

March 18, 2025

Measles Update on Testing and Vaccination

Thank you for your efforts to mitigate the measles outbreak in Huron Perth by:

- maintaining a high degree of suspicion for measles; and
- testing and reporting suspect cases to HPPH; and
- vaccinating your clients.

Thank you also for your questions and feedback. This is a rapidly evolving situation. Ontario reported 252 Confirmed and 66 Probable cases of as March 12.

This alert is intended to provide updates about testing and vaccination in Huron Perth.

Need to reach us?

To report a suspect case of measles or exposure:

E-mail the Infectious Disease team at IDteam@hpph.ca (indicate urgency/healthcare provider in subject line for quickest response) or leave a voicemail message at 888-221-2133 ext. 3284.

To ask about measles vaccine:

E-mail the Immunization team at immunization@hpph.ca (indicate urgency/healthcare provider in subject line for quickest response) or leave a voicemail message at 888-221-2133 ext. 3558.

Urgent requests

If you need an urgent consultation, please call 888-221-2133 press 1 and advise Reception that you are a healthcare provider with an urgent measles-related matter. Note: the public Measles Information Line is for general inquiries only.

Testing Update

As of March 17, 2025, HPPH is reporting 14 confirmed outbreak cases (lab-confirmed and epi-confirmed) as well as 22 probable outbreak cases, consistent with community spread. HPPH has also received reports of other ill people who are not seeking testing.

It may no longer be helpful to test suspect cases with a clear epi-link to other case(s) and/or to an under-vaccinated community with other cases, especially if those suspect cases are under vaccinated. Please continue to advise these suspect cases to isolate and please continue to report these suspect cases to HPPH at 888-221-2133 ext. 3284 OR IDteam@hpph.ca [indicate urgency/healthcare provider in subject line for quickest response.]

There may be times when testing of these suspect cases is still indicated (for example, to distinguish vaccine-associated rash from measles, or when someone has received 2 doses of measles-containing vaccine and there may be another etiology).

There may also be presentations of suspect measles not related to any known case(s). It is important to test these suspect cases to identify both new travel-associated introductions of measles as well as spread beyond unvaccinated communities. Please continue to ensure such cases are tested. Please consider the options listed below to ensure testing is completed in a safe manner

In-office testing:

Option 1: Schedule the suspect case for the end of the day. Ensure that only fully vaccinated staff provide care. Ensure staff wear appropriate PPE including a well-fitting N95. Conduct a PCR swab test and collect the urine within your office. Omit serology.

Option 2: Schedule the suspect case to come into the office on day 5 – 7 after rash onset (when they are no longer infectious). Conduct a PCR swab test, collect the urine and organize serology.

Outdoor testing:

Option 3: Perform the swab test outside the office, such as in the patient's car. Have them complete urine at home and return. Once patient has completed urine sample, ask them to call the clinic in advance to have a staff meet the patient outside to get the urine sample. Omit serology. Ensure that only fully vaccinated staff, wearing appropriate PPE interact with a client.

Option 4: Complete the requisition in office and give to patient with testing kit for them to complete PCR swab and urine sample at home and then drop off at the lab. Ensure that only fully vaccinated staff, wearing appropriate PPE interact with a client.

Be aware that, where testing is delayed, it might result in delay in releasing susceptible contacts from isolation.

Expanded Vaccine Eligibility for Areas of Concern

We have received questions about expanded eligibility and are providing the following information to help inform your practice.

Measles vaccine schedule recommendations depend on context, with different recommendations in the context of measles elimination than in the context of an outbreak.

The Canadian Immunization Guide recommends that

“For routine immunization of children aged 12 months to less than 13 years, 2 doses of measles-containing vaccine, using either MMR or MMRV vaccine, should be administered. The first measles-containing vaccine dose should be administered at 12 to 15 months of age and the second dose at 18 months of age or any time thereafter, but no later than around school entry.”

The recommended immunization schedule for measles in Ontario is dose #1 at 12 months (after the first birthday) followed by a second dose between 4 – 6 years of age. As with many vaccines, there are data

to show that giving the second measles dose at a shorter interval provides somewhat lower titres over the longer term. As you know, antibody titres only