

Correspondance

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tion. Accurate case diagnosis is crucial to both the preventive management of contacts of a patient and the evaluation of our immunization programs. Case confirmation must occur rapidly to allow for timely public health interventions. Also, clinical specimens such as nasopharyngeal or throat swabs and urine can be subtyped by public health laboratories to describe the importation or endemic spread of measles or both.

Recently a case of measles involving a 13-month-old unimmunized child was linked to transmission in a clinic waiting room. As such, I would like to add a little more advice regarding "measles in your office."

Because measles is the most infectious of the communicable diseases, office visits involving patients suspected of having measles should be scheduled as the first or last of the day, and the office should be allowed to "breathe" for at least an hour after the patient departs. All surfaces contacted by the pa-

tient should be disinfected. Finally, the patient should not have contact with office staff members who are not known to be immune. This is a reminder that the immunization status of all staff should be checked and updated upon hiring.

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Reference

1. Shapiro H, Weir E. Measles in your office. *CMAJ* 2001;164(11):1614.

Air travel and thromboembolism

Those interested in Erica Weir's timely review on air travel and the risk of venous thromboembolism¹

might wish to read a recent article by Kraaijenhagen and colleagues.² In this prospective study, the travel history of 186 patients with confirmed deep vein thrombosis was compared with that of 602 patients who had similar symptoms but did not have the disease. A similar proportion of patients in each group had undertaken various types of travel. There was no increased risk of deep vein thrombosis among travellers. This report further weakens the potential association between symptomatic thrombosis and travel.

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References

1. Weir E. The weak connection between venous thromboembolism and air travel. *CMAJ* 2001; 164(7):1037.
2. Kraaijenhagen RA, Haverkamp A, Koopman MMW, Prandoni P, Piovello F, Buller HR. Travel and risk of venous thrombosis. *Lancet* 2000;356:1492-3.