INFECTION PREVENTION & CONTROL – AFTER-HOURS MEASLES RESPONSE EVENINGS, NIGHTS, WEEKENDS AND HOLIDAYS

→ Replaces Measles Afterhours Checklist

Purpose: Provide a measles response for afterhours when Infection Control Professionals (ICPs) are not available and support from Infection Prevention and Control physicians or designates is limited.

Issue: Person presents afterhours with a rash and/or other symptoms consistent with measles
- At a clinic, Urgent Care (UC) or Emergency Department (ED), or long term care setting
- Or is already admitted

For more information on measles, not covered here, refer to the Specific Disease Protocol

IMMEDIATE ACTIONS

1. Ask person and any accompanying individuals to:
   - □ Perform hand hygiene and put on a medical mask provided by the facility
   - □ If person/accompanying individuals present wearing a mask (any kind of mask)
     - Instruct them to remove their mask, clean their hands and change to a new medical mask
     - Record that the person and accompanying individuals presented to the facility wearing a mask
   - □ Assist with mask if necessary
   - □ Record time the person put on the medical mask provided by the facility
   - □ Mask can be removed if the rash and/or other symptoms determined to be non-infectious

   Resource: Infectious Rash IP&C Measures Algorithm

> For those persons not able to wear a mask (e.g., infants, toddlers, cognitively impaired): **immediately** place them in a private room with their accompanying individual. Keep the door closed.

2. A soon as possible, place person in:

□ Airborne Isolation Room (AIR) – **preferred OR** if an AIR not available:
   - □ A single room with the door closed, mask on if tolerated
     - If room door **must** be open for observation (necessary for safe patient care), contact the IP&C physician on call for your site. See contact information below.

> For additional assistance regarding **urgent** IP&C issues after-hours, contact:
> **St. Boniface Hospital**: Dr. Evelyn Lo at (204) 237-2053 (switchboard)
> **Pediatric IP&C concerns**: Attending Pediatric Infectious Disease Physician at (204) 787-2071 (switchboard)
> **All other settings**: Dr. John Embil at (204) 787-2071 (switchboard)

TESTING

1. Send lab tests to confirm or rule out measles:
   - □ Nasopharyngeal (NP) swab (**preferred**) for measles PCR
     - Nasopharyngeal (flocked) swab is the **preferred virologic specimen**
     - Collection technique should be vigorous enough to get epithelial cells

   AND
   - □ Blood for serologic testing (measles IgG and IgM)
     - Serology for IgM may produce a false positive or false negative and a result in isolation may be difficult to interpret
   - □ Urine for measles PCR can also be considered
     - Urine specimen can be collected within 14 days of rash onset and can help improve sensitivity to diagnose individuals presenting later during their illness

Phlebotomy Considerations

On-site Testing

1. Notify lab that Airborne Precautions are needed for person under investigation (PUI) for measles
2. Arrange for testing in room (**preferred**) or have PUI wear a medical mask to onsite lab

Off-site Testing

(e.g., Commercial lab)

1. Notify intended testing site that Airborne Precautions are required
   - □ PUI must wear medical mask AT ALL TIMES while in the facility
   - □ Phlebotomist to wear an N95 respirator during interactions with PUI.

If there is no access to an on-site phlebotomist (lab) and/or no ability to send for off-site testing:

- □ Collect and send NP swab for testing
- □ Consider sending urine specimen in addition to the NP swab
- □ Serology can be sent at a later time, if needed

NOTIFICATION

Scenario 1.

PROBABLE (clinical) measles

A healthcare professional will notify **Manitoba Health Medical Officer of Health (MOH)** on call at (204) 788-8666:

- □ Ask the MOH what is the best way to send the contact list once it has been determined necessary **and** has been completed.
  Fax #: _____ and/or password protected email: _____
  AND
- □ Fill out the Clinical Notification of Reportable Diseases and Conditions
- □ Fax completed form to: 204-948-3044

Scenario 2.

CONFIRMED measles (positive lab result)

The lab is required to same day report a positive measles result directly to the **Manitoba Health Medical Officer of Health (MOH).**

→ Unit/area staff will contact the MOH on call at (204) 788-8666:

- □ Ask them what is the best way to send the contact list once it has been completed.
  Fax #: _____ and/or password protected email: _____
  AND
- □ Fill out the Clinical Notification of Reportable Diseases and Conditions
- □ Fax completed form to: 204-948-3044

Next Steps – Scenarios 1 & 2

Leave a voicemail to notify the site/area **ICP**, **Infection Control Support Associate (ICSA** – Long Term Care only), or **designate** about the person with probable or confirmed measles. Provide the following details:

- □ Name of person
- □ PHIN
- □ Unit
- □ Date
- □ Shift

→ An **IP&C designate** is defined as a person(s) with responsibility for providing Infection Prevention & Control at the site. In this situation this may include, but not limited to, a unit manager, educator, or director of care.

CONTACT TRACING

If measles is confirmed by laboratory test or you are directed to by IP&C physician/designate, **the On-site Clinical Lead or a designate will begin Contact Tracing.**

If the person with suspected or confirmed measles:

i. Arrived at the Emergency Department, Urgent Care, or Clinic wearing a mask (ask person to perform hand hygiene and change to a medical mask)
OR

ii. Was immediately identified as a potential measles case upon entry and was masked as directed by staff;
OR

iii. Was immediately put into an AIR or a SINGLE room with the door closed

THEN

- □ **Skip Steps 1 – 3** in section II. Data Collection (below)
- □ Record why contact tracing not done
- □ When notifying the MOH about the person with probable or confirmed measles, inform them that Contact Tracing is not being done in the facility and why

I. Calculate the Investigation Period. The Investigation Period is the time frame during which the person with measles was likely contagious and could have exposed others. The Investigation Period will be used for Contact Tracing.

To calculate the Investigation Period, use either table:

A. **Acute Care** or **Clinic** Setting
OR
B. **Admitted Long Term Care Resident** or **Acute Care Patient**

A. Acute Care or Clinic Setting - Calculate Investigation Period

Question	Answer	Comments
a. Date and Time person arrived according to registration/reception	DD/MM/YYYY HH:MM	
b. Time the person:		
□ put on the medical mask **OR**	HH:MM	Only select one option (what occurred first)
□ was placed in an AIR **OR**	HH:MM	
□ was placed in a single room with the door closed	HH:MM	
c. If there was a delay in the person putting on a medical mask, or placing them in to an AIR, or single room with the door closed; Add two (2) hours to the time in entered in (b)	HH:MM → time entered for (b) + 2 hours = HH:MM input final answer into (d)	
d. Determine the **Investigation Period**		
→ enter the date and time from (a)	**From:** HH:MM	This is the **Investigation Period** for Contact Tracing
→ enter the date and time from (c)	**To:** HH:MM	
e. Confirm investigation period with IP&C physician/designate or the MOH on call		

B. Admitted Long Term Care (LTC) Resident or Acute Care Patient - Calculate Investigation Period

Question	Answer	Comments
a. Date and time person was identified with symptoms consistent with measles	DD/MM/YYYY HH:MM	
b. Date and time person was put on Airborne Precautions	DD/MM/YYYY HH:MM	
c. Date person's measles rash appeared/was noticed	DD/MM/YYYY	
d. Enter date four (4) days **BEFORE** measles rash appeared → enter the date four (4) days **before** date in (c)	DD/MM/YYYY	Example: measles rash appeared July 18th, four (4) days **before** July 18th is July 14th
e. Enter the date four (4) days **AFTER** rash appeared → enter the date four (4) days **after** date in (c)	DD/MM/YYYY	Example: measles rash appeared July 18th, four (4) days **after** July 18th is July 22th
f. Determine the **Initial Investigation Period**	Example: July 14th to July 22nd= Initial Investigation Period	
→ enter date from (d)	**From:** DD/MM/YYYY	
→ enter date from (e)	**To:** DD/MM/YYYY	
g. **Adjusted Investigation Period** Once Airborne Precautions are initiated; the person is no longer able to spread measles. Adjust the Investigation Period accordingly.	Example: If Airborne Precautions were started July 20th then the Adjusted Investigation Period is July 14th to July 20th at 1400	
→ enter date from (d)	**From:** DD/MM/YYYY	This is the **Investigation Period** for Contact Tracing
→ enter date and time from (b)	**To:** DD/MM/YYYY HH:MM	
h. Confirm investigation period with IP&C physician/designate or the MOH on call		

II. Data Collection

STEP 1: Review the chart, and interview staff to identify areas the person with probable or confirmed measles was in during the Investigation (Table A) or Adjusted Investigation (Table B) period.
Include all the times and places the person with probable or confirmed measles was in. Be specific, for example:

- ☐ Waiting areas
- ☐ Diagnostic Services
- ☐ Lab/phlebotomy areas
- ☐ In-patient or resident areas
- ☐ Cafeterias/dining areas
- ☐ Communal activity areas (common rooms)
- ☐ Tests and/or appointments
- ☐ Other areas identified.

STEP 2: Collect the information listed on the Public Health Measles Contact List:

- ☐ Patients
- ☐ Residents
- ☐ Other individuals who were in the identified areas during the investigation period.

STEP 3: On the Public Health Measles Contact List, note any specific actions taken for each person, if applicable, e.g., they were tested or received post-exposure treatment (like a vaccine or immune globulin).

If the Measles Contact List is not required, email the site/area ICP, ICSA, designate and Public Health at WRHACDAndImmunizationTeam@exchange.hsc.mb.ca and inform them the Contact list was reviewed and it was determined there was no risk of exposure to others identified.

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STEP 4: Send the Public Health Measles Contact List to:

- ☐ MOH by method arranged in step 1 of the NOTIFICATION section
- ☐ Site ICP, and designate
- ☐ Infection Control Support Associate (ICSA) – LTC only
- ☐ Public Health at: WRHACDAndImmunizationTeam@exchange.hsc.mb.ca

STEP 5: In addition to the Measles Contact List, send:

- ☐ Identifiers of the probable or confirmed case
- ☐ Locations in the facility the person with confirmed or probable measles attended
- ☐ Time frame in those location.

STEP 6: Notify site Occupational and Environmental Safety and Health (OESH) about the measles case, with potential staff exposures.

Facilities or programs without OESH, shall instruct staff who are not aware of their measles immunity to follow up with Public Health to determine if they are immune or susceptible to measles.