# HEALTHCARE PROVIDER ALERT March 8, 2024



# Measles Updates

If you have any questions or concerns, please contact your local Timiskaming Health Unit:

> Monday to Friday 8:30 a.m. – 4:30 p.m.

#### **New Liskeard**

Tel:(705) 647-4305Toll Free:(866) 747-4305Fax:(705) 647-5779

#### **Kirkland Lake**

Tel:(705) 567-9355Toll Free:(866) 967-9355Fax:(705) 567-5476

After-Hours or Weekend On-Call Number (705) 647-3033

www.timiskaminghu.com

**To:** Physicians, Nurse Practitioners, Nurses, and Midwives Hospital Infection Control Departments and Emergency Departments

Public Health Ontario created a <u>document</u> for health care providers outlining considerations and information to assist with timely identification and management of individuals suspected to have measles and information about measles prevention through immunization.

Highlights include:

- Immunization is the best way to protect against measles. Individuals travelling outside
  of Canada should ensure they are adequately protected prior to travelling.
- In general, those born before 1970 are presumed to be immune as measles was endemic in Canada at that time. For this age group with travel to an area with measles spread, 1 dose of MMR (at any time in their life) is recommended. Anyone who ever contracted measles is considered to have lifelong immunity. Adults born in/after 1970 should have one dose of measles vaccine. If the adult is a health care worker, a postsecondary student or traveling to an area with evidence of measles spread, then two doses (at any time in their life) are recommended. Also, infants who are 6 to 11 months and children under the age of 4 who are traveling to an area with measles spread can get a dose of MMR prior to traveling (see page 3).
- If an individual's immunization records are unavailable, immunization with measlescontaining vaccine is generally preferable to ordering serology to determine immune status. There is no harm in giving measles-containing vaccine to an individual who is already immune.
- Signs and symptoms of measles include fever and maculopapular rash, starting on the face and spreading cephalocaudally (head to toe) and centrifugally, often accompanied by cough, runny nose, and conjunctivitis (non-purulent). Koplik spots are pathognomonic and may be present in the prodromal period.
- Clinicians should consider measles in patients presenting with these signs and symptoms, especially if they are unvaccinated, partially vaccinated or immunocompromised and there is a potential exposure risk, including either
  - 1. recent travel,
  - 2. known contact with a case of measles, or
  - 3. residing in an area where measles cases have been recently identified.
- If you suspect measles infection in a patient presenting to you:
  - 1. provide the patient with a medical mask (if able to tolerate use and no contraindications),
  - 2. promptly isolate the patient in a negative pressure room, if available (if not available, place in a single patient room with the door closed);

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- 3. obtain specimens for testing; (please remember to collect and send throat or NP swab AND urine sample for measles PCR testing as well as serology, page 4-5.)
- 4. contact your local public health unit immediately to report the case (do not wait for laboratory confirmation) and to receive additional guidance;
- 5. Provide isolation guidance to the patient while results are pending.
- In light of the increase in measles cases in the province and in Canada, THU is
  encouraging parents to have their children vaccinated for the 4-6 year vaccine at the
  age of 4 and not wait until their 6<sup>th</sup> birthday.