Measles and TB Updates from York Region Public Health

June 13, 2025

Update: Measles outbreak

As of June 10, 2025, there have been 2,083 outbreak-related measles cases reported in Ontario, including 74 cases this past week. Notably, this update reports 40 cases in pregnant individuals and 7 cases of congenital measles to date. The outbreak continues to be concentrated predominantly in southwestern Ontario within communities with historically low rates of immunization. York Region has had three cases of measles since the start of 2025, one linked to the ongoing outbreak.

The Chief Medical Officer of Health at the Ministry of Health has issued the attached memorandum and FAQ for further recommendations on managing measles in health care settings.

Reminders for clinicians:

- Continue to test and report suspected cases
- Continue to include vaccination counselling, including obtaining two doses of measles-containing vaccine, as part of **pre-conception care**
- Remind parents/guardians of school-aged children to report their immunization history with York Region Public Health so we know who is protected/not protected in the event of an outbreak
- For patients born after 1970 who are uncertain of their vaccination status, **the recommendation is to get vaccinated** (rather than obtain serology), unless there is a contraindication to live vaccines

New: York Region Public Health offering expanded immunization clinics this summer

Please continue to offer routine or catch-up immunizations as per Ontario's Publicly Funded Immunization Schedule. Two doses of measles-containing vaccine have an efficacy of 97% and additional booster doses are not recommended.

If your clinic is unable to accommodate immunization, you are welcome to refer patients to York Region Public Health's Summer Community Vaccination Clinics. Appointments are available for children and students aged 12 months to 18 years for all routine immunizations, and vaccination against measles for all eligible age groups (see below).

- **MMR** or **MMRV** to individuals aged 12 months to 55 years old
- **MMR for infants** aged six months to 11 months, who may be travelling to an area with increased measles activity (within Canada or internationally)

- **All other routine childhood vaccinations** outlined in Ontario's Publicly Funded Immunization Schedule for children aged 12 months to 18 years

All vaccines are free and clinic staff will help parents/guardians report vaccine records to York Region Public Health. OHIP is not required, and appointments can be made at york.ca/Sleeves Up

Update: Measles vaccination strategy in affected health units

As indicated in the Ministry of Health memorandum, health units where the risk of measles exposure in the community is higher, have implemented the following outbreak immunization strategy for individuals who live, work, travel (e.g., family visit), worship, or spend time in these affected regions*:

- Infants (six to 11 months): Should receive one dose of the measles, mumps, rubella (MMR) vaccine. Two additional doses are required after the age of one year
- Children (one to four years): Who have received their first dose of MMR vaccine are encouraged to receive a second dose as soon as possible (at a minimum of four weeks from the first dose)
- Adults (18+ years) born on or after 1970: A second dose of MMR vaccine is recommended

**Currently, affected regions include Chatham-Kent, Grand Erie, Grey Bruce, Huron Perth, Lambton, Middlesex-London, Southwestern, Waterloo, Wellington-Dufferin-Guelph and Windsor-Essex.*

These expanded vaccine recommendations also apply to York Region residents who may visit/travel in these regions, and cost of these doses are covered under OHIP. Where there is uncertainty in risk for measles in an identified visit/travel area, including for international travel, clinicians can engage in shared decision-making based on individual risks and benefits with their patients.

Reminder: Minimum intervals for accelerated MMR and MMRV schedules

Patients who require catch-up doses of MMR and/or MMRV may follow an accelerated vaccination schedule, as indicated in Table 16 of the Immunization Schedules:

- Doses of the MMR vaccine may be given four weeks apart
- MMR and monovalent varicella (Var) vaccine can be given on the same day or four weeks apart
- Doses of MMRV as well as MMRV, MMR or Var, require an interval of six weeks between doses. This includes any combination of MMRV and MMRV, MMR and MMRV (vice versa), MMRV and Var (vice versa)

Refer to the **Routine and Outbreak-related Measles Immunization Schedules** for more information.

