

Health Professionals Update



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ALERT: A Confirmed Case of Measles in Peel

FROM:

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Key Messages:

- Peel Public Health is investigating a measles case without known link to another case and no travel history.
- Ensure all patients and office staff are up-to-date with measles vaccination.
- Include measles in the differential diagnosis and test symptomatic patients with both PCR and diagnostic serology.
- Report suspected cases of measles immediately to Peel Public Health at 905-799-7700.

ALERT: A Confirmed Case of Measles in Peel

- Peel Public Health (PPH) is investigating one labconfirmed, locally acquired case of measles in a child without a link to another case and no travel history.
- PPH is following up on all known contacts who may have been exposed and has issued a <u>News</u> <u>Release</u> to advise the public that they may have been exposed to measles in a number of settings.

Clinical Presentation:

Physicians should remain alert to clinical presentations with measles compatible symptoms, such as: fever, cough/coryza/conjunctivitis and generalized maculopapular rash. For more information, including photos of manifestations of measles, see: https://www.canada.ca/en/public-health/services/diseases/measles/health-professionals-measles.html.

Advise suspect or confirmed measles cases to stay home from work, school, and other activities for four days after onset of rash.

Testing:

Laboratory testing is indicated for individuals who have a clinical syndrome and history compatible with measles (e.g., travel or exposure to a case).

- Both PCR (nasopharyngeal/ throat swab and urine) and diagnostic serology (acute and convalescent) are recommended. NOTE: serology alone is generally not sufficient for diagnosis.
 - NP swab (pink-coloured viral medium) and urine (50 mls), for measles PCR
 - Diagnostic Serology (IgG and IgM)
- Collect all specimens in your office to limit possible transmission elsewhere. Mark "suspect measles" on the lab requisition. Please also include travel history and vaccination status.

Additional information on measles PCR testing can be found on the Public Health Ontario Laboratory website:

https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Measles-Diagnostic-PCR

Infection Prevention and Control (IPAC) Recommendations:

Health care providers should follow the provincial IPAC recommendations to prevent exposure to staff and patients, including:

- Ensure all office staff are adequately immunized with two doses of MMR, regardless of age, or have serologic proof of immunity to measles.
- Make efforts to see the suspect cases at the end of the day, if possible.



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- Isolate patients to a single room or a negative pressure room if available.
- Provide a surgical facemask for the patient to wear at all times while in the clinic.
- An N95 respirator is not necessary if the health care provider has documented immunity to measles infection. Only immune staff should provide care to patients with measles.
- Allow sufficient time for the air to change in the room before seeing other patients. This is generally about two hours after the measles case has left the room.

MMR Vaccine Eligibility:

All Ontarians are eligible for two publicly funded doses of MMR based on the healthcare provider's clinical judgment and the needs of the patient.

- Ensure all office clinic staff are up to date with measles vaccination. ALL office clinic staff should have two doses of documented measles vaccination **OR** documented laboratory evidence of immunity. This includes staff members born prior to 1970.
- Ensure patients are up to date with measles vaccination and offer measles-containing immunization to eligible patients (see tables). Vaccination is preferred over serology in cases where immunization status is unclear.
- MMR vaccine can be ordered at: https://www.peelregion.ca/health/professionals/ V-07-629.htm.

Reporting:

- Measles is a reportable disease under the *Health* Protection and Promotion Act.
- Report suspected cases of measles immediately to Peel Public Health at 905-799-7700. Do not wait for laboratory confirmation.

MMR Vaccine Recommendations

No planned travel (Routine Schedule) 1st dose: MMR on or after the 1st birthday. 2nd dose: MMRV at 4-6 years of age (If possible, give 2nd dose of MMRV closer to age 4). Planned travel to measles endemic areas Infants Infants: and • MMR can be given as young as 6 months of Children **Note:** two additional doses still required after 1st birthday, at appropriate intervals. Children: Consider giving 2nd dose of MMR earlier than 4-6 years of age. Note: 2nd dose of monovalent varicella vaccine still required at 4-6 years of age. Considered to have natural immunity, however, some individuals may be susceptible. **Individuals** born Healthcare workers must have proof of before ■ immunity (record of two doses of MMR 1970 vaccine **OR** serology). Post-secondary students and travelers should consider getting at least one dose of MMR vaccine. • If immunization status is unknown, two **Individuals** doses of MMR should be given (at least 28 born in days apart). 1970 or • If client only had one dose of MMR, give a later 2nd dose. • If client has two documented doses of MMR, consider fully immunized – no serology required.





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Additional Resources:

- Peel News Release:
 https://peelregion.ca/news/archiveitem.asp?year
 =2023&month=5&day=16&file=2023516.xml
- Ontario Publicly Funded Immunization Schedules for Ontario, June 2022: https://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx.
- Canadian Immunization Guide Measles Vaccine: https://www.canada.ca/en/public-healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-12-measles-vaccine.html.