

Feb. 24, 2023

# Healthcare Provider Memo

## Measles Preparation and Monitoring

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Ontario has recently reported travel-related cases of Measles, including a recent case that is being investigated by the [Middlesex-London Health Unit](#).

The Ministry of Health has sent the included Memo to Healthcare Providers regarding Measles. It highlights the importance of ensuring patients are up to date on Measles and other routine vaccinations, especially if upcoming international travel is planned.

Grey Bruce Public Health will continue to monitor the situation locally and will provide relevant updates to healthcare providers if the situation evolves.

Included in this memo are several points of interest for healthcare providers in our current preparation and monitoring stage.

### **Risk factors:**

- All persons who have not had measles or have not been adequately immunized;
- Adults born before 1970 are generally presumed to have acquired natural immunity to measles. This is due to the high levels of measles virus circulating at this time;
- Individuals at greatest risk of measles include travellers, healthcare workers, students, and adults born between 1970-1991 (only received one dose).

### **Measles Testing**

Testing information for Measles is available on [Public Health Ontario's website](#). A urine specimen for PCR (within 14 days of rash onset), along with a nasopharyngeal or throat swab (within 4-7 days of rash onset), as well as serology (acute serology collected within 7 days of rash onset) and convalescent serology (collected 7-10 days of rash onset and at least 5 days after the acute sample) should be collected. Public Health may be able to help facilitate more timely transportation and submission of these specimens to the designated lab.

### **Reporting**

Both suspected and confirmed cases of Measles are reportable to Public Health. If you suspect your patient has Measles, please immediately report to Public Health. During office hours, please contact the Infectious Diseases Team at 519-376-9420 ext. 6. After hours, reports can be provided to the on-call manager by calling 519-376-5420.

*A healthier future for all.*

### **Planning and Awareness**

Healthcare providers are encouraged to maintain awareness of the potential for local contacts and/or cases of Measles. Measles requires airborne precautions for care. Clients with suspected measles (including symptomatic contacts of cases) should be cared for in a negative pressure room.

Contact with others in the healthcare setting should be minimized. If contact occurs, Public Health will seek a list of anyone in the cases' shared airspace, including those in the same airspace in the 2 hours after the case had departed.

Additional information Measles case and contact management, including vaccination and post-exposure prophylaxis for susceptible contacts, is available in the [Ministry of Health's Disease Specific Appendix](#).

### **Infection Prevention and Control:**

- Immunization as per the publicly funded schedule;
- For hospitalized patients, **airborne precautions** are indicated for 4 days after the onset of rash in healthy persons and for the duration of illness if immunocompromised;
- Assessing the immunization status of persons in high-risk settings if a susceptible contact of measles attends the setting (e.g., in daycare centers); and
- Vaccinating susceptible contacts of the exposed individual by providing the 2nd dose MMR vaccine in children who have only received 1 dose of measles-containing vaccine and offering MMR vaccine for children who are unvaccinated;
- Routinely promoting and facilitating respiratory hygiene and cough etiquette.

Please check out the interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings at this link: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/Measles-Interim-IC-Recs-H.pdf>

### **Infectious Diseases Team**

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Encl.

*Memorandum – Measles Preparedness – Ministry of Health*