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NUNAVIK PUBLIC HEALTH NEWSLETTER

Measles

Quebec declares end of supraregional outbreak, but importation risk still high

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Epidemiological situation

April 19, 2025, namely 32 days after the last detected case of measles in Québec, marked the official end of the supraregional outbreak. This particular outbreak, which primarily touched the Laurentian region of the province, consisted of 40 cases overall. Not one confirmed case was reported in Nunavik during or following this period.

However, clinicians should be increasingly vigilant, given the number of measles outbreaks elsewhere in Canada and the United States. Given the risk of importation, which remains high, it remains essential to actively continue vaccination efforts, especially for those who are not adequately protected, such as children.

To find information about measles exposure locations elsewhere in Canada, refer to the *"Other Canadian Provinces"* section on the Measles outbreak page of Québec.ca. This section includes links to the websites of provincial public health authorities.

Information

For general information on measles (symptoms, incubation period and contagiousness, individuals considered protected and those at risk of complications), see the **appendix**.

Take advantage of every opportunity to update the vaccination status of individuals, especially children aged 1 to 4 years, who are at higher risk of measles complications. The measles vaccine is 85 to 95% effective after the first dose and over 95% effective after the second dose.

RECOMMENDATIONS

1. **Be alert when scheduling appointments, at reception and during triage**:
   - Identify any inadequately protected individual* who presents the following clinical signs:
     - fever (≥ 38.3°C) **and**
     - generalized maculopapular rash **and**
     - cough, coryza or conjunctivitis.

   **It is important to remain alert for individuals who are adequately protected and considered as contacts or who have symptoms suggestive of measles, as the clinical presentation of measles in such individuals can be atypical. As the vaccine is not 100% effective, cases of measles have been reported in Quebec among individuals considered protected.*

2. **Quickly apply measures to prevent and control infections**:
   - Ask the patient to exercise hand hygiene and wear a medical mask.
   - Isolate the patient in a negative-pressure room or, if unavailable, an examination room with the door closed.
   - Apply additional airborne precautions.
   - In the presence of a suspected measles case, wear an APR N95 if you are a healthcare professional.
   - Establish, if necessary, the list including the contact details of exposed individuals, including patients and their caregivers, as well as staff.

3. **Request appropriate laboratory tests, based on the results of medical evaluations:**
   - Follow the recommendations below.

Test indications for a classic clinical presentation of the measles	
Absence of identified exposure sites in Canada[1]	**Presence of identified exposure sites in Canada**[1]
Person who: • Is epidemiologically linked to a confirmed case of the measles OR • Has stayed in an area where measles is endemic[2].	Any person (with or without a possible documented exposure)

TRADUCTION

Test indications for a non-classic clinical presentation of the measles	
Absence of prior immunity	**Presence of immunization against measles[3]**
Person who: • Is epidemiologically linked to a confirmed case of the measles OR • Has stayed in an area where measles is endemic[2] OR • Has been to a known exposure site over the past 21 days	Person who: • Has had a known and significant contact with a confirmed case of the measles OR • If recently vaccinated[4] : has been to a known exposure site over the past 21 days

[1] To learn whether there are measles exposure sites in Canada (i.e., presence or absence of such sites), consult the Other Canadian Provinces section of the Measles outbreak page on Québec.ca. This section includes links to the websites of other provincial public health authorities. In the presence of one or more exposure sites in Canada, any person with a classic clinical presentation should undergo a test.
[2] Refer to the INSPQ Web site for updated data regarding the countries where measles is endemic.
[3] Notably includes those persons suspected of having a measles variant or post-vaccination symptoms. Persons with immunity against measles are defined in the Protocole d'immunisation du Québec (PIQ).
[4] In such cases, it can be difficult, without conducting laboratory analyses, to distinguish between post-vaccination clinical manifestations and the disease itself.

- If a measles diagnosis is suspected, it is necessary to confirm it with an appropriate test:

Diagnostic test	Specimen	Period for taking the specimen[4]
Nucleic Acid Amplification Testing (NAAT)	Nasopharyngeal secretions OR Urine (50-100ml)	≤ 7 days after onset of rash
IgM serology for measles[5]	Blood (≥ 3 ml)	3 to 28 days after onset of rash

[4] Specimens taken later will be accepted, but the test's sensitivity will not be optimal.
[5] If the NAAT result is positive, it is not necessary to perform the serological test if already taken.

