**Date:** April 10, 2025

To: Physicians and Staff of Lamont, Lakeland (St. Paul and Two Hills) and

Kalyna Country Primary Care Networks (PCNs);

Emergency Departments: Two Hills Health Centre, St. Joseph's General Hospital, Tofield Health Centre, St. Therese – St. Paul Healthcare Centre,

Viking Health Centre, Lamont Health Care Centre

Copy: North Zone Medical Officers of Health

From: Central Zone Medical Officers of Health

### Colleagues:

We are seeing an increase in measles cases across the province, with cases rising rapidly in the Two Hills area. Recently, there have been measles exposures in both Two Hills and Vegreville, and the Medical Officers of Health (MOH) are seeking your assistance in preparing for – and responding to – potential cases.

With the Two Hills Emergency Department experiencing a service disruption during the evening hours (10pm to 8am Monday to Thursday) and every weekend starting on Fridays at 5 pm, patients are seeking care in Vegreville, Viking, Vermilion, Lamont and St. Paul. We want to ensure that vital health services continue in the event of increased cases of measles locally.

Please monitor the locations and dates of measles exposures in Alberta. Information for Albertans is available at: www.ahs.ca/msl/page19108.aspx.

## Actions Required by Health Care Providers and Staff

- Ensure that you and your staff are fully vaccinated to prevent acquiring measles. To be considered fully vaccinated staff must have documentation of 2 valid lifetime doses of measles containing vaccine (e.g., MMR), or a documented history of laboratory-confirmed measles infection, or a blood test showing proof of immunity.
  - o Immunization records are available on <u>myhealth.alberta.ca</u>, under "MyHealth Records" button. Confirm that you have 2 doses of measles-containing vaccine.
  - o To update your MMR immunizations, call the Immunization Booking Line at 811 between 8 a.m. and 6 p.m., or contact your local community health centre or public health clinic: www.ahs.ca/info/page17791.aspx.
  - Healthcare workers without previous evidence of immunity are strongly recommended to receive measles-containing vaccine to ensure they have a total of two valid doses documented.



- Familiarize yourself with the clinical presentation of measles:
  - Measles Information for Health Professionals: www.ahs.ca/msl/page18877.aspx.
  - o Alberta Health measles overview: www.alberta.ca/measles.
- Check that the clinic has sufficient supplies of nasopharyngeal swabs, non-expired Universal/Viral Transport Medium (expiry date on container), and sterile urine containers for sample collection.
- Familiarize physicians and nursing staff on how to collect a nasopharyngeal swab: www.ahs.ca/assets/wf/plab/wf-provlab-collection-of-nasopharyngeal-and-throat-swab.pdf.
- Health care workers should use an N95 mask (airborne) and eye protection (droplet precautions), with consideration of gloves and gown if patient is coughing (routine practices).
- Encourage immunization. Measles is extremely contagious and the virus spreads easily through the air. The highly effective vaccine has a long-proven record of safety and provides strong protection.

### Exposure of Office Staff to Measles Without Appropriate PPE

- You are determined to be immune if prior documentation of one or more of the following: (i) receipt of two doses of measles-containing vaccines; (ii) a positive measles IgG; (iii) lab evidence of measles infection): you can continue to work
- You have unknown immunity: you will be recommended to undergo measles IgG testing; a positive result will allow you to continue working.
- You do not have immunity if you do not meet immunity criteria above and IgG testing is negative: you are work-restricted starting from the 5<sup>th</sup> day after the first exposure until the 21<sup>st</sup> day after the last exposure. You may also be offered post-exposure prophylaxis which may modify or prevent measles disease but will not affect the work restriction.

### Clinical Presentation of Measles

Information on measles assessment, symptoms, and rash images are available online: myhealth.alberta.ca/topic/immunization/pages/measles.aspx.

- fever 38.3°C or greater
- cough, runny nose and/or red eyes (the 3 C's: Cough/Coryza/Conjunctivitis); and
- a rash that appears 3 to 7 days after fever starts, usually beginning behind the ears and on the face and spreading down to the body and then to the arms and legs. The rash appears red and blotchy on lighter skin colours. On darker skin colours, it can appear purple or darker than the skin around it, or it might be hard to see.



### If You Suspect a Measles Case

Report suspect measles cases prior to lab results becoming available to allow timely follow-up of contacts.

Communicable Disease Control (CDC), for reporting or to ask questions:

- o 08:30 to 16:00 weekdays: 1-855-444-2324, or email provincialcdcintake@ahs.ca
- o All other times:
  - Central Zone: 403-356-6430 (MOH Central on-call)
    - www.ahs.ca/assets/info/hp/phys/cen/if-hp-phys-moh-cz-ph-contact-info-poster.pdf
  - ❖ North Zone: 1-800-732-8981 (MOH North on-call)
    - switchboard at Grande Prairie Regional Hospital

If blood collection is required, you must call the Alberta Precision Laboratories (APL) phone bookings at 1-877-702-4486, before the patient presents at a collection site.

- o additional information <u>Alberta Precision Laboratories Guide to Services</u>: www.ahs.ca/webapps/labservices/indexapl.asp
- o measles laboratory questions, contact the ProvLab Virologist On-Call:
  - Calgary 403-944-1110
  - Edmonton 780-407-8822

Should a suspect case be referred to an acute care site, please call the site ahead to advise. While awaiting results, please advise outpatients to isolate at home and ensure inpatients are on airborne precautions.

Ideally, suspect cases should be assessed at the end of the day. While waiting, the patient and susceptible close contacts should be masked and placed in a separate room, or if unavailable, remain in their vehicle. Use of shared bathrooms should be avoided; if necessary, mask during use. Post-visit, examination rooms occupied by a suspect case should not be used by other patients for two hours. Isolation of ill cases at home is advised until four days after rash onset.

## **Masking Reminder**

Please remind all patients who have been asked to isolate because they're a contact of someone with measles, have symptoms of measles or are accompanying someone with suspected measles, that they are encouraged to mask to help protect patients, visitors, and staff, at any healthcare facility.



This provides source control, helping reduce the risk of infectious particles being released into shared spaces during movement through the facility. Surgical masks in this context are not a substitute for airborne precautions but serve as an added layer of protection in shared or transitional spaces.

### Additional Resources

Patient Symptoms Poster (multiple languages)

www.ahs.ca/ipc/page17492.aspx

### Provincial Measles Primary Care Clinical Pathway

• www.ahs.ca/assets/info/aph/if-aph-prov-measles-pathway.pdf

### **Environmental Cleaning Guidelines in Community Clinics**

 www.ahs.ca/assets/info/ppih/if-ppih-environmental-cleaning-practices-communityclinics.pdf

### APL Bulletin 7-Apr-2025 Laboratory Testing for Suspected Measles

• www.ahs.ca/assets/wf/lab/if-lab-hp-bulletin-laboratory-testing-for-suspected-measles.pdf

#### Measles Primary Care Summary Guide

www.ahs.ca/assets/info/ppih/if-ppih-measles-primary-care-summary-guide.pdf

#### AHS Measles Disease: Staff Q & A

www.ahs.ca/assets/info/ppih/if-ppih-measles-staff-faq.pdf

