

## **Only One Measles Case Confirmed In Simcoe Muskoka (Updated Version)**

**Attention:** All Physicians, Walk-In Clinics, Emergency Departments, Infection Control Practitioners, Occupational Health Practitioners, Family Health Teams, Nurse Practitioners, NSM LHIN, Central LHIN, Midwives, Long-Term Care Homes, Retirement Homes, Child Care Centres

**Date:** April 11, 2014

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Subsequent to yesterday's health fax, the Simcoe Muskoka District Health Unit is clarifying that it is investigating only one confirmed case of measles in an adult in Simcoe County. This person most likely contracted the measles virus while out of the country. While contagious, this case visited two locations in Simcoe County (listed below). Public health staff are currently contacting known members of the public who visited these two locations.

A media release is being circulated advising that anyone who visited the following two locations in Alcona on April 1, 2014, during the times listed, may have been exposed to measles:

- Sobeys, 2080 Jans Blvd. Innisfil, April 1, between 12:30 and 3:00 p.m.
- Wild Wing, 1070 Innisfil Beach Road, April 1 between 12:30 and 4:00 p.m.

**Please note that Collingwood General and Marine Hospital has also notified the public with respect to possible exposures to this same case**

- Hospital's Central Registration and Diagnostic Imaging, on April 2, 2014, between 1:00pm and 4:00 p.m.
- Emergency Department waiting room, main Emergency Department and Diagnostic Imaging on April 4, 2014, between 8:30 a.m. and 5:30 p.m.

Visitors to these locations during the timeframe noted and other persons identified by the health unit are being advised to check their immunization records with their health care providers to ensure that they are adequately immunized for measles.

**Those exposed who are not adequately immunized are being asked to monitor for signs and symptoms for measles. The incubation period of measles ranges from five to 21 days. The health unit is also informing the public that should they develop symptoms, they should contact their health care provider by phone to ensure that precautions can be taken for the clinic visit to prevent spreading it to others.**

**It is recommended that the patients suspected to have measles be masked with a surgical mask upon arrival and led to a single room immediately (preferably a negative pressure room if available). Where possible, the patient should only be assessed by health care providers who have either received two doses of measles vaccine or have proof of immunity. Suspect cases should be cared for by health care workers wearing full personal protective equipment including an N95 mask (preferably fit-tested). Because the measles aerosols can remain in the air for two hours after the patient leaves the room, it is best that the patient is seen at the end of the clinic day to ensure that no one else is exposed to that patient. The room should then be thoroughly cleaned. If measles is suspected, please perform laboratory testing (as noted below) and contact the health unit.**

Routine immunization for measles is considered to be two doses of MMR at least one month apart over the age of 12 months. Most adults born before 1970 are assumed to be immune because they most likely were infected during childhood. Please ensure all of your patients are up to date with routine immunizations. Health care providers should remain vigilant for the detection of measles. **Signs and symptoms of measles include a maculopapular rash, Koplick spots, fever, cough, coryza and/or conjunctivitis.**

**Laboratory Testing**

Because indigenous measles has been eliminated in Canada, laboratory testing of suspect measles cases must include **both** virus isolation **and** serology (see table).

- a) **Virus Isolation:** A nasopharyngeal swab or aspirate, or a throat swab obtained within four to seven days after the onset of rash, and/or approximately 50 ml of urine within seven days after the onset of rash.
- b) **Acute Serology:** A blood specimen, to test for measles antibodies (IgM and IgG) at the first visit and ideally obtained within seven days after rash onset. When requesting measles specific IgM and IgG testing, please provide relevant clinical information on the lab requisition form and the purpose of the testing (e.g. recent vaccination, suspect measles) to facilitate rapid testing.  
Note: If the acute serology results in a patient with known or suspected exposure to measles show low, indeterminate or negative IgM and IgG, both tests should be repeated in one to two weeks.
- c) **Convalescent Serology:**  
 A second blood specimen should be drawn 14 days or more after symptom onset to check for seroconversion or a significant rise in measles specific IgG antibodies between acute and convalescent sera, as both are indicative of recent infection.

**Laboratory Specimen and Collection Kits**

Specimen	Test Code	Collection Kit	Expected Time for Results	Notes
NP swab or throat swab	V24	Virus culture (ship on ice pack)	Up to one week	Consult Public Health Lab prior to collection
Urine	V24	Virus-TM (ship on ice pack)	Up to one week	
CSF	V24	Virus culture (ship on ice pack)	Up to one week	
Blood, clotted or serum	V24	BL-S (ship on dry ice if greater than two days)	A few days	Specify if test is for immune status (IgG) or diagnosis of disease (IgM) – label STAT

**Measles is a reportable disease. If you suspect a case of measles or have questions regarding proper specimen collection, please contact the Simcoe Muskoka District Health Unit Communicable Disease Team at 705-721-7520 x8809 (8:30 a.m.–4:30 p.m.) or 1-877-721-7520 (8:30 a.m. – 6:00 p.m.).**

For further information about diagnosing and testing for measles and measles in Ontario, go to <http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/Measles-Update-for-Clinicians.aspx#.U0c1oaKLNAh>