

# LES MEASLÉS-RABLE - MANAGING MEASLES IN CONGREGATE LIVING

CoP MEETING - RVH IPAC HUB | APRIL 18, 2024

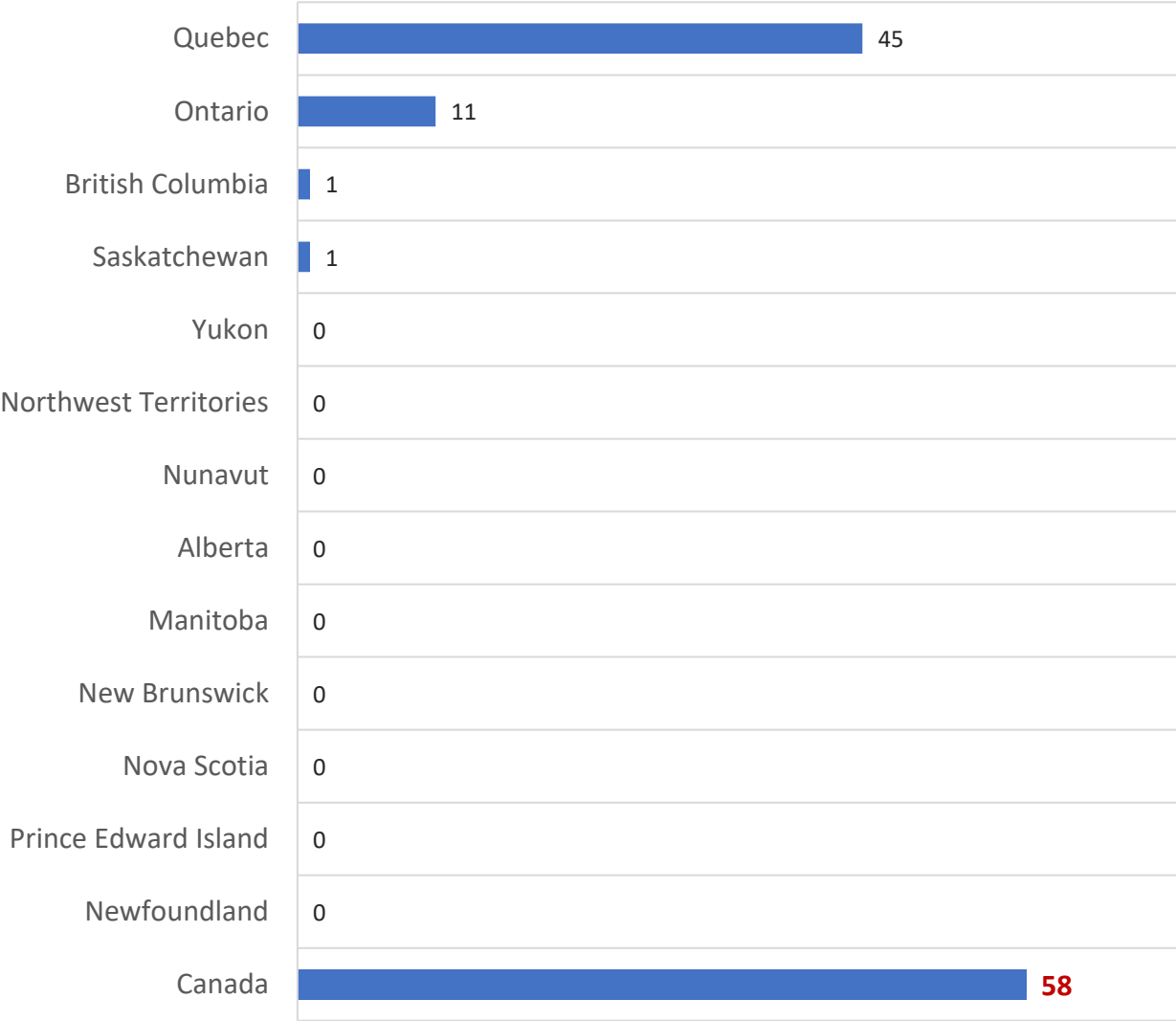
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# WHAT IS MEASLES?

- Measles is a highly contagious, vaccine-preventable, **airborne** viral infectious disease.
- It is caused by a single-stranded, enveloped, *Measles morbillivirus* (MeV), also called measles virus (MV).
- The virus lives in the nose and throat mucus of an infected person.
- Measles spreads easily among unvaccinated people, with the virus lingering in the air for up to **two hours**.
- Measles has a greater than a 90% secondary attack rate among people who are susceptible.



# Reported measles cases across Canada - 2024



# TRUE OR FALSE?

One of the **first symptoms** of measles is a distinct red, blotchy/maculopapular rash all over the body.

 **FALSE**

# SIGNS AND SYMPTOMS

- The incubation period for measles is about 10 days from exposure but can range from 7 to 21 days.
- Prodromal symptoms include: high fever ( $\geq 38.3^{\circ}\text{C}$ ), malaise, cough, runny nose, drowsiness, and red eyes (conjunctivitis).
- A red, blotchy/maculopapular rash appears 3 to 7 days after the start of symptoms.
- Tiny white spots (Koplik spots) may also appear on the inside of the mouth and throat.

