

February 26, 2025

Measles Update for Hospital Emergency Departments:

Cases of measles are being reported in our neighbouring communities (Elgin, Oxford, Brant, Haldimand and Norfolk counties). To date, Huron Perth has no confirmed cases of measles. In an effort to prevent and control the spread of potential cases of measles in Huron Perth, please read the information below.

Assess all patients for measles

Patients should be asked about measles exposure within the last 21 days **immediately upon entering the Emergency Department**. Timely screening and isolation of symptomatic patients will prevent further exposures in waiting room areas, given that measles can remain airborne for up to two hours after an infected person leaves an area. Any individual with measles-like symptoms should be considered as a measles case and should be managed under Routine Practices and **Airborne Precautions**. Suspect measles cases should be reported to HPPH. Suspect measles cases should be counseled to self isolate to reduce further exposures.

Clinically compatible signs and symptoms are characterized by:

- Fever ≥ 38.3 degrees Celsius (oral), and
- Generalized maculopapular, erythematous rash for at least three days, and
- At least one of: cough, runny nose (coryza) or red eyes (conjunctivitis).

Patients presenting with symptoms of measles should be tested using NP swab/ throat swab, urine, and serology.

Ensure PCR swab and urine are prioritized in diagnostic testing. Serology may not be helpful in the acute diagnosis or management of suspect measles. Diagnosis may not be confirmed until after receipt of convalescent serology results, which highlights the importance of the direct tests of respiratory and urine samples.

Measles Post-Exposure Prophylaxis

By the end of this week, every hospital emergency department in Huron and Perth counties will have received a small amount of MMR vaccine (5-10 doses) supplied by Huron Perth Public Health. ERs are asked to administer this vaccine as Post- Exposure Prophylaxis (PEP) should a susceptible contact to a measles exposure present to the ER after-hours or on a weekend.

MMR vaccine should be given within 72 hours of exposure to unvaccinated or under-vaccinated contacts to reduce the risk of measles. If MMR vaccine is given to infants 6-12 months of age, two additional doses of measles-containing vaccine at least 28 days apart are still required on or after the first birthday for long-term protection.

If susceptible contacts are identified >72 hours after exposure, MMR vaccine is no longer considered to be PEP; however, the vaccine should still be offered to susceptible contacts 12 months of age and older as it represents an opportunity to update the individual's vaccination status and provides protection for any future measles exposures.

Immunoglobulin can be given up to 6 days post-exposure to susceptible contacts who are at high risk of complications from measles, which include unvaccinated or under-vaccinated pregnant individuals and immunocompromised individuals. See Table 1, below for summary of measles PEP guidance.

Table 1: Summary of measles post-exposure prophylaxis guidance for susceptible immunocompetent, pregnant, and immunocompromised contacts^{11,12}

Age	Measles immunity status	Time since exposure: ≤72 hours (≤3 days)	Time since exposure: 73 hours to 6 days
<6 months	Considered non-immune due to age	IMlg (0.5 mL/kg) ^a	IMlg (0.5 mL/kg) ^a
6 – 11 months	Considered non-immune due to age	MMR	IMlg (0.5 mL/kg) ^a
≥12 months and born on or after 1970	Unknown history of vaccination, zero, or 1 dose of MMR vaccine	MMR	Too late for vaccine to work as PEP ^b
Pregnant individuals	Unknown history of vaccination, zero, 1 dose of MMR ^c	IMlg (0.5 mL/kg), limited protection if body weight ≥30 kg or IVIg (400 mg/kg)	IMlg (0.5 mL/kg), limited protection if body weight ≥30 kg or IVIg (400 mg/kg)
Immunocompromised individuals, particularly moderately to severely immunocompromised individuals	Specialist consultation may be required to evaluate the susceptibility of this group ^d <ul style="list-style-type: none"> • Examples of severely immunocompromised contacts who should receive IVIg, regardless of vaccination status, include:^e • Hematopoietic stem cell transplant (HSCT) recipients (unless vaccinated post-HSCT and have adequate measles antibody titre) • HIV infection with severe immunosuppression 	IMlg (0.5 mL/kg), limited protection if body weight ≥30 kg or IVIg (400 mg/kg) if body weight ≥30 kg	IMlg (0.5 mL/kg), limited protection if body weight ≥30 kg or IVIg (400 mg/kg) if body weight ≥30 kg

^a If injection volume is a concern, IVIg (400 mg/kg) may be considered

^b Susceptible immunocompetent non-pregnant individuals 12 months of age and older who are born on/after 1970 are not recommended by NACI to receive Ig PEP due to lower relative risk of disease complications and practical challenges of Ig access and administration.

^c The 2018 NACI guidance on IVIg as PEP used the Canadian Immunization Guide (CIG) definition of immunity of at least 1 dose of measles-containing vaccine for adults born on or after 1970. Therefore, recommendations for PEP using IVIg for pregnant adults, should consider the intensity and duration of the measles exposure, and the immunization status (0 versus 1 dose) of the contact. Serology may also play a role in supporting decisions for IVIg if it can be obtained in a timely fashion¹⁴

^d Some immunocompromising conditions make it unlikely for an individual to have developed or maintained protective levels of anti-measles antibodies, despite previous vaccination

^e This is not a comprehensive list. Please refer to the UK Health Security Agency's National Measles Guidelines for more details.¹³

Contact HPPH Infectious Disease Team

Please contact infectious disease to report any individual who is a suspected or confirmed case of measles, or to consult with the infectious disease team regarding the decision to administer post-exposure prophylaxis.

IDteam@hpph.ca 1-888-221-2133 ext. 3254

Contact HPPH Immunization Team

Contact the immunization team with immunization related questions or to [request more MMR vaccine](#) doses.

immunization@hpph.ca or 1-888-221-2133 ext.