

Patient Sticker / Patient Information	
Name:	_____
DOB (mm/dd/yyyy):	_____
HCN:	_____ VC: _____
Phone/Cell #:	_____
Height:	_____ cm    Weight: _____ kg
BMI:	_____

# MEASLES POST EXPOSURE PROPHYLAXIS IMMUNOGLOBULIN (IG) REFERRAL FORM

**Date (mm/dd/yyyy):** \_\_\_\_\_ **Date/time exposure ended (mm/dd/yyyy, 00:00 hrs):** \_\_\_\_\_

**Location of Exposure:** \_\_\_\_\_

**Referred by:**  WECHU     Other (Name/Title): \_\_\_\_\_

**Patient is considered exposed to measles and meets the following criteria for PEP (refer to table 1):**

- Susceptible infant 0-6 months of age – 0 to 6 days post exposure
- Susceptible immunocompetent infant 6-12 months of age, and 73 hours - 6 days post exposure
- Susceptible immunocompromised individual 6 months of age and older - 0 to 6 days post exposure
- Susceptible pregnant individual 0 to 6 days post exposure

**Location of IG administration:**

Within 72 hours of exposure:  Met Campus - Medical Day Care

Met Campus - Outpatient Paediatrics (if under 18 years of age)

After 72 hours of exposure:  Met Campus - Emergency department – under Airborne Precautions

**Dosage information (to be assessed by physician prior to administration):**

Recommended route (refer to Table 1):  Intravenous IG (IVIG)

Intramuscular IG IMIG



- Immunoglobulin administered **within 6 days of exposure**, may provide some protection or modify the clinical course of disease among susceptible contacts. Individuals receiving PEP must continue to monitor for signs and symptoms of the disease for 21 days post exposure.
- Individuals receiving replacement IVIG as part of the management of an underlying condition (400 mg/kg of body weight or higher) are considered protected against measles and do not require PEP if the last dose of IVIG was received within three weeks prior to the measles exposure.
- Immunoglobulin may prolong the incubation period of measles and that contacts who receive an immunoglobulin as PEP should continue to monitor for signs and symptoms of measles for 28 days after the last exposure.

\_\_\_\_\_  
Referring Person Name (Print)

\_\_\_\_\_  
Signature



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**Table 1: Summary of updated measles post-exposure prophylaxis recommendations for susceptible contacts**

Population	Time since exposure to measles	
	< 72 hours	73 hours-6 days
Susceptible infants 0-6 months of age	IMIg (0.5 mL/kg) <sup>a,b</sup>	
Susceptible immunocompetent infants 6-12 months of age	MMR vaccine <sup>a</sup>	IMIg (0.5 mL/kg) <sup>b</sup>
Susceptible immunocompromised <sup>c</sup> individuals 6 months of age and older	IVIg (400 mg/kg) or IMIg (0.5 mL/kg), limited protection if body weight ≥ 30 kg <sup>d</sup>	
Susceptible immunocompetent individuals 12 months of age and older	MMR vaccine	MMR vaccine <sup>e</sup>
Susceptible pregnant individuals <sup>f</sup>	IVIg (400 mg/kg) or IMIg (0.5 mL/kg), limited protection if body weight ≥ 30 kg <sup>d</sup>	

**Notes:**

- Two doses of measles-containing vaccine are still required after the first birthday for long-term protection
- If injection volume is a major concern, IVIg (400 mg/kg) may be considered
- Please refer to the additional considerations outlined in the 'Host Susceptibility and Resistance' Section for further information regarding assessing the susceptibility of immunocompromised individuals
- For individuals weighing 30 kg or more, IMIg will not provide complete protection but may provide partial protection.
- MMR vaccine will not be effective for PEP if given > 72 hours after exposure, however starting and completing a two dose series should not be delayed and will provide long-term protection.
- The 2018 NACI guidance on IVIg as PEP used the Canadian Immunization Guide (CIG) definition of immunity of at least 1 dose of measles-containing vaccine for adults born on or after 1970. Therefore, recommendations for PEP using IVIg for adults, should consider the intensity and duration of the measles exposure, and the immunization status (0 versus 1 dose) of the contact. Serology may also play a role in supporting decisions for IVIg if it can be obtained in a timely fashion. MMR vaccine should be provided postpartum as needed to provide long term protection.

Taken from Ontario Public Health Standards Requirements for the Programs, Services and Accountability (2024). Infectious Disease Protocol. Appendix 1: Case Definitions and Disease-Specific Information, Disease: Measles