

<p>IN THIS ISSUE:</p> <ul style="list-style-type: none"> ▪ Global Increase in Measles Activity 	<p>FROM: Rebecca Shalansky MD MPH CCFP FRCPC Associate Medical Officer of Health</p>
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<p>Key Messages:</p> <ul style="list-style-type: none"> ▪ There is a global increase in measles activity. ▪ Vaccinate patients who are not up to date and planning travel, including infants six months of age or older. ▪ Ensure all office staff are up to date with measles vaccination. ▪ Include measles in differential diagnoses, particularly in returning travelers with respiratory symptoms. ▪ Report suspected cases of measles immediately to Peel Public Health at 905-799-7700.
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Global Increase in Measles Activity

On February 20 the Ministry of Health released a memorandum regarding the global rise in measles and the need for health systems partners in Ontario to be prepared for the importation of measles cases and the potential for outbreaks.

Measles cases in Canada are most often associated with travel. Vaccination against measles is the most important factor in the prevention of transmission. Patient immunization status should be reviewed and updated, ideally prior to March break and any subsequent travels.

MMR 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.

Health care providers are encouraged to:

- Ensure all office clinic staff are up to date with measles vaccination.

- ALL office clinic staff should have two doses of documented measles vaccination given at least 28 days apart **or** documented laboratory of immunity. This includes for staff members born prior to 1970.
- Ensure patients are up to date with measles vaccination and offer measles containing immunization to eligible patients (see table). 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>.

MMR Vaccine Recommendations

Infants and Children	No planned travel (Routine Schedule)
	1 st dose: MMR on or after the 1st birthday.
	2 nd dose: MMRV at 4-6 years of age (If possible, give 2 nd dose of MMRV closer to age 4).
	Planned travel
Infants:	
<ul style="list-style-type: none"> ▪ MMR can be given as young as 6 months of age. <p>Note: 2 additional doses are still required after 1st birthday, at least 28 days apart.</p>	
Children:	
<ul style="list-style-type: none"> ▪ Consider giving 2nd dose of MMR earlier than 4-6 years of age. <p>Note: 2nd dose of monovalent varicella vaccine still required at 4-6 years of age.</p>	

<p>Individuals born before 1970</p>	<p>Considered to have natural immunity, however, some individuals may be susceptible.</p> <ul style="list-style-type: none"> Healthcare workers must have proof of immunity (record of <u>two</u> doses of MMR vaccine or serology). Post-secondary students and travelers should consider getting at least one dose of MMR vaccine.
<p>Individuals born in 1970 or later</p>	<ul style="list-style-type: none"> If immunization status is unknown, two doses of MMR should be given at least 28 days apart. If patient only had one dose of MMR, give a 2nd dose. If patient has two documented doses of MMR, consider fully immunized – no serology required.

Clinical Features of Measles

Health care providers should include measles in their differential diagnoses, particularly in returning travelers with compatible symptoms including:

- Fever
- Cough, coryza or conjunctivitis
- Generalized maculopapular rash

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

Laboratory Diagnosis

Testing is suggested for individuals suspected of having measles, including those who have a clinical syndrome and history compatible with measles (e.g., travel or exposure to a case) and should include **both** measles virus detection by Polymerase Chain Reaction (PCR) (nasopharyngeal/ throat swab and urine) **and** diagnostic serology (acute and convalescent).

Laboratory requisitions should be labelled “suspect measles” and include travel and vaccination status.

Lab tests for measles after rash onset include:

- NP/Viral throat swab for PCR testing (within days of rash onset) **and**

- Urine (50mL) for PCR testing (within 14 days of rash onset) **and**
- Measles serology (IgM and IgG). Note: serology alone is generally not sufficient for diagnosis.

Additional information on measles testing and specimen requirements can be found on the Public Health Ontario Laboratory website.

Infection Control Precautions

To reduce the risk of measles exposure to patients and staff, healthcare providers should:

- Ensure staff are adequately immunized against measles. Only immune staff should provide care to patients with measles. A patient suspected to have measles should wear a surgical mask and ideally be placed on airborne precautions, or if not possible, in a separate room immediately upon arrival.
- Suspected measles patients should call clinics in advance so that arrangements can be made to minimize exposures.
- After assessing a suspect measles patient, do not use the exam room until at least two hours have elapsed.

Reporting Requirements

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.

Resources

Ontario Publicly Funded Immunization Schedules for Ontario, June 2022:

<https://www.ontario.ca/page/vaccine-resources-professionals#section-2>

Canadian Immunization Guide-Measles Vaccine:

<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-12-measles-vaccine.html>