

Info-MADO

Bulletin from the Nunavik department of Public Health regarding reportable diseases (MADO)

CALL FOR VIGILANCE: MEASLES

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Written by

Véronique Morin – Medical officer

Manon Lefebvre— Advisor for Infectious Diseases

Director of Public health, NRBHSS

Background

One case of measles was reported in Nunavik on September 24, 2019. The case was confirmed through NAAT, with a subtle clinical presentation, in an adequately vaccinated child. This is the first confirmed case in the region and may be linked to the outbreak in Montréal, Laval and the Laurentians, which has affected close to 50 individuals to date.

Epidemiology

Measles is endemic in many parts of the world and the number of infections is on the rise.

In Québec, barring outbreaks, the number of measles cases varies from zero to four per year. Most of the reported cases turn out to have been acquired in a country where the disease is endemic. The outbreak under way in Québec is presently resolving; Montréal and Laval no longer observe active transmission.

Signs and Symptoms

Prodrome

- High fever ($\geq 38.3^{\circ}\text{C}$)
- Conjunctivitis with or without photophobia
- Rhinitis
- Cough
- Koplik's spots (one or two days before rash)

Maculopapular rash (three to five days after onset of prodrome)

- Starts on face and neck and then becomes generalized
- Lasts at least three days

Contagiousness

Lasts from four days before onset of skin rash until four days after.

Case Treatment

No particular treatment

Support treatment in case of complications

P.O. Box 900
Kuujuaq, Québec J0M 1C0
Tel.: 819 964-2222 / 1 844 964-2244
Confidential Fax: 1 866 867-8026

Diagnostic Tests

Diagnostic test	Period for taking specimens
Viral culture	Nasopharyngeal: ≤ 4 days after onset of rash Urine: ≤ 7 days after onset of rash
IgM serology	3 to 28 days after onset of rash
IgG serology	1 st serum (acute phase): ≤ 7 days after onset of rash 2 nd serum (convalescence): 1 to 3 weeks after 1 st specimen
Nucleic acid amplification test (NAAT)	Nasopharyngeal: ≤ 4 days after onset of rash Urine: ≤ 7 days after onset of rash

*IgM parvovirus B-19 and rubella serology is also recommended in order to exclude these diagnoses.

Recommendations

Interventions may be carried out to protect vulnerable individuals who have been in contact with the case as well as to prevent the occurrence of other cases, thus the importance of reporting quickly.

In the presence of a suspected case:

- Have patient wear a surgical mask and have attending professional wear an N95 mask
- Isolate patient in a closed room
- Rapidly notify your institution's advisor for prevention and control of infections
- Notify the Department of Public Health (physician on duty)

We also suggest making sure health workers, including interpreters, midwives, ISPEC workers and so forth, are adequately vaccinated, and this throughout the region. We suggest documenting the status of workers of the health centre, as when a case occurs, they are all exposed. This measure facilitates future investigations but especially ensures that the personnel members will not be placed in preventive isolation and will be able to provide care in case of outbreak.

*Note that individuals born before 1970 are considered immune.

We recommend that health professionals take all opportunities to update the clientele's vaccinal status.

For further information

- MSSS Web site on measles (for professionals)
<http://www.msss.gouv.qc.ca/professionnels/maladies-infectieuses/rougeole/>
- Québec immunization protocol (PIQ)
<http://www.msss.gouv.qc.ca/professionnels/vaccination/piq-vaccins/rro-vaccin-contre-la-rougeole-la-rubeole-et-les-oreillons/>