Reminder: Infection Prevention and Control in your office

- Patients for whom measles is suspected should be **promptly isolated in a single room with the door closed and negative air flow (if available)**
    - The measles virus can remain in the air for **two hours**; no other patients should be placed in the same room for **two hours** afterwards
    - See additional information on infection prevention and control measures from Public Health Ontario

- Please ask all patient-facing employees in health care settings (e.g., dental, clinic/hospital, long-term care, pharmacy), regardless of year of birth, to have documented proof of measles immunity readily available to avoid any interruption in providing care
    - Documented proof consists of either vaccine records showing two doses of measles-containing vaccine or past serology demonstrating measles IgG. If your staff member has neither, **the recommendation is to get vaccinated** (rather than to obtain serology)
- If your facility is identified as an exposure site, staff will be **required to provide this proof to public health**. If a staff member is unable to provide documentation, they may be excluded from work until documentation or serology is obtained

Resources

- york.ca/Measles
- York Region: Measles Fact Sheet for Patients
- PHO: Measles in Ontario – May 29, 2025
- PHO: Routine and Outbreak-related Measles Immunization Schedules
- PHO: Measles Exposures in Ontario
- PHO: Measles Information for Clinicians
- PHO: Measles Serological Testing Information
- 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

Update: TB Infection treatment using 3HP

3HP is one of two first-line treatments for tuberculosis infection (also known as latent tuberculosis infection (LTBI)) and prevents people with TB infection from developing into TB disease.

It consists of two medications taken in combination: Isoniazid and Rifapentine. Patients are dosed based on weight, which can require multiple tablets. Medications are taken weekly for 12 consecutive weeks.

3HP is available through West Park Health Care Centre Tuberculosis Rehab Service and Toronto Western Hospital Tuberculosis Clinic for eligible patients. Patients do not need to reside in Toronto to access this service. Referral forms linked below:

- West Park Health Care Centre Referral Form
- Toronto Western Hospital Referral Form

If client and health care provider decide not to go on 3HP, these clinics can support other LTBI treatment options.

Reminder: Reporting positive TB infection (LTBI) to public health

In addition to reporting active TB disease, health care providers are reminded to report all positive TSTs and IGRA (i.e., QuantifFeron) results to York Region Public Health. Referral form linked below:

- Tuberculosis Control Program - Referral for Medical Follow-up

Contact York Region Public Health TB Program at 1-877-464-9675 ext. 76000 if you have any questions.

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Ministère de la Santé

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June 11, 2025

MEMORANDUM

TO: Health Care Providers

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

RE: Update - Measles Outbreak Preparedness and Response

Dear Colleagues,

The purpose of this memo is to provide you with some updates regarding measles outbreak preparedness and response.

As you are likely aware, like many parts of the world, Ontario is experiencing a large measles outbreak, with 2,009 outbreak cases reported between October 18, 2024 and June 3, 2025. 1,965 of these cases are past the period of communicability. Approximately 96% of cases in Ontario linked to this outbreak are among individuals who are unvaccinated or of unknown immunization status. Although outbreak cases have occurred to date in 19 public health units, the outbreak continues to be concentrated predominantly in southwestern Ontario within communities with historically low rates of immunization.

Ensuring high measles vaccine coverage is a key component of preventing and responding to measles outbreaks. Two doses of measles-containing vaccine have an efficacy of nearly 100%, and additional booster doses are not recommended.

As of May 2025, the following public health units have implemented an outbreak immunization strategy **in affected regions and communities with active measles cases and where the risk of exposure in the community is higher**:

- Chatham-Kent
- Grand Erie
- Grey Bruce
- Huron Perth
- Lambton
- Middlesex-London
- Waterloo
- Wellington-Dufferin-Guelph
- Windsor-Essex
- Southwestern

The outbreak immunization strategy is recommended for individuals who live, work, travel (e.g., family visit), worship, or spend time in these Public Health Unit jurisdictions.

