MEASLES CONTACT INVESTIGATION AND MANAGEMENT TOOL <u>NOTE</u>: All documentation to be completed in PHIMs

Name:	
DOB:	
PHIN:	
Advise the individual: You may have been exposed to a case of red measles_on	dd/mm/year

1) **Confirm** the above details with the client.

- 2) Ask: Did you have anyone else with you at that time?
 - Yes
 - □ No

If yes, obtain the information for the additional individual/s, and follow-up on each individual as a contact. (Remember to add contacts to the case in PHIMs)

3) Ask: Do you have any symptoms related to measles?

PHN to refer to **Section 3. Clinical Presentation/Natural History** (p. 2) of the <u>Communicable Disease</u> <u>Management Protocol – Measles (Rubeola).</u>

If client is symptomatic:

- advise them to call their health care provider ahead of time alerting them that they may have measles (this is so MD can assess and proper precautions can be put in place). If the client does not have a health care provider, PHN to facilitate follow-up at a walk in clinic / Walk-In-Connected-Care.
- Clients should be advised to self-isolate (i.e., avoid public places, public transit, gatherings or travel) until assessed further.

If client is asymptomatic:

- > Provide teaching, education, and assess for measles susceptibility.
- > If susceptible, PHN to facilitate timely access to Measles PEP (see Table 1 below).

Measles Susceptibility – refer to **Measles Contact Susceptibility** (p. 9) for Individuals \geq 6 Months of Age of the <u>Communicable Disease Management Protocol</u> – Measles (Rubeola)

Criteria for Immunity for the Purposes of Post-exposure Prophylaxis

Criteria for immunity against measles in health workers and military personnel		
Two documented doses of MMR vaccine, given at appropriate intervals, on or after one year		
of age, regardless of year of birth		
History of Johanstony confirmed infection		

History of laboratory confirmed infection

Laboratory evidence of immunity, i.e., "reactive" or "positive" anti-measles IgG antibodies

Criteria for immunity against measles in the general population (Including students in post-secondary educational settings) Born before 1970

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Two documented doses of MMR vaccine among those born after 1970* History of laboratory confirmed infection Laboratory evidence of immunity

*Children who are up-to-date for age (1 year of age up to and including 3 years of age, with one dose of vaccine) are still considered susceptible and should be managed accordingly.

Contraindications to MMR vaccine

History of a severe allergic reaction (i.e. anaphylaxis) after receiving a previous dose or any contents of the vaccine

Pregnant

Infants < 6 months of age

Immunocompromised indviduals 6 months or older (i.e. Chemo, HIV/AIDs, High Dose Steroids)

Someone with a high fever should not be immunized; the vaccine can still be given if the illness is mild, such as having a common cold.

Table 1: Summary of Measles PEP Recommendations for Susceptible Contacts (p. 10)

(Based on the current *Canadian Immunization Guide* Recommendations <u>https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-12-measles-vaccine.html</u>)

Populations	Time Since Exposure to Measles ^a	
	< 72 Hours After Exposure	72 Hours – 6 days After Exposure
All Infants < 6 months old ^b	IMIg (0.5 mL/kg) ^c	IMIg (0.5 mL/kg) ^c
Susceptible immunocompetent infants 6 – 12 months old	MMR vaccine ^b	IMIg (0.5 mL/kg) ^{bc}
Susceptible immunocompetent individuals 12 months and older	MMR vaccine series	Not applicable ^{bd}
Susceptible pregnant individuals ^e	IVIg (400 mg/kg) or IMIG (0.5 mL/kg), limited protection if 30 kg or more ^f	IVIg (400 mg/kg) or IMIg (0.5 mL/kg), limited protection if 30 kg or more ^f
Immunocompromised individuals 6 months and older	IVIg (400 mg/kg) or IMIg (0.5 mL/kg), limited protection if 30 kg or more ^{fg}	IVIg (400 mg/kg) or IMIg (0.5 mL/kg), limited protection if 30 kg or more ^{fg}
Individuals with confirmed measles immunity (i.e., does not meet susceptible contact definition)	No PEP required	No PEP required

CONTACTS WHO REQUIRE EXCLUSION FROM WORK

- If a contact refuses or cannot receive MMR vaccine or immune globulin, refer to Section 8.24 Exclusion of Susceptible Contacts (pg. 11)of the <u>Communicable Disease Management Protocol – Measles</u> (<u>Rubeola</u>).
- Health Care Workers should contact their Occupational and Environmental Safety & Health (OESH) Program to determine when they can return to work.
- Measles Contact Exclusion Guidance for K-12 Schools and Child Care Facilities Refer to *Appendix 2* (p.17) of the <u>Communicable Disease Management Protocol – Measles (Rubeola)</u>.