

# Public Health Alert

Urgent information for health care professionals that may require action

**Issued August 16, 2013**

## **2<sup>nd</sup> CASE OF MEASLES IN OXFORD COUNTY – IMPORTANT CHANGE IN MMR RECOMMENDATIONS FOR OXFORD COUNTY RESIDENTS**

Oxford County Public Health & Emergency Services has been notified of a IgM reactive lab result in an 11 month old child with onset of rash August 12. There is no known connection between this case and the earlier reported case in an unimmunized adult; however investigation is continuing. The appearance of this case may be an indication of measles circulating in Oxford County.

Due to the increased risk to young children who are not fully immunized, Oxford County Public Health in consultation with Public Health Ontario **is recommending that children receive their second dose of MMR as soon as possible, a minimum of 28 days after the first dose. The first dose can be given on or after the first birthday. Although the current Publicly Funded Immunization Schedule for Ontario recommends the second dose not be given until 4-6 years, we encourage you to provide young children their second dose of MMR as soon as possible due to the current situation in Oxford.**

Adults in the general population born in 1970 or after, with only one documented dose of Measles containing vaccine and no history of Measles disease may also be offered a second dose of MMR.

**If you suspect measles, please isolate the patient as soon as possible and contact Public Health immediately (519-539-9800 ext. 3500; after hours 519-533-0131)**

### **1. Clinical Presentation.**

- Symptoms include fever, coryza, cough, drowsiness, irritability, conjunctivitis, Koplik's spots (small white spots on the inside of the mouth and throat)
- 3 to 7 days after the start of symptoms a maculopapular rash appears on the face and then progresses down to the trunk and extremities which lasts about six days.

### **2. Testing**

**Please collect ALL of the following:**

- **Nasopharyngeal swab** (for viral detection by PCR) or aspirate or a throat swab obtained within 4 to 7 days after rash onset. Specimens should be collected using the Viral Transport Medium (VTM) collection kit. These swabs contain pink liquid medium

- **Urine.** Approximately 50 ml collected within 14 days after the onset of rash.
- **Acute serology:** A blood specimen (5ml collected in a serum tube) for measles antibodies (IgM and IgG) should be collected at the first visit (ideally within 7 days of rash onset)
- Ensure that the requisition indicates measles testing and mark the symptoms, date of onset, exposure history (if known) and vaccination history (if known).

### 3. Transmission, Incubation and Communicability

- The virus is spread by droplets and direct contact with the nasal or throat secretions of an infected person. Measles is also easily spread through the airborne route.
- Symptoms of measles begin 7 to 18 days (usually around 10 days) after exposure to a case of measles
- Patients with measles are infectious four days prior to the onset of their rash and/or one day prior to the onset of the prodromal illness. They can remain infectious up to four days after the onset of the rash.
- **Measles may be prevented in susceptible contacts if vaccine is given within 72 hours of exposure. Immune globulin may be given within 6 days of exposure if the susceptible contact is at high risk of complications (pregnant, under one year of age, immunocompromised). Public health will refer susceptible people who are within this time of exposure to their physician for follow-up. Immune globulin is available by contacting your local hospital lab.**

### 4. Infection Control

- Try to schedule any patients with suspect measles at the end of the day to minimize exposure to others. Provide patients with a mask and keep them away from others.
- Health Care Workers (HCW) should be immune to prevent acquisition and transmission of measles to others. Since the measles virus is airborne, close or direct contact is NOT required for transmission.
- The only effective control of transmission of measles is immunization. Only the following should be accepted as proof of measles immunity for HCWs:
  - Documentation of receipt of 2 doses of live measles virus vaccine on or after the first birthday or
  - Laboratory evidence of immunity
- Only immune HCWs should be assigned to care for patients with known/suspected measles. If no immune staff are available and patient safety would be compromised by not allowing the susceptible HCW to attend the patient, the susceptible HCW must wear a fit-tested, seal checked N95 respirator. There is no efficacy data for N95 respirators for this application

### **CONTACT FOR MORE INFORMATION:**

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This notice and links to further information will be posted on the Oxford County Public Health website at <http://www.oxfordcounty.ca/Partnersprofessionals/Healthprofessionals.aspx>

