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From the Office of the Chief Medical Health Officer

Measles outbreak in California: Advice for travellers

California is currently experiencing a large outbreak of measles with 107 cases reported to date. The outbreak started in December 2014 and has now spread to several states. Measles is a highly contagious viral disease with outbreaks reported in many parts of the world, including Europe, Africa, and Asia. No cases of measles have been reported this year in BC.

Advice for travellers to Disneyland, Disneyland California Adventure Park or to measles outbreak areas elsewhere in the world: Measles is a vaccine preventable illness. Infants traveling to affected areas can be offered an early MMR vaccine from 6-11 months of age. These infants will still need two additional doses of measles vaccine: 1st dose as MMR at 12 months, and 2nd dose as MMRV at kindergarten entry. Young children who will be traveling to affected areas and who have received one dose can be offered second dose early at a minimum interval of one month between two doses. Protection for adults should also be reviewed and updated: For people born between 1957-1969, one dose of MMR and for those born 1970 or later, two doses at least one month apart are recommended. People born prior to 1957 do not need MMR vaccine.

Increase in Viral Pink Eye: Epidemic Keratoconjunctivitis (EKC) in the Community

Our colleagues at VGH Eye Care Centre reported an increase in EKC cases in the community. EKC is a highly infectious serious eye infection that can lead to permanent visual deficits. EKC has a tendency to cause outbreaks both in health care and community settings. **Patients and clinicians can help prevent the spread of EKC by practicing scrupulous infection control.**

EKC presents as acute conjunctivitis characterized by redness, swelling, photophobia, pruritus, foreign body sensation and excessive tearing. It can be associated with URI symptoms and pre-auricular adenopathy. Orbital pain and decreased visual acuity can occur in severe cases. Symptoms can last for 7-21 days.

Assessment: Please place patients presenting with these symptoms in a private room right away, ask them to wash their hands, and examine them as soon as possible. In addition to usual history and exam, please ask if any contacts are affected. If the patient has had an eye exam in the previous three weeks, please contact the eye care provider and alert them to the diagnosis. Bacterial and viral eye swabs aid diagnosis.

Management includes meticulous hand hygiene, recommendation to stay off work for 10-14 days from symptom onset and a follow up appointment also in 10-14 days from symptom onset. Artificial tears may offer some relief but should not be shared and are to be discarded at symptom resolution. Referral to a specialist is indicated if the patient notices changes in their vision, severe eye pain, or swelling of the lid. Topical steroids should only be prescribed by an ophthalmologist or optometrist.

Advice for patients: Avoid touching eyes or face, wash hands frequently, especially after touching eyes or face, avoid sharing of towels, facecloths, pillows, sunglasses or lipsticks. Patients should discard soft contact lenses and makeup used within 7 days of symptom onset, and not use contact lenses or make up until at least 2 days after symptoms have resolved.

Office infection control procedures: Use gloves when examining patients. **Disinfect the room including all surfaces that have come in contact with the patient, and all instruments, with 1:10 bleach solution** [1 part household bleach to 9 parts water]. Discard all magazines from the immediate area of the patient.