

Infectious Diseases Updates for Health Care Professionals: York Region Measles Outbreak and Rabies PEP Shortage

September 5, 2025

Measles outbreak declared in York Region

York Region Public Health has [declared an outbreak of measles](#) in the City of Vaughan (Thornhill). In total, there are four cases associated with this outbreak, and they are not linked to the current multi-jurisdictional outbreak centred in Southwestern Ontario. One of the cases is newly confirmed and currently under investigation by York Region Public Health.

Measles vaccine eligibility and schedule

Timely vaccination is critical in protecting individuals and preventing further transmission within the community. **Please review your patients' immunization status and engage in discussions to ensure they are fully vaccinated against measles and other vaccine preventable diseases.**

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
 - **If a child received their first dose of MMR on or after age 12 months, and are currently 18 months or older, they may receive their second dose “early” now. This second dose will be considered valid.** You are encouraged to have a risk-based discussion on any “early” second doses with parents/guardians of children who live in an at-risk area.
- 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](#).

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

Additional Measles Resources

- ***NEW** PHO resource: Public Health Ontario recently released [How to Recognize and Respond to Measles](#). This guide will help support you to recognize measles and take appropriate precautions when caring for patients with suspected or confirmed cases
- 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](#)
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Rabies Vaccine and Immunoglobulin Supply Shortage – September 2025

Ontario is currently facing a province-wide rabies post-exposure prophylaxis (PEP) shortage which includes rabies immunoglobulin (i.e., HyperRAB and KamRAB) and vaccine (Imovax-Rabies and Rabavert).

To ensure patients with high-risk exposures have access to treatment during the shortage, please follow the guidelines below for the judicious use of rabies post-exposure prophylaxis.

Thorough risk assessments are critical for ensuring appropriate rabies PEP usage and reducing wastage

- Healthcare professionals must call York Region Public Health on Day 0 to complete a rabies risk assessment. Please use the [Ministry of Health Management of Potential Rabies Exposures Guideline, 2020](#) to inform your risk assessment and determine whether the patient is eligible for PEP.
- The risk assessment will take into account the type of exposure (e.g., bite vs. non-bite), the species involved, and the likelihood that the animal was infected with rabies at the time of the incident.
- Risk assessments will determine deferring or withholding rabies PEP for lower risk exposure incidents (e.g., no known direct contact, instances where the implicated animal can be located for observation, and where the implicated animal is available for testing and results are anticipated within 48 hours).

WHO recommended rabies PEP regimens

The WHO recommendations for rabies PEP regimens depend on the type of exposure, defined as category I, II or III exposures. Please take these into consideration when determining the most appropriate PEP regimen for your patients.

- **Category I** exposures (e.g. no exposure, such as touching or feeding animals, licks on intact skin), WHO does not recommend PEP (note: this excludes direct contact with a bat, which would be considered a category III exposure even without a break in the skin)

- **Category II** exposures (e.g. exposure, such as minor scratches or abrasions without bleeding, not involving a bat), vaccination is recommended (not Rablg).
- **Category III** exposures (e.g. severe exposure, such as transdermal bites/scratches, contamination of mucous membranes or broken skin with saliva from animal, direct contact with bats), both vaccination and Rablg are recommended.

To speak with a York Region Public Health Inspector and complete a risk assessment, please call:

- 1-800-361-5653, OPTION 4 (Monday to Friday 8:30 a.m. to 4:30 p.m.)
- 1-888-335-0111 (Afterhours, Weekends or Holidays)

Please note: Additional rabies PEP sparing measures based on guidance from the Ministry of Health may be communicated with you depending on rabies PEP availability in the coming weeks.