

Date: 6 June 2018

To: All Physicians
From: Medical Officers of Health – South Zone
RE: Measles Case in Banff and Edmonton area

Context:

There have been two confirmed cases of measles in Alberta this week:

- 1) Banff, Alberta. The case was infectious from May 25 to June 2, 2018. There is no travel history nor sick contacts, making it possible the source was a visitor who shopped at his work place.
- 2) Edmonton. This case also has not travel history and may be locally acquired. This case visited the Sturgeon Community Hospital Emergency Department while infectious May 31, June 1 and 3rd).

There is currently a measles outbreak in Okinawa, Japan, and high numbers of measles cases continue to occur in Europe (Italy, Germany, Romania, Ukraine, Albania) and in Venezuela, as well as other areas globally.

Please maintain a high level of suspicion for possible cases of measles in the days and weeks ahead. **Confirmed and Probable measles cases are reportable** to public health as soon as possible.

Case Definitions:

Confirmed Case of Measles:

Laboratory confirmation of infection (in the absence of recent immunization with measles-containing vaccine) from appropriate serological and molecular tests, or **clinical illness** in a person who is epidemiologically linked to a lab-confirmed case.

Probable Case of Measles:

In the absence of both recent immunization with a measles-containing vaccine and lab confirmation of disease, clinical illness in a person with either an epidemiological link to a non lab-confirmed case **or** recent travel to an area of known measles activity.

Measles clinical illness includes ALL of the following:

- **Fever 38.3° C or greater, AND**
- **Cough, coryza or conjunctivitis, AND**
- **Generalized maculopapular rash for at least 3 days** (red blotchy rash appears 3-7 days after symptom onset, beginning behind the ears and on the face and spreading down to the trunk and then to the extremities)

Actions:

1. **Report all confirmed and probable cases *immediately* to CDC Intake On-Call (587-220-5753).** Suspect cases (clinical illness only) should also be reported. Public health will ask you for a list of all possible contacts of the case while they were in your facility and for two hours afterward.
2. Advise patient to remain at home with no visitors for 4 days after the rash onset. Also advise the patient that public health will be calling them for assistance in identifying contacts.
3. Arrange for testing of clinical specimens as outlined in laboratory tests section below.
4. **Make sure that you and your staff are immune to measles – two documented doses of measles vaccine regardless of year of birth, OR measles IgG positive serology, OR lab evidence of measles disease.**
5. **Please triage and isolate patients with *fever and rash illness* immediately to a negative pressure room (if available) and use airborne precautions. In clinic settings, schedule patients with fever and rash illness to the last appointment of the day if possible.**

Laboratory Tests:

Collect specimens from a suspect measles case at the time of first contact to ensure earliest confirmation of diagnosis. **NP swabs should be collected in your facility (not in the lab).**

For blood and urine tests in the community, **the laboratory collection site *must* be contacted for instructions prior to patient arrival to ensure other patients are not exposed.** Order **STAT** testing on a ProvLab Virology requisition.

1. **Urine:** Request PCR for measles virus; collect as soon as possible and within 7 days of rash onset (10-20 mL – keep refrigerated and transport to ProvLab for processing within 48 hours of collection)
2. **NP (nasopharyngeal) Swab** (in viral transport medium (pink)): Request PCR for measles virus; collect as soon as possible but no later than 4 days after rash onset. NP collection kits and instructions are available from the ProvLab. Please use standard procedure for ordering supplies. **Collect in your office and send to ProvLab STAT using normal avenues of transport.**
3. **Blood:** Request measles IgM, IgG serology; optimally at 4-28 days after rash onset (if collected within first 3 days of rash, false negatives are likely, a second specimen may be needed later).

Provide symptoms, onset date, recent travel history, measles vaccination history on lab requisition.

Infection Control Recommendations:

- Measles is highly communicable from person to person via the airborne route from about one day prior to onset of prodromal period until four days after appearance of the rash.
- Persons sharing same airspace as a probable/confirmed case for any duration, including

up to two hours after the case has left a closed area, are considered exposed and potentially at risk if not immune.

- An examination room (not negative pressure) should not be used for two hours after a potential case has left the room to allow suspended virus to settle. A routine cleaning prior to re-use is advised.
- Ideally see patients with fever and rash that could be measles at the end of the day, and in a private room with a door, to limit potential exposures at your clinic.

Additional References:

- Alberta Health. Public Health Management Guidelines: Measles.
<https://open.alberta.ca/publications/measles>
- Public Health Agency of Canada. Vaccine Preventable Childhood Infectious Diseases
www.phac-aspc.gc.ca/im/vpd-mev/measles-eng.php
- Provincial Laboratory Alberta. Laboratory Testing for Measles.
www.albertahealthservices.ca/assets/wf/lab/wf-lab-laboratory-testing-measeles-bulletin.pdf

If you have further questions, please contact the CDC Intake On-Call (587 – 220 – 5753).

This alert is posted on the AHS Medical Officers of Health webpage at
www.albertahealthservices.ca/medstaff/Page7082.aspx