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**November 1, 2024**

**From the Office of Dr. Joyce Lock, Acting Medical Officer of Health, Southwestern Public Health**

## **SWPH confirms 3 travel-related cases of measles in the region**

Southwestern Public Health is investigating three confirmed epi-linked cases of measles in the region. All three individuals are unimmunized and under the age of 18. The individuals are currently isolating at home and have been isolating since returning from travel from New Brunswick.

Southwestern Public Health is currently investigating and following up with known contacts who may have been exposed to the measles virus.

**If you are investigating a suspect case of measles, isolate the patient as soon as possible and report it to Southwestern Public Health immediately.**

**DO NOT WAIT for laboratory confirmation of measles.**

**TO REPORT: Call 1-800-922-0096 ext. 3500 // After Hours ext. 0**

### **CLINICAL SUPPORT & GUIDANCE**

#### **Clinical Presentation**

Clinically compatible signs and symptoms are characterized by:

- Fever;
- Coryza, cough, conjunctivitis;
- Generalized maculopapular rash 3-7 days after the start of symptoms, beginning on face, progresses down to the trunk and extremities and lasts about six days; and
- Koplik's spots (small white spots on the inside of the mouth and throat) may be present in the prodromal period.

The incubation period from measles exposure to prodromal symptoms averages 10 to 12 days. The time from exposure to rash onset averages 14 days (range: 7 to 21 days). It may be longer (up to 28 days) for those who have received immunoglobulin for post-exposure prophylaxis.

Cases are infectious from one day before the start of the prodromal period, which is usually about four days before rash onset, to four days after onset of rash.

## Diagnostic Testing

Diagnostic laboratory testing is essential for all suspected measles cases and should include both measles virus detection by polymerase chain reaction (PCR) (swab AND urine) as well as diagnostic serology.

Ensure your office has testing specimen containers/ supplies available for testing. Check the expiry dates on the specimen containers and swabs. Kits can be ordered from [PHOL](#) (kit #390082 & kit #390081).

Collect the following specimens if you are investigating a suspect measles case:

- **Measles Virus Detection by PCR:**
- Nasopharyngeal swab (NP) AND/OR throat swab obtained within 7 days of rash onset. Specimens should be collected using the Viral Transport Medium (VTM) (pink liquid medium) collection kit; AND
- Urine: Minimum of 50 mL collected within 14 days of rash onset; AND
- **Diagnostic serology:** A blood specimen (5 mL 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)

Each specimen must have a separate **Public Health Ontario Lab Requisition**.

On the requisition clearly mark "Suspect Case of Measles" and Test Requested "Measles Diagnostic PCR". Include symptoms, date of onset, exposure history (if known) and vaccination history (if known).

Label each specimen biohazard bag with PHOL to ensure transport to the correct lab.

Contact the Public Health Ontario (PHO) Laboratories customer service at 416-235-6556 or 1-877-604-4567 if you have any questions.

## Transmission

Measles virus is spread by contact with respiratory particles (through inhalation or contact with mucous membranes) at short and long range (e.g. airborne). These particles can remain suspended and contagious in the air for up to two hours.

## Infection Control

- Schedule patients with suspect measles at the end of the day, if possible, and keep them out of waiting rooms (move patient to exam room upon arrival).
- Provide patients with a surgical mask.
- Place patients in a single room with negative air flow (airborne infection isolation room) with the door closed. If an airborne isolation room is not available, the patient should be immediately placed in a single room with the door closed. After the patient exits the room, the door should remain closed. Allow time for the air to change in the room and be free of respiratory particles before using the room for non-immune individuals (2 hours if not an airborne isolation room).
- All Health Care Workers (HCW) and staff should be immune to measles. Only HCWs with evidence of immunity should be assigned to care for patients with confirmed/suspected measles. Evidence of immunity may include: two documented doses of measles-containing vaccine on or after the first birthday (regardless of year of birth); or laboratory evidence of immunity.
- All staff must wear an N95 respirator. Additional personal protective equipment (PPE) such as gloves, gowns and eye protection may be added as required based on a point of care risk assessment as per Routine Practices.
- See Public Health Ontario's Measles IPAC Checklist for Clinics and Specimen Collection [Centres](#).

## Vaccination

Health care providers must be prepared for potential outbreaks, particularly where susceptible individuals (e.g., unvaccinated) travel to and return from regions where measles is circulating.

- **Encourage patients to receive all routine vaccinations**, including measles, mumps, rubella (MMR) and measles, mumps, rubella, varicella (MMRV) according to the [Publicly Funded Immunization Schedules for Ontario](#).
  - Two doses of measles-containing vaccine with the first dose given after the first birthday provides protection from measles.
  - In Ontario, children are routinely given two doses of measles-containing vaccines: the first dose (MMR) is given soon after the first birthday, and the second dose (MMRV) is given at 4 to 6 years of age.
  - In general, those born before 1970 are considered immune. See section below for additional information on adults 18 years of age and older.
- **In addition to routine immunizations**, the following is recommended for those at higher risk of exposure:
  - **Infants 6 to 11 months of age** who are travelling to areas with increased measles transmission should be immunized with one dose of MMR. Two additional doses are required on or after the first birthday.
  - **Adults 18 years of age and older** who have previously received one dose of MMR should receive a second dose if they are health care workers, post-secondary students, planning to travel to areas with increased measles transmission or based on the health care provider's clinical judgment.
  - If a patient's immunization record is unavailable, immunization with measles-containing vaccine is preferable to ordering serological testing to determine immune status.

**Resources:**

- [Measles: Information for Health Care Providers \(Public Health Ontario, September 2024\)](#)

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