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

* If possible, perform the NAAT and the serological tests at the same time to avoid having a potentially contagious individual visit the premises again.

4. Identify the contacts of the case who are at risk of complications and administer the appropriate prophylaxis:

- Vaccinate individuals aged 6 months or older who are considered unprotected within 72 hours of the initial contact with a case of measles. See the section RRO : vaccin contre la rougeole, la rubéole et les oreillons of the Protocole d'immunisation du Québec (*PIQ*).
- Some at-risk individuals must receive immunoglobulins (Ig) if the initial exposure to the contagious case goes back fewer than 7 days. See the **appendix** as well as the section on measles post-exposure of the *PIQ*.

A health worker without adequate protection or without proof of vaccination against measles and identified as a contact in a health-care setting will be withdrawn from provision of care for patients from the 5th to the 21st day. We strongly encourage all Nunavik workers to check their immunization status and to get vaccinated if necessary. For full information on immunization status, contact your CLSC or local point of service or call 1-877-644-4545.

5. Quickly report any suspected case of measles responding to the indications for testing to the entities below:

- the Department of Public Health of the case's region of residence. **For Nunavik**, contact the physician on duty for infectious diseases **by telephone at 1 855 964-2244 (toll free)** or 1 819 299-2990 (alternate number in case of problems with the toll-free number). Proceed with reporting without waiting for laboratory results in order to accelerate public-health interventions including the search for contacts and to enable administration of prophylaxis to individuals at risk of complications within the short time periods established;
- the Infection Prevention and Control (IPC) team of your institution.
- If the case does not require hospitalization, ask him or her to isolate at home until the laboratory test results are available and then, if the diagnosis is confirmed, for 4 days after the onset of the maculopapular rash.

Useful links

- Rougeole - Professionnels de la santé - MSSS (gouv.qc.ca)
- L'affiche Alerte! Rougeole!
- Measles outbreak | Gouvernement du Québec (quebec.ca)
- Protocole d'immunisation du Québec (PIQ)
- Outil d'aide à la décision-Repérage et diagnostic de la rougeole (INESSS)

ADUCTION

APPENDIX: MEASLES

SIGNS AND SYMPTOMS OF MEASLES:

- **Prodrome**
  - Fever
  - Conjunctivitis
  - Coryza
  - Cough
  - Koplik spots (1 or 2 days before the rash)
- **Maculopapular rash**
  - 2 to 4 days after the onset of prodrome
  - Starts on the face and neck and then becomes generalized
  - Lasts at least 3 days and up to seven days

INCUBATION PERIOD:

The incubation period of measles is normally 10 to 14 days (exceptionally up to 21 days) between the time of contact and the onset of prodrome. The skin rash then appears 2 to 4 days later.

PERIOD OF COMMUNICABILITY:

The period of communicability starts 4 days before the onset of the skin rash and lasts up to 4 days afterward.

INDIVIDUALS CONSIDERED PROTECTED AGAINST MEASLES:

- **Individuals born before 1970**
- **Individuals with serology indicating the presence of measles antibodies**
- **Individuals with a medical attestation confirming they had measles before January 1, 1996**
- **Individuals with written proof of vaccination against measles:**
  - the number of doses required to consider an individual as being protected varies:
    - 2 doses:
      - individuals born since 1980.
      - individuals born between 1970 and 1979 and who are interns in the health sector, health workers or military recruits or those who intend to travel outside Canada.
    - 1 dose:
      - individuals born between 1970 and 1979 who are neither interns in the health sector, health workers nor military recruits and not intending to travel outside Canada.

INDIVIDUALS AT RISK OF COMPLICATIONS and for whom post-exposure prophylaxis (PEP) may be indicated:

- Children under 12 months.
- Pregnant receptive individuals born in or after 1970 (including pregnant individuals born between 1970 and 1979 who received only one dose of the vaccine).
- The following immunosuppressed individuals:
  - those who have undergone a bone graft, regardless of their age or immunization status or whether they have already had measles.
  - immunosuppressed individuals born in or after 1970 and who have never had measles (or who have no proof they have had the disease), regardless of their immunization status.

TRADUCTION