

# Measles Preparedness for Congregate Living Settings

## Residents – Immunity & Vaccination

- ☐ Confirm criteria for measles immunity for all residents born on or after 1970
  - o 2 documented doses of MMR **OR**
  - o History of laboratory confirmed infection **OR**
  - o Laboratory evidence of immunity (order: Measles Serology for Immune Status) **OR**
  - o If born before 1970, consider immune.

For those who are unaware of status:

- If born after 1970: Order Measles Serology for Immune Status to find out laboratory evidence of immunity.
- If no documented evidence of immunity/vaccine, 1 dose of MMR vaccine will provide them with up-to-date coverage. If traveling, 2 doses may be required.

- ☐ If MMR vaccine cannot be administered in the facility, refer resident/client to primary care provider or walk-in clinic.

## Staff - Immunity, Vaccination & N95 Fit-testing

- ☐ Confirm criteria for measles immunity for all staff (regardless of year of birth)
  - o 2 documented doses of MMR **OR**
  - o History of laboratory confirmed infection **OR**
  - o Laboratory evidence of immunity (order: Measles Serology for Immune Status)

Refer staff to follow up with their Primary Care Provider or Occupational Health Department (where applicable) for immune status and get vaccinated if they are not up-to-date.

- ☐ Ensure all staff are up-to-date with their N95 fit testing.

## Measles, Mumps and Rubella (MMR) or Vaccine Access

- ☐ Administer MMR vaccine to those unvaccinated resident/clients if the home has availability and capacity. Contact your local Public Health Unit about ordering MMR vaccine.
- ☐ For CLS sites that do not have availability or capacity, refer unvaccinated residents/clients and/or staff to get up to date with MMR vaccine with their primary care provider or walk in clinic.

## Preparations Authorized for Use in Canada

### Measles-containing vaccines

- **M-M-R®II** (live attenuated combined measles, mumps and rubella vaccine), Merck Canada Inc. (MMR)
- **PRIORIX®** (live attenuated combined measles, mumps and rubella vaccine), GlaxoSmithKline Inc. (MMR)
- **PRIORIX-TETRA®** (live attenuated combined measles, mumps, rubella and varicella vaccine), GlaxoSmithKline Inc. (MMRV)
- **ProQuad™** (live attenuated combined measles, mumps, rubella and varicella vaccine), Merck Canada Inc. (MMRV)

In Canada, measles vaccine is only available in combination with either mumps and rubella vaccine (MMR) or mumps, rubella and varicella vaccine (MMRV). In some other countries, measles vaccine alone is given.

# Suspect Measles – IPAC Rapid Response for CLS

## Surveillance

**Consider suspect measles for anyone presenting with the following:**

Fever + Rash +/- Recent travel

**Note:** Travel is a high risk factor, but if there is high clinical suspicion of measles due to symptoms, vaccine status or recent exposure, consider measles in the differential in the absence of travel)



Fever + Rash +/- Travel **AND/OR** one or more of the following symptoms:

- o Pink eye (conjunctivitis)
- o Cough
- o Runny nose / nasal congestion

- ☐ Consider providing information to families and visitors about measles, particularly for children visiting the home, as this population may be a greater risk of susceptibility.

[Fact Sheet 1](#) | [Fact Sheet 2](#) | [Fact Sheet 3](#)

Clinical Pictures of Measles Rashes for reference:



## IPAC Management for symptomatic resident/client

- ☐ Place resident/client immediately into a negative pressure room (airborne infection isolation room) OR single room with door closed with a high efficiency portable particulate air (HEPA) unit in the designated room. **Confirm with local Public Health Unit regarding symptomatic resident/client placement based on facility.**
- ☐ Affix an Airborne AND Droplet + Contact precautions signage on the resident/client room door.
- ☐ Resident/client to wear a medical mask when transporting out of the room for transfer (if tolerable). Resident/client should not go to communal areas and should limit exposure to public or communal areas.
- ☐ Only send residents/clients to hospital emergency department if clinically indicated and after calling ahead to minimize high-risk contacts in hospital settings.
- ☐ Staff should be wearing fit-tested, seal checked N95 respirator, regardless of presumptive immunity to measles, when providing care or entering the space of a suspect/confirmed measles case.

## Public Health Unit Notification

For any suspect measles case, please **report to your local public health unit immediately**.

- Hastings Prince Edward region: 613-966-5500 x 349
- Kingston, Frontenac, Lennox & Addington region: 613-549-1232 x 2300 during business hours or 613-507-3100 to speak with on-call during weekends or statutory holidays
- Leeds, Grenville and Lanark region: 613-345-5685 x 2222

## Specimen Collection & Testing

- ☐ For CLS sites who have capacity to test on site, collect Nasopharyngeal swab AND Throat swab for Diagnostic PCR AND urine for Diagnostic PCR AND acute serology. Coordinate with your local Public Health Unit on how to collect and package specimens and to coordinate the courier. Ensure specimen kits are not expired and mark “**suspect measles**” on each of the lab requisitions. Mark “**STAT**” on the outside of the package.
- ☐ For CLS sites who do not have capacity to test, please coordinate with your local Public Health Unit to refer resident or client to primary care provider/walk in clinic for testing.

## Contact Tracing

In the event of a confirmed measles case, be prepared to provide demographic information of residents/clients to Public Health. This would include individuals who would have shared the same room or air space for any length of time during the case’s period of communicability, including two hours after the case left the room or air space.

- ☐ In the event of a confirmed measles case, be prepared to provide demographic information of staff to Public Health. This would include individuals who would have shared the same room or air space for any length of time during the case’s period of communicability, including two hours after the case left the room or air space.

## Cleaning & Disinfection

- ☐ For any suspect/confirmed measles case, please clean the room and high-touched surfaces with health care grade disinfectant with Drug Identification Number (DIN #) from Health Canada.
- ☐ Once the suspect/confirmed measles case has left the room, leave the room unoccupied for 2 hours and keep the door closed. Any staff who may be entering the space during this wash out period should be wearing fit-tested, seal checked N95 respirator, regardless of presumptive immunity to measles.

**For any additional information or assistance with preventative measures, please contact the South East IPAC Hub and Spoke at:  
[SEhubintake@kingstonhsc.ca](mailto:SEhubintake@kingstonhsc.ca)**