# THE MEASLES RASH



Image courtesy: [www.nhs.uk](http://www.nhs.uk)

# KOPLIK SPOTS



Image courtesy: [www.nhs.uk](http://www.nhs.uk)

# SEVERE COMPLICATIONS

- Measles can be dangerous in all ages but some groups are more likely to suffer complications:
  - Children younger than 5 years of age
  - Pregnant women
  - People with compromised immune systems.
- Complications include ear infections and diarrhea to more severe outcomes like blindness, deafness, pneumonia, encephalitis, and death.



# TRANSMISSION

- Measles spreads through the air when an infected person breathes, coughs, sneezes or talks.
- It can also spread through direct contact with fomites or nasal and throat secretions from an infected person.
- The virus remains active and contagious in the air or on infected surfaces for up to **two hours**.
- Infected people can spread measles to others from **4 days before through 4 days after** the rash appears.
- Humans are the only natural hosts of the virus.

# YOU'VE SPOTTED A POSSIBLE MEASLES CASE. NOW WHAT?



# IPAC MEASURES TO IMPLEMENT



- Provide the resident/client with a medical mask, if able to tolerate use.
- Place the resident on **Airborne Precautions** in an AIIR, if available, or a single room with the door closed. Droplet/Contact precautions should also be used if there are respiratory symptoms.
- All staff should wear a fit-tested, seal-checked **N95 respirator** when entering the room and/or caring for the resident/client.
- Immediately report **all suspect or confirmed cases** of measles to SMDHU.

Monday to Friday, 08:30 to 16:30	705-721-7520 ext. 8809
After hours	1-888-225-7851

## IPAC MEASURES TO IMPLEMENT (CONT.)



- Only HCWs with presumptive immunity to measles should provide care to residents/clients with suspect/confirmed measles.
- Provide isolation guidance to the resident/client while results are pending.
- If the resident/client is going to be transferred for further assessment, notify the receiving facility ahead of arrival.
- Continue to practice hand hygiene frequently.

# ADDITIONAL PRECAUTION SIGNAGES



## Airborne Precautions

**Clean Your Hands Often** 

For more information please contact the Care Team or Infection Prevention and Control

In addition to Routine Practices:

### Care Team

(when inside room)



Wear fit-tested N95 respirator



Keep door closed

### Visitors



Check with nursing station before entering room

### Residents

(if necessary to be outside room)



Wear procedure mask



## Droplet/Contact Precautions

**Clean Your Hands Often** 

For more information please contact the Care Team or Infection Prevention and Control

In addition to Routine Practices:

### Care Team and Visitors

(when inside room)



Wear gown



Wear procedure mask and eye protection



Wear gloves

### Residents

(if necessary to be outside room)



Wear procedure mask

# SPECIMEN COLLECTION AND SUBMISSION

- [Serology test](#) is still recommended but should **never** be ordered alone.
- Testing for measles should also include **three** specimens for PCR analysis:
  - ✓ Nasopharyngeal (NP) swab [collect within 7 days of rash onset]; **AND**
  - ✓ Throat swab [collect within 7 days of rash onset]; **AND**
  - ✓ Urine specimen (50 mL) [collect within 14 days of rash onset]
- NP viral transport medium and throat swab testing kits can be ordered from Public Health Ontario Laboratory (PHOL).
- Specimens must be stored and shipped cold (2-8°C).
- Contact SMDHU, ID program to inform them about the testing.



## SPECIMEN COLLECTION AND SUBMISSION (CONT.)

- Mark “**suspect case of measles**” on all requisitions.
- All requisitions should contain the following information:
  - ✓ Patient’s symptoms and onset date
  - ✓ Exposure history
  - ✓ Travel history, if applicable
  - ✓ Vaccination history
- The “diagnosis” box should be checked and the package should be marked “STAT” on the outside.



# ENVIRONMENTAL CLEANING FOR MEASLES

- Standard cleaning and disinfection procedures are adequate for measles virus environmental control in all healthcare settings.
- Use a Health Canada approved disinfectant, as per manufacturer's instructions.





# TRUE OR FALSE?

Canada has been free of endemic measles since 1998.



# IMMUNIZATION



Image courtesy: [Signe Wilkinson, The Philadelphia Inquirer](#)

# IMMUNIZATION

- Immunization is the best way to protect against measles.
- Two doses of MMR vaccine are about **97%** effective at preventing measles.
- Unvaccinated people could get measles while abroad and bring the disease into Canada and spread it to others.
- All HCWs should have immunity to measles – two doses of measles vaccination or lab evidence of immunity, *regardless* of year of birth.
- All HCWs who have only received 1 dose of MMR vaccine are eligible to receive a 2<sup>nd</sup> dose.

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# QUESTIONS?