- *Infants (six to 11 months):* Should receive one dose of the measles, mumps, rubella (MMR) vaccine. **Two** additional doses are required after the age of one year.
- *Children (one to four years):* Children who have received their first dose of MMR vaccine are encouraged to receive a second dose as soon as possible (at a minimum of four weeks from the first dose).
- *Adults (18+ years) born on or after 1970:* A second dose of MMR vaccine (for those who have not already received 2 doses) is recommended.

Health care providers in other public health unit jurisdictions (i.e., those not listed above) should be aware of the outbreak immunization recommendations to ensure those planning to visit/travel to affected regions are vaccinated appropriately.

Ensuring high measles vaccine coverage in all parts of the province is a key element of preventing further spread of the current outbreak. Providers in other parts of the province (not listed above) should continue to offer routine or catch-up immunizations as per Ontario's Publicly Funded Immunization Schedules, especially for children who may have missed vaccines due to the COVID-19 pandemic and for adults born after 1970 with unknown immunization status. Please see Public Health Ontario's Routine and Outbreak-related Measles Immunization Schedules for a quick summary .

As summer represents a time of increased travel, ensuring measles protection before travel is also important. Adults born on/after 1970 and all children should be protected with 2 doses of measles-containing vaccine prior to travel outside of Canada. Infants 6 to 11 months of age are also recommended a dose of MMR vaccine, similar to the current outbreak strategy.

Health care providers should ensure all staff are immunized and have immunization records or laboratory results with proof of immunity readily available.

MMRV vaccine is publicly funded routinely for individuals 4 to 6 years of age and for catch-up immunizations for individuals 7 to 12 years of age. While MMRV can be used

for outbreak and measles contact management purposes, we ask that MMRV be used primarily for routine or catch-up immunizations.

If an individual's immunization records are unavailable, getting immunized with a measles-containing vaccine is generally preferable to ordering a laboratory (serology) test to determine immune status. There is no harm in giving measles-containing vaccine to an individual who is already immune.

Please refer to the attached FAQ for further recommendations on managing measles in health care settings.

In health care settings, appropriate infection prevention and control (IPAC) practices and processes play a critical role in minimizing or reducing measles exposures and transmission. For additional IPAC support in clinical settings, health care providers in impacted regions may also connect with their local IPAC Hub. To locate your local IPAC Hub please contact IPACHubs@ontario.ca.

Health care providers, in collaboration with public health units, should assess immunization status and support vaccination efforts of International Agriculture Workers (IAW).

The ministry continues to meet with the affected public health units and Public Health Ontario.

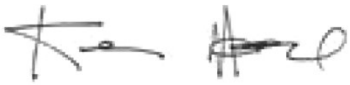
Additional information:

- About measles | ontario.ca
- Measles | Public Health Ontario – Outbreak updates & resources
    - Measles: Information for Health Care Providers
    - Routine and Outbreak-related Measles Immunization Schedules
    - Measles: Post-Exposure Prophylaxis for Contacts
    - Measles IPAC Checklist for Clinics and Specimen Collection Centres
- Measles Supports for Family Doctors
- Details on testing and specimens is available on the PHO website
    - Measles – Diagnostic – PCR
    - Measles – Serology

- Updated recommendations on measles post-exposure prophylaxis, National Advisory Committee on Immunization (NACI)
- Recommendations: Measles Post-Exposure Prophylaxis for Individuals Who Are Immunocompromised Due to Disease or Therapy (OIAC)
    - Summary of Recommendations: Measles Post-Exposure Prophylaxis for Individuals Who Are Immunocompromised Due to Disease or Therapy (OIAC)

Thank you for your continued efforts 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

C: Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health
Dr. Daniel Warshafsky, Associate Chief Medical Officer of Health, Office of the Chief Medical Officer of Health
Michael Sherar, President and Chief Executive Officer, Public Health Ontario

Attachment:
Frequently Asked Questions: Measles Management for Health Care Providers

Ontario

Ministry of Health

Frequently Asked Questions: Measles Management for Health Care Providers

Version 1.0
June 11, 2025

This document is meant to support health care providers with frequently asked questions related to measles exposures.

Frequently Asked Questions

When should I suspect measles in a patient?

- Exposure to a known measles case, living or recent travel to an area with measles circulation (in and outside of Canada), and being unimmunized or under-immunized
- Prodromal symptoms: fever, cough, coryza/runny nose, conjunctivitis (3Cs)
- A pathognomonic enanthema (white spots on the buccal mucosa, known as Koplik spots) may appear 2 to 3 days after symptoms begin
- Maculopapular rash: starts at the face from the hairlines moving downward and peripherally

What specimens should I collect for lab testing of measles?

- A nasopharyngeal swab/throat swab AND urine sample for molecular (PCR) testing are essential for diagnosis
- Blood for serological testing is not required for diagnosis

How should I manage a patient with suspect measles in my facility (e.g., office, hospital, clinic)?

- Contact your local public health unit (PHU) immediately to report the suspect case (do not wait for laboratory confirmation) and to receive additional guidance
- Schedule the visit to minimize exposure of others (e.g., at the end of the day) if possible
- On arrival, provide the patient with a medical mask (if able to tolerate use and no contraindications) and promptly isolate the patient in an airborne infection isolation room, if available, or private/single patient room with door closed

- After the patient leaves, the door to the room where the patient was examined must remain closed with signage to indicate that the room is not to be used for two hours
- Conduct routine cleaning of the room and equipment once sufficient time has elapsed to ensure adequate air exchange has occurred in the room
- Advise patient to isolate at home and where possible, avoid contact with unvaccinated individuals at high risk of measles complications (i.e. infants/children, pregnant individuals and immunocompromised) while results are pending

What should I do if a patient that I suspect has measles and a clinical presentation that requires further management?

- Notify the receiving facility (e.g., hospital emergency department) ahead of the patient's arrival to allow IPAC measures to be implemented to prevent exposures

What are the risks of maternal measles infection during pregnancy?

Maternal measles can lead to:

- Increased risk of maternal complications
- Pregnancy loss
- Preterm birth
- Low birth weight
- Congenital measles infection in the infant

Is the MMR vaccine recommended during pregnancy?

- The MMR vaccine is not routinely recommended during in pregnancy because it contains a live, weakened form of the measles virus
- MMR vaccine should be given:
    - Before pregnancy. Current advice from the Canadian Immunization Guide is to wait at least 1 month after getting the MMR vaccine and pregnancy
    - Anytime after birth, including while breastfeeding

What measures can my staff and I take to protect ourselves against measles?

- Only health care workers with documentation of two doses of measles-containing vaccine or laboratory evidence of immunity should provide care to patients with suspected/confirmed measles
- Maintain documentation of all staff's immunization status to measles on file to avoid staff exclusion in the event of a measles exposure

- All health care workers and staff should wear a fit-tested, seal-checked N95 respirator, regardless of immune status, when entering the room of/providing care to a patient with suspect or known measles
- Droplet and Contact Precautions are recommended (gloves, gown, eye protection) due to risk of exposure to rash (non-intact skin) and respiratory secretions

Is Vitamin A recommended for children with severe measles?

- Vitamin A does not prevent measles and is not a substitute for vaccination.
- Measles treatment focusses on supportive care to relieve symptoms and prevent and manage complications
- Measles can deplete vitamin A levels in the body and deficiency is linked to worse outcomes
- Several organizations, including Health Canada, World Health Organization, and the Centres for Disease Control recommend that children diagnosed with severe measles, especially those who require hospitalization, receive vitamin A supplementation to prevent and reduce complications from measles