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Woodstock Site 410 Buller Street Woodstock, ON N4S 4N2



February 22, 2023

From the Office of Dr. Ninh Tran, Medical Officer of Health, Southwestern Public Health

MEASLES WORKPLACE EXPOSURE IN OXFORD COUNTY

Southwestern Public Health has been notified of a lab confirmed case of measles in an adult with a recent history of international travel. This individual lives in a neighbouring region but did work, while infectious, at a workplace in Woodstock. Measles is a highly transmissible virus and additional cases may occur in the community. As a result, we ask you to be aware of the following:

If you are investigating a suspect case of measles, please isolate the patient as soon as possible and contact us immediately (519-421-9901; after hours 1-800-922-0096) – DO NOT wait for laboratory confirmation.

1. Clinical Presentation

- Initial symptoms include fever, coryza, cough, drowsiness, irritability, conjunctivitis, Koplik's spots (small white, gray, or bluish spots on the inside of the mouth and throat)
- 3 7 days after the start of symptoms, a maculopapular rash appears on the face and progresses down to the trunk and extremities.
- Take note whether the person received an MMR (Measles, Mumps, Rubella) vaccine in the 5 42 days prior to the onset of symptoms.
- 2. Testing
 - See the PHO (Public Health Ontario) website for details on specimen collection and to access the general test requisition form.

- Diagnostic testing is suggested for individuals who have a clinical syndrome and history compatible with measles (ex. travel or exposure to a case) and should include both measles virus detection by PCR (Polymerase Chain Reaction) as the priority and diagnostic serology (acute and convalescent):
 - **Nasopharyngeal/throat swab** within seven days after onset of rash using PHO Virus Respiratory Kit #390082.
 - Acute serology: A blood specimen (5 ml collected in blood, clotted-vacutainer tubes) for measles antibodies (IgM and IgG) should be collected at the first visit (ideally within 7 days of rash onset).
 - **Urine:** A minimum 50 mL sample can be collected within 14 days after onset of rash
 - Cerebrospinal (CSF) fluid (if suspect measles encephalitis or subacute sclerosing panencephalitis). A minimum 1 mL volume specimen may be collected, in a sterile container.
- Ensure that each requisition is clearly marked "Suspect case of measles." Label the container with the patient's full name, date of collection and one other unique identifier (e.g., DOB or health card number). Indicate the symptoms, date of onset, exposure/travel history (if known) and vaccination history (if known). The "diagnostic" tick box should be marked. Specimens should be stored in a sealed biohazard bag between 2-8°C and shipped to PHOL on ice packs.
- In the cc Doctor field on the requisition enter; Dr Ninh Tran Tel:519-631-9900 ext. 1207 Southwestern Public Health Fax: 519-633-0468 CPSO No.: 81546 Address: 1230 Talbot Street St. Thomas, Ontario N5P 1G9

3. Transmission, Incubation and Communicability

- The virus is spread through the air, close personal contact, or contact with respiratory droplets and contaminated surfaces. The virus can remain in the air and on environmental surfaces for two hours after an infectious case leaves the air space;
- Symptoms of measles begin 7-21 days (usually around 10 days) after exposure to a confirmed case;
- Individuals are infectious four days before the onset of their rash and/or one day prior to the prodromal period. 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 to susceptible individuals with a contraindication to MMR vaccine, including infants under 6 months of age, pregnant women, and immunocompromised individuals.

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 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 their first birthday, or
 - o 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 HCW must wear a fit-tested, seal checked N95 respirator. There is no efficacy data for N95 respirators for this application.
- Due to the airborne nature of the virus, no further patients should be placed within the room for a two-hour period following the patient with suspect measles. Appropriate cleaning is also required.

5. Immunization

• When seeing patients, please ensure that their MMR immunization is up-to-date.

CONTACT FOR MORE INFORMATION:

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Staff contact for information:

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