

NUNAVIK PUBLIC HEALTH NEWSLETTER

Measles

Nunavik residents possibly exposed to measles while in Montréal

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Epidemiological situation

The Department of Public Health was notified that residents of Nunavik were potentially exposed to measles while at the Quality Inn Dorval (1010, chemin Herron, Montréal) between May 4th and 6th of this year. This hotel provides lodging for certain Ullivik patients. During the period in question, nearly 40 Nunavimmiut may have been exposed.

Recommendations for persons possibly exposed

The Department of Public Health recommends that all the persons who were present at the hotel for any of the days in question (as noted below) be on the lookout for symptoms of measles, and this until the relevant dates indicated in the table.

Location	Exposure dates	Monitor the onset of symptoms until
Quality Inn & Suites P.E Trudeau Airport, 1010, Chemin Herron Montréal, QC, H9S 1B3	May 4, 2025	May 25, 2025
	May 5, 2025	May 26, 2025
	May 6, 2025	May 27, 2025

Persons who were at the hotel on the aforementioned dates but are considered immunized against measles are less likely to contract the disease. They should nonetheless monitor the appearance of symptoms as per the information in the table above.

Persons who were at the hotel on the aforementioned dates but are not considered immunized against measles should:

- Isolate themselves for a total of 14 days, inclusively, since the date of the last exposure.
- Monitor for the onset of measles symptoms, and this until the relevant date as indicated in the table.
- For everyone older than 12 months, make an appointment to receive the measles vaccine once the isolation period is over.

It is recommended that everyone presenting with symptoms isolate themselves at home and contact their Nursing or Info-Santé (811). Should someone need to physically go to the nursing, it is important to contact the on call nurse and indicate that they were exposed to measles. It is also recommended to wear a mask. Upon arriving at the Nursing, they must immediately let a staff member know that they may have contracted the disease.

For this type of exposure, the timeframe for administering a prophylaxis is passed.

Information

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

RECOMMENDATIONS

- 1. Be alert when scheduling appointments, at reception and during triage:**
 - Identify any inadequately protected individual* who presents the following clinical signs:
 - fever ($\geq 38.3^{\circ}\text{C}$) **and**
 - generalized maculopapular rash **and**
 - cough, coryza or conjunctivitis.

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.

**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: <ul style="list-style-type: none"> Is epidemiologically linked to a confirmed case of the measles OR Has stayed in an area where measles is endemic². 	Any person (with or without a possible documented exposure)

Test indications for a non-classic clinical presentation of the measles	
Absence of prior immunity	Presence of immunization against measles ³
Person who: <ul style="list-style-type: none"> Is epidemiologically linked to a confirmed case of the measles OR Has stayed in an area where measles is endemic² OR Has been to a known exposure site over the past 21 days 	Person who: <ul style="list-style-type: none"> Has had a known and significant contact with a confirmed case of the measles OR If recently vaccinated⁴ : 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.

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.

- 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 \(PIQ\)](#).

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

- ## Useful links

- [Rougeole - Professionnels de la santé - MSSS \(gouv.qc.ca\)](https://www.msss.gouv.qc.ca)
- [L'affiche Alerte! Rougeole!](#)
- [Measles outbreak | Gouvernement du Québec \(quebec.ca\)](https://www.gouvernement.qc.ca)
- [Protocole d'immunisation du Québec \(PIQ\)](#)
- [Outil d'aide à la décision-Repérage et diagnostic de la rougeole \(INESSS\)](#)

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.