

Please note that this is a living document. Questions and answers will continue to be added as the situation in the province evolves.

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General Information

General background on the measles virus, immunization and recommendations for the public are available at ahs.ca/measles.

The Staff Q&A applies to AHS, APL, RA, ACA and PCA staff, physicians, midwives, students, volunteers and contracted service providers.

Risk and Immunization

Am I at risk for measles?

- Measles is extremely contagious. You are particularly at risk if you have not received two doses of a measles-containing vaccine or had lab-confirmed measles in the past.
- It is strongly recommended that all AHS & APL staff, physicians, midwives, students, volunteers, and contracted service providers ensure they are immune to measles, especially those involved in direct patient care.

How do I know if I am immune?

- You are considered immune or protected against measles if you have:
 - Documentation of having received 2 valid* doses of measles-containing vaccine (for example, MMR) OR
 - A documented laboratory-confirmed measles infection OR
 - A blood test showing proof of immunity.

NOTE: Serological testing (a lab test that checks for the presence of antibodies) to determine immunity in healthy individuals is **not** routinely recommended. Healthcare workers without previous evidence of immunity should receive measles-containing vaccine (to ensure they have a total of 2 valid doses documented).

* To be considered valid, (i) measles-containing vaccine must be administered after 12 months of age, and (ii) doses must be administered at least 4 weeks apart from each other.

How do I check my immunization status?

- You can check your immunization records on MyHealth.Alberta.ca.
 - Under 'My Personal Records,' select 'Immunizations' and scroll to confirm that you have 2 documented doses of measles-containing vaccine.



- If you received your vaccine from Workplace Health & Safety (WHS), then you can call your [local WHS](#) Occupational Health Nurse (OHN) to confirm your immunity status.
- If you are still uncertain of your immunization history, check with your healthcare provider, call Health Link at 811 or contact your local [Public Health clinic](#).

How do I get immunized if I am not immune?

- Contact your nearest WHS team to arrange for measles immunization.
- In some circumstances, you may be referred to a public health clinic.

Will proof of measles immunity be required?

- Proof of measles immunity is not a requirement.
- In the event of a workplace exposure, you may be restricted from work until immunity can be determined.

Symptoms and Exposure

What is considered an exposure to measles?

- An exposure occurs when you share the same confined air space as a person with infectious measles, for any period of time and including a two-hour period after the case had left that space, without the use of appropriate PPE.
- With respect to a patient with measles, [airborne precautions](#) in addition to [routine practices](#), are required. This includes the use of a fit-tested N95 respirator.

What happens if I am exposed to measles?

- Leaders provide line lists of exposed workers to WHS for review and follow up. If you think that you may have had a workplace exposure to measles and were not contacted, reach out to WHS (zone Occupational Health Nurse) directly. See the [Communicable Disease Exposure InSite](#) page for more information.
- If exposed, and:
 - **you are determined to be immune**, you can continue to work.
 - **your immunity is unknown**, you will be assessed based on vaccination history and may be sent for a lab test to validate immunity.
 - **if you are not immune** and you were exposed to a measles case while not wearing appropriate PPE, then you will be restricted from work, starting from the 5th day after the first exposure until the 21st day after the last exposure. Depending on the time since the exposure, you may also be offered post-exposure prophylaxis which may modify or prevent measles disease but will not affect the work restriction requirement.

What are the symptoms of measles?

- Symptoms of measles are:
 - Fever 38.3° C or higher; and
 - Cough, runny nose or red eyes (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. [Learn more](#)

What should I do if I am experiencing measles symptoms?

- If you are experiencing symptoms of measles, do not come to work. You should stay home, avoid contact with others, and call Health Link at 811 before visiting any health care facility or provider.
- Contact [WHS](#) if you believe you have been exposed to measles and are now experiencing symptoms. The Occupational Health Nurse (OHN) will advise if you need to be off work.

How do I receive testing for measles?

- The need for testing will be determined by your healthcare provider. Lab testing may not be needed to diagnose the disease if you have measles symptoms and were exposed to an infectious measles case (that was confirmed by lab testing).

When are people with measles contagious and for how long?

- A person with measles is contagious even before showing symptoms.
- They are contagious from one day before having any symptoms (which is usually about four to seven days before the rash appears), until four days after the appearance of the rash.
- Your rash may continue for up to 10 days, but you will not be contagious after the fourth day of your rash.
- NOTE: A person who is immune compromised may be contagious for longer and should consult their care provider. [Contact WHS](#) if you are unsure about when you should return to work after recovering from a measles infection.

Preparing Our Teams

Why are we preparing for escalated measles cases?

- Cases of measles have increased across the globe and are confirmed in Canada. Measles is extremely contagious and spreads easily in under-immunized populations.
- Increased measles activity increases the risk of outbreaks, which can have a substantial impact on our workforce and our ability to maintain services for Albertans.
- Measles is a serious infection with complications developing in 30% of cases (otitis media, pneumonia, diarrhea, etc.) and requiring hospitalization in 10 to 20% of cases.
- Taking proactive steps will help ensure teams have the information and support they need to keep themselves, their families, and patients safe.

What is the potential impact to the workforce if an exposure or outbreak occurs?

- Measles is highly transmissible. Cases, if not identified early, can potentially expose many other people to the virus. This can span throughout a care environment if the patient is moved along the care pathway before measles is suspected (and controls are put in place).
- If exposed, workers can continue working as long as they have a demonstrated immunity and remain symptom-free.

- Non-immune workers may be restricted from work starting from 5 days after their first exposure to 21 days from their date of last exposure to the case. This is aligned with the [Alberta Public Health Disease Management Guidelines: Measles](#) set by Alberta Health and corresponding Workplace Health & Safety guidelines used by WHS Occupational Health Nurses.

How do I know if I am fit tested? How can I find out if my fit test is up to date?

- Use the fit test look up tool on the [Respiratory Protection InSite](#) page. This tool allows staff to look up their own fit-test record. As well, AHS and APL leaders can use this tool to look up the current fit test status of staff who report to them.

How do I get fit tested?

- Contact your site/department Respiratory Fit Test Designate or your local WHSBP Advisor to be fit tested to the current N95 respirator models available. See the [Respiratory Protection InSite](#) page for contact information and more.
- Discuss the process for being fit tested in your area/department with your manager.
- If you have questions, you can contact the site safety advisor.

What practices should you have in place to prevent measles exposures?

- Always use [IPC Routine Practices](#) outlined for the specific setting. For patients:
 - **Presenting with rash-like illness:** See the [Rash Algorithm](#).
 - **With suspected measles:**
 - Place the patient in an airborne isolation room.
 - Implement airborne, contact and droplet precautions until etiology is confirmed.
 - For patients with a high index of suspicion for measles, early implementation of appropriate precautions will minimize the risk of exposing others and spreading infection.
 - **Confirmed measles:**
 - Place the patient in airborne isolation room.
 - Implement airborne precautions plus additional PPE based on [Infection Prevention and Control Risk Assessment](#) (IPCRA). This includes consideration of the nature and duration of the interaction, and patient specific factors (age, clinical presentation & symptoms, immunocompromise, etc.).
 - [More information](#)

All suspect, probable and confirmed measles cases should be reported immediately to the MOH on call.

What happens if I get exposed to measles and AHS doesn't know my immunization status?

- To ensure patient safety and your own safety, it's important for AHS to know your measles immunization status as it allows our Occupational Health Nurses (OHN) to quickly evaluate if you need prophylaxis and to determine if you are safe to continue working on your unit during an outbreak.
- If the OHN does not have this immunization record available to them, they will need to contact you directly to seek consent to look up your immunization record. This can add

valuable time to the process of evaluating each exposed worker, as the numbers of close contacts could be quite high for measles.

- In accordance with Alberta Public Health Guidelines, healthcare workers who have been exposed to measles and are determined to not be immune will be restricted from work for 21 days after their last measles exposure.
- Only authorized members of WHS including OHNs can access this information in your occupational health file in MySafetyNet. This is the same team who confidentially manages other health records for our workforce, including immunization and health surveillance.
- Your leader may be provided with information on your ability to return to work, but no details pertaining to your immunity records or exposure will be shared.
- AHS staff, physicians, students, and volunteers who are exposed will have their contact tracing conducted by AHS WHS. Contracted health care workers who are exposed at an AHS facility will have their follow up completed by public health.
- AHS would know your measles immunization status if you submitted and completed a Communicable Disease Assessment Form in the past, or if you have provided an OHN consent to look up your records during a previous exposure.

What is the role of eye protection?

- Currently eye protection is recommended for rash illness with an unknown cause.
- For confirmed measles, use of eye protection is based on the [Infection Prevention and Control Risk Assessment](#) (IPCRA).

Do we anticipate the use of continuous masking/eyewear in certain areas based on measles activity?

- Currently there is no recommendation for continuous masking or continuous eye protection. This will be re-assessed as the epidemiology evolves and if any new scientific information becomes available.

Information for Leaders

What should a leader or manager be doing to prepare operations for a potential measles exposure?

- Encourage your staff to understand their measles immunity status.
- Measles is nearly 100% preventable with a safe and effective vaccine.
- Ensure that your staff are aware that if they are exposed to measles and aren't immune, they may be off work from 5 days after the first exposure to 21 days after the last exposure. Review the [measles outbreak management scenarios](#).
- Review your staff's [N95 fit test compliance](#).
- Share this Staff FAQ and the public resources available at ahs.ca/measles.

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