

Ministry of Health

Office of Chief Medical Officer
of Health, Public Health
Box 12
Toronto, ON M7A 1N3
Fax: 416 325-8412

Ministère de la Santé

Bureau du médecin hygiéniste
en chef, santé publique
Boîte à lettres 12
Toronto, ON M7A 1N3
Téléc. :416 325-8412

March 27, 2024

MEMORANDUM

TO: Hospital CEOs, Directors of Emergency Departments and Urgent Care Clinics, Primary Care Practices and Clinicians

FROM: Dr. Kieran Moore, Chief Medical Officer of Health, Public Health

RE: Increase in Measles

In December 2023, the World Health Organization reported an alarming 30-fold rise in measles cases in Europe. The Pan-American Health Organization has reported detection of imported measles cases in the Americas. As of March 27, 2024, there have been nine cases of measles reported in Ontario this year. Eight of the cases have been related to travel and one case with unknown source of exposure. To date, there have been no reports of secondary cases.

While measles is no longer considered endemic in Canada, outbreaks can happen when susceptible individuals (e.g., unvaccinated, or under-immunized) travel to and return from a country where measles is circulating. Importation and resultant local transmission can, and has, led to measles outbreaks in Canada. All suspect cases of measles should immediately be reported to your [local public health unit](#). Do not wait for laboratory confirmation.

Key resources for health care providers

Health care providers should refer to Public Health Ontario's [Measles webpage](#) for the latest information and guidance, including the following resources:

- [Measles: Information for Health Care Providers](#) for information on immunization, clinical presentation, diagnosis (including laboratory testing), patient counselling on isolation, and infection prevention and control
- [Measles in Ontario Enhanced Epidemiological Summary](#) for epidemiological information on confirmed measles cases, including case locations and vaccination status
- [Technical Brief - Interim IPAC Recommendations and Use of PPE for Care of Individuals with Suspect or Confirmed Measles](#) for detailed IPAC recommendations
- [Measles Infectious Disease Protocol](#) for disease-specific information

For primary care providers, the Ontario College of Family Physicians has prepared a [measles resource](#) on immunization and the management of suspected cases in primary care practices.

Key actions for health care providers

- **Ensure school-aged children are up to date with measles vaccinations.** School-aged children who were due for their 2nd dose of measles-containing vaccine may have been missed due to disruptions to the delivery of immunization services during the COVID-19 pandemic.
- **For primary care clinicians, support patients in receiving all routine vaccinations (including measles) and ensure immunizations are up to date** according to the [Publicly Funded Immunization Schedules for Ontario](#).
 - In Ontario, two doses of measles-containing vaccine are routinely given, at 1 year of age and 4 to 6 years of age. The second dose is recommended to be given prior to school entry.
 - Adults who have not been vaccinated or do not have a history of measles infection should receive one dose of measles containing vaccine.
 - In addition to routine immunizations the following is recommended for those at higher risk of exposure to measles:
 - Children 6 to 11 months of age who are travelling to areas where disease is of concern should be immunized with one dose of MMR. Two additional doses are still required on or after the first birthday.
 - A second dose of MMR vaccine is recommended based on the health care provider's clinical advice and for adults who are at high risk of being exposed or exposing others, including:
 - post-secondary students
 - health care workers

- individuals planning to travel to areas with increased measles activity.
- Health care workers should have documented immunity to measles. This consists of two doses of measles containing vaccine or history of laboratory confirmed infection or serological evidence of immunity, regardless of birth year.
- **Have a defined process to rapidly identify and isolate patients who may have measles to protect staff and patients**
 - Assess risk at first point of patient contact, such as at triage or registration, including immunization history, recent travel, and contact history
 - Patients who present with compatible symptoms and risk factors should immediately be removed from general waiting areas and provided a medical mask (if able to tolerate use and no contraindications)
 - In emergency departments, rapid assessment zones may be beneficial to manage patient flow, particular in the weeks following March break
- **Manage patients with suspected or confirmed measles under Routine Practices and Airborne Precautions.**
 - All health care workers, regardless of presumptive immunity to measles, are to wear a fit-tested, seal-checked N95 respirator when providing care to a patient with suspect or confirmed measles. N95 respirators and other PPE can be ordered through the [Ontario PPE Supply Portal](#).
- **Include diagnostic laboratory testing for measles virus by both polymerase chain reaction (PCR) in nasopharyngeal/throat swab AND urine, as well as diagnostic serology.** Prior to collecting specimens, contact the Public Health Ontario's Laboratory Customer Service Centre (416-235-6556 or 1-877-604-4567) and your local public health unit.
 - Specimens submitted in an [expired collection kit will be rejected for testing](#), as PHO's laboratory has not validated expired media for measles PCR testing. The collection kit media extension communicated by Ontario Health only applies to collection of specimens for COVID-19.
 - Measles is reportable as a [Disease of Public Health Significance](#). Health care providers should promptly report any suspected cases to their local public health unit.

- Providers that are unable to provide testing can redirect to patients to specimen collection centres. Centres should be notified prior to a patient's arrival to ensure appropriate IPAC measures are in place.
- **In collaboration with public health, support the delivery of post-exposure prophylaxis to susceptible contacts** according to the recommendations within the [Measles Infectious Disease Protocol](#).

To disseminate information and alert system partners to measles, an eCTAS was sent out on February 16, 2024 and updated March 15, 2024. Resources and situational updates are also being shared through health care professional organizations.

Please share this critical information on measles with your local partners and direct any questions to your local public health unit. Thank you for your ongoing support and efforts to date in ensuring Ontarians are protected from vaccine-preventable diseases.

Sincerely,



Dr. Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health and Assistant Deputy Minister, Public Health

cc:

Dr. Christopher Simpson, Executive Vice President, Clinical Institutes & Quality Programs and Chief Medical Executive, Ontario Health
Judy Linton, Executive Vice President, Clinical Institutes & Quality Programs and Chief Nursing Officer, Ontario Health
Dr. Howard Ovens, Provincial Clinical Lead, Emergency Services, Ontario Health
Dr. Elizabeth Muggah, Senior Clinical Advisor, Primary Care, Ontario Health