-6430 (local to Red Deer).

## Infection Prevention and Control

**Airborne precautions for suspected measles cases:** Healthcare workers should use an N95 mask (airborne) and eye protection (droplet precautions), with consideration of gloves and gown if a patient is coughing, or there is a high index of suspicion that the patient could have measles.

**Source control:** Patients and designated support persons who are suspected of having measles or a recent measles exposure and are needed to be seen in the clinic, have them wear a mask and place them in a room with four walls and a door. If possible, the patient is to remain masked in the room with the door closed to reduce exposure to other patients and staff. Post-visit, examination rooms occupied by a suspect case should not be used by other patients for two hours.

If a suspect measles case should be transferred to an acute care site or other facility, please call the site ahead to ensure appropriate Infection prevention and control measures are taken:

[www.ahs.ca/assets/healthinfo/ipc/hi-ipc-emerging-issues-measles.pdf](http://www.ahs.ca/assets/healthinfo/ipc/hi-ipc-emerging-issues-measles.pdf).

## Immunizations

Measles is extremely contagious and the virus spreads easily through the air. The MMR/MMR-Var vaccine is highly effective and has a long-proven record of safety and provides strong protection.

- Anyone born in or after 1970 with fewer than two documented doses of measles-containing vaccine, who has not been previously infected, is at risk for developing measles and encouraged to update their vaccine status.
- Adults born before 1970 are generally considered immune; however, healthcare workers, regardless of year of birth are recommended to receive 2 doses of measles containing vaccine.
- An early dose may be offered upon parent request for infants aged 6 to 11 months where there is concern about significant exposure risk. They should still receive two doses after they reach 1 year old.
- To protect those that cannot be immunized but who are at high risk of severe outcomes from measles (including infants, pregnant and immunocompromised persons) it is important that household members receive age-appropriate immunizations.
- Albertans uncertain of their immunization history, or their child's immunization history, can check eligibility and/or book an appointment by calling 811.

The following immunization resources are helpful for addressing vaccine hesitancy:

- health care providers: [www.ahs.ca/assets/info/hp/cdc/if-hp-cdc-ipsm-imm-resources-hcp-03-150.pdf](http://www.ahs.ca/assets/info/hp/cdc/if-hp-cdc-ipsm-imm-resources-hcp-03-150.pdf)
- public: [www.ahs.ca/assets/info/hp/cdc/if-hp-cdc-ipsm-imm-resources-public-03-150.pdf](http://www.ahs.ca/assets/info/hp/cdc/if-hp-cdc-ipsm-imm-resources-public-03-150.pdf)

## Additional Resources for Healthcare Providers

- Environmental cleaning for community settings: [www.ahs.ca/assets/info/ppih/if-ppih-environmental-cleaning-practices-community-clinics.pdf](http://www.ahs.ca/assets/info/ppih/if-ppih-environmental-cleaning-practices-community-clinics.pdf)
- Measles information for health professionals (includes previous bulletins): [www.ahs.ca/msl/page18877.aspx](http://www.ahs.ca/msl/page18877.aspx)
- Measles Disease Staff Q&A: [www.ahs.ca/assets/info/ppih/if-ppih-measles-staff-faq.pdf](http://www.ahs.ca/assets/info/ppih/if-ppih-measles-staff-faq.pdf)

Thank you to all healthcare providers and staff for your ongoing efforts to keep patients and colleagues safe.

Sincerely,

Medical Officers of Health, Central