



Dr. Charles Gardner, Medical Officer of Health Dr. Colin Lee, Associate Medical Officer o Health Dr. Lisa Simon, Associate Medical Officer of Health

Measles Vaccination and Testing Update for Clinicians

Attention: Physicians, Emergency Departments, Nurse Practitioners, Infection Control Practitioners,

Occupational Health Professionals, Walk-In Clinics/Urgent Care Clinics, Midwives, NSM LHIN,

Central LHIN, Family Health Teams

Date: April 7, 2014

Ontario has had 11 confirmed cases of measles since January 2014 which have all been directly or epidemiologically linked to travel to Europe or Southeast Asia. To date, there have been no confirmed measles cases in Simcoe Muskoka. However, the Simcoe Muskoka District Health Unit recommends the following:

MMR vaccination for travel

- Assess the MMR vaccine history of your patients prior to travel to countries with high measles activity (e.g. Netherlands, Philippines).
- Unvaccinated travelers born in 1970 or later should receive two doses of publicly funded MMR vaccine, given at least 28 days apart.
- Infants may receive MMR vaccine as early as six months of age prior to travel. The two dose series must then be restarted on or after the first birthday (total of three doses).
- For more information, see the Public Health Agency of Canada's "Global Measles Update": http://www.phac-aspc.gc.ca/tmp-pmv/notices-avis/notices-avis-eng.php?id=98

Consider the following when you suspect measles:

- 1) Clinical assessment: Does your patient have all of the following?
 - Fever ≥38.3 °C (oral)
 - · Cough, runny nose or conjunctivitis
 - Generalized maculopapular rash

2) Exposure assessment:

 Has your patient travelled to a measles-endemic country or been in contact with a measles case in the last 21 days?

3) Measles Testing:

Please do both measles virus detection and serology.

- a) Measles Virus Detection by PCR:
 - Urine 50 mls. within 14 days after rash onset
 - NP/viral throat swab within 4-7 days of rash onset

b) Serology:

- Acute serology (IgM and IgG) within 7 days of rash onset
- Convalescent serology 7-10 days after the onset of rash (minimum of 5 days after the acute sample)

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Mark "suspect measles" on the Public Health Ontario Lab requisition and include symptoms, date of onset, travel/exposure history and vaccination status.

The period of contagiousness is usually one day before the start of the prodromal period, which is usually four days before the rash onset to four days after the onset of rash

Further information on clinical features of measles, laboratory testing and Infection Prevention and Control practices are available on the Public Health Ontario Website: http://www.publichealthontario.ca/en/eRepository/Measles_Update_for_Clinicians_April22014.pdf

4) Infection Prevention and Control:

- · Instruct suspect case to remain in isolation until contacted by local Public Health
- Patients with suspected measles should be promptly isolated in a single room preferably with negative air flow (airborne isolation room) and the door closed. If you do not have an airborne isolation room, the patient should wear a surgical mask and be immediately placed in a single room with the door closed. Because measles virus can remain airborne for two hours, no further patients should be placed within the room for a two hour period and appropriate room cleaning is also required. Patient movement should be curtailed unless absolutely necessary and then only conducted with the patient wearing a mask.
- Suspect cases should be cared for by HCWs wearing full personal protective equipment, including an N95 mask (preferably fit-tested). All healthcare providers should also ensure they are immune to measles.
- Evidence of immunity is two documented doses of measles-containing vaccine or laboratory evidence of immunity.
- Please refer to the PIDAC document on routine practices and additional precautions for further guidance:
- http://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf
- 5) Immediately report to Public Health any suspect or confirmed cases of measles to (705)721-7520 or 1-877-721-7520 extension 8809 during business hours or after hours to 1-888-225-7851.

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