**MEASLES CONTACT INVESTIGATION**

*Use in conjunction with* ***“Measles Contact Spreadsheet”***

**You may have been exposed to a case of red measles at\_\_\_** *<location>***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_** *dd/mm/year***\_\_\_\_ from *< time>*  to  *<\_time >***

1) Confirm client was in the above location during those times.

2) Did they have anyone with them? *If so obtain their information, add to* ***“Measles Contact Spreadsheet*** *“and follow-up as a separate contact*.

**If client meets criteria of a contact then continue with following assessment:**

|  |
| --- |
| **Section 1** |

**Assess for Immunity:**

**Y N** Born prior to 1970 and not a Health Care Worker (HCW) or a student/high risk setting.

**If YES,** consider **IMMUNE. No further action necessary**

**NO,** continue with assessment:

**If born in 1970 or later and not meeting any of the following criteria:**

* Documented evidence of vaccination with 2 doses\* of a measles vaccine and ≥1 y/o

(\**For children age 1-4 y/o with 1 dose consider as up to date)*

* **or** no laboratory evidence of immunity
* **or** no history of lab confirmed measles infection

Consider **SUSCEPTIBLE**: Proceed to Section 2

If HCW or student or high risk setting – Proceed to Section 3

|  |
| --- |
| **Section 2** |

**If susceptible: assess if high risk:**

**Y N** Pregnant

**Y N** Immunocompromised (Chemo, AIDs, High Dose Steroids, HIV positive)

List underlying health conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Y N** < less than 1 years old

**If yes to any of above:** Client eligible for immune globulin within 6 days of exposure to case ***(Refer to Table 1)***

**If no:** Immunize with MMR. ***(Refer to Table 2)***

|  |
| --- |
| **Section 3** |

**Assess for high risk occupation/setting:**

**Y N** Health care worker

Place of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If **yes** (*see exclusion criteria # 1)*

**Y N**  Non-health care worker working or attending a high risk environment such as:

* *childcare facility*
* *school*
* *post-secondary institution*
* *work with vulnerable populations*

If **yes** *(see exclusion criteria # 2)*

**MEASLES CONTACT EXCLUSION CRITERIA**

1. Health Care Workers

**All Health Care Workers should notify Occupational Health and/or Infection Prevention and Control for the facility/regional program in which they work.**

* Anyone who has either a) received 2 doses of a measles containing vaccine b) has serologic evidence of immunity or c) has a documented history of measles illness

**No exclusion required.**

* Does not meet the above criteria but has received 1 dose of a measles containing vaccine

**Exclude until:**

**Has received the second dose of MMR vaccine OR 21 days after last exposure**

* Any HCW who does not meet any of the above criteria (regardless of birth year)

**These contacts** **should be excluded from work until the 21st day after exposure to the measles case or unless measles serology tests positive for immunity.**

2) High Risk Environments (e.g. childcare, schools, post-secondary institutions, working with vulnerable populations)

* Anyone who has any of the following: a) received 2 doses of a measles containing vaccine b) has serologic evidence of immunity c) has a documented history of measles infection.

**No exclusion required**

* Does not meet the criteria in #1 but has received 1 dose of a measles containing vaccine

**Exclude until:**

**Has received the second dose of MMR vaccine OR 21 days after last exposure**

* Does not meet criteria in #1 and has never received a measles containing vaccine

**Exclude until:**

**Has received a dose of MMR vaccine OR 21 days after last exposure**

Table 1: Measles post-exposure MMR and IMIg recommendations

|  |  |  |  |
| --- | --- | --- | --- |
| Population | Time since exposure to measles | | |
| ≤ 72hrs | 73 hrs- six days | > 6 days |
| Infants 0-6 months | IMIg (0.25ml/kg) | | n/a |
| Immunocompetent infants 6-12 months | MMR vaccine | IMIg (0.25ml/kg) | n/a |
| Susceptible pregnant individuals | IMIg (0.25ml/kg) | | n/a |
| Immunocompromised individuals ≥ 6 months | IMIg (0.5ml/kg) | | n/a |
| Individuals with confirmed measles immunity | n/a | | |
| Susceptible Immunocompetent individuals ≥ 12 months | MMR vaccine – (*See Table 2)* | | |

Table 2: Measles Post-Exposure MMR recommendations

|  |  |  |
| --- | --- | --- |
| Population | Immune status | Action |
| Non HCW, non-student born prior 1970 | Consider immune | none |
| Born ≥ 1970 and ≥ 4 y/o with history of 0 doses of measles vaccine | Susceptible | Immunize with 1 dose of MMR and a 2nd dose ≥4 weeks later |
| Born 1970- 1984 with a history of 1 dose of MMR | Immune | Immunize with 1 dose of MMR\* |
| Born ≥ 1985 and ≥ 4 y/o with history of 1 dose of measles vaccine | Susceptible | Immunize with 1 dose of MMR |
| ≥ 1 y/o and < 4 y/o with 0 dose of measles vaccine | Susceptible | Immunize with 1 dose of MMR |
| ≥ 1 y/o and < 4 y/o with 1 dose of measles vaccine | Consider immune | none |

\* *This is only recommended in a post exposure situation.*