

# Measles Outbreak and Updated Vaccine Guidance

## Update to York Region health care providers as of March 10, 2025

This is an update to our [previous communication on measles](#) on February 5, 2025.

### Ongoing measles outbreak in Ontario

As of March 10, 2025, there have been over 250 cases of measles across Ontario reported since October 2024. Case counts are still rising, and thus far, cases have been reported from seven public health units in Ontario: Southwestern, Grand Erie, South East, Huron Perth, Grey Bruce, Niagara and Chatham-Kent. This level of measles activity is unprecedented since measles was eliminated in Canada in 1998.

Currently, most cases from this outbreak are among unvaccinated or under-vaccinated children from communities with high levels of vaccine refusal and hesitancy. York Region Public Health (YRPH) is reminding all health care providers to identify susceptible individuals for measles, promote vaccination and follow guidance to test and report measles cases.

York Region has had [one case of measles in 2025](#). This case is linked to international travel and is not related to the outbreak in other parts of Ontario.

### Measles vaccine eligibility and schedule

The best way to protect against measles is through vaccination. Two doses of the *Measles, Mumps, Rubella* (MMR) vaccine or *Measles, Mumps, Rubella, Varicella* (MMRV) vaccine are approximately 97% effective in preventing measles infection. The vaccines are safe, effective and essential for preventing further spread or outbreaks.

- Children in Ontario typically receive their first dose of a measles vaccine after 12 months of age and their second dose between the ages of four and six
- People born in or after 1970 require two doses of measles vaccine
- People born before 1970 are likely to have had measles infection in the past and are considered immune

More information on the routine immunization schedule can be found here: [Publicly Funded Immunization Schedules for Ontario](#).

## **Additional measles vaccine recommendations due to the ongoing outbreak**

The Ministry of Health has provided additional recommendations given the current context that may apply to your patients. Along with routine immunizations, **the following is advised for individuals who live, work, travel, including family visit, worship or spend time in affected regions and communities with measles cases and where the risk of exposure is higher.** This currently includes the Grand Erie and Southwestern local public health agencies and will continue to be reassessed as needed:

- **Infants (six to 11 months of age)** should receive one dose of the MMR vaccine. Two additional doses are recommended after the age of one year
- **Children (one to four years of age)** who have received their first dose of a measles-containing vaccine are encouraged to receive a second dose as soon as possible (at a minimum of four weeks from the first dose)
- **Adults (over 18 years of age)** born on or after 1970 are recommended to receive a second dose of the MMR vaccine

## **Suspecting measles**

Risk factors that may raise the index of suspicion for measles include incomplete vaccination, recent travel history and recent attendance at an exposure event. Signs and symptoms of measles include:

- Prodromal symptoms: Fever, cough, rhinorrhea, conjunctivitis, and/or Koplik spots (small red spots in the mouth with white or bluish-white centers)
- Morbilliform rash: A dusky red, blotchy rash that typically begins on the face and spreads distally down the trunk and extremities. The rash typically begins on the third to seventh day of prodromal symptom onset and lasts four to seven days

Infections can occur in individuals who are partially vaccinated or even in those who are fully vaccinated. The signs and symptoms in these cases may be atypical or less pronounced.

## **Immediately test and report suspected measles cases to YRPH**

Follow the provincial guidelines on specimen collection and handling for any suspected measles cases. Please promptly perform **ALL** the diagnostic tests listed below. If the index of suspicion is high, testing can be done beyond recommended time periods:

- **Urine for PCR testing:** Within 14 days of rash onset
- **Nasopharyngeal swab or throat swab for PCR testing:** Within 7 days of rash onset
- **Acute serology (IgM and IgG):** Within 7 days of rash onset

To expedite the processing of specimens, please call YRPH at 905-830-4444 ext. 73588, Monday to Friday, 8:30 a.m. to 4:30 p.m., or after hours at 905-953-6478. YRPH will help arrange transportation of specimens to the Public Health Ontario Laboratory (PHOL) in Toronto.

**If you have a high degree of suspicion for a measles case, report it to YRPH immediately.** Measles is a reportable disease of public health significance under the [Health Protection and Promotion Act](#) (HPPA).

- Please call us at **1-877-464-9675 ext. 73588** (Monday to Friday 8:30 a.m. to 4:30 p.m.) or **905-953-6478** after hours (before 8:30 a.m. and after 4:30 p.m. Monday to Friday or 24 hours per day on weekends/holidays)

**Important:** Please instruct your patient to isolate at home after leaving your clinical facility and that public health will contact them with further direction and support.

## Infection prevention and control measures

For the recent exposure events, we are informing individuals who develop signs and symptoms to inform their health care provider of their exposure ahead of arrival to the clinic, allowing clinic staff to prepare:

- Patients with suspected measles should be **promptly isolated in a single room** with negative air flow (airborne infection isolation room or AIIR) and the door closed. If you do not have an AIIR, the patient should wear a surgical mask and be immediately placed in a single room with a closed door
- The measles virus can remain airborne for two hours. Therefore, **no other patients** should be placed in the same room for **two hours** afterwards. Patient movement should be limited unless absolutely required
- **Room cleaning and disinfection** are required when the patient leaves the clinical facility. Droplet and Contact Precautions are to be used for patients presenting with respiratory symptoms and/or undifferentiated viral symptoms
- **All** health care workers should have either two doses of documented measles immunization **OR** documented laboratory evidence of immunity. Only immune staff should care for a patient suspected of measles
- **All** health care workers should wear a fit-tested, seal-checked N95 respirator when entering the room and/or caring for a patient with suspect and confirmed measles
- Additional information on infection prevention and control measures may be found [here](#)

## Additional Resources

- PHO: [Measles Information for Clinicians](#)
- PHO: [Measles Serological Testing Information](#)
- PHO: [Measles Diagnostic PCR Testing information](#)
- PHOL: [Requisition for Specimen Containers and Supplies](#)
- PHO: [Infection Prevention and Control for Clinical Office Practice](#)
- PHO: [Interim IPAC Recommendations and Use of PPE for Care of Individuals with Suspect or Confirmed Measles](#)
- [Measles Fact Sheet for Patients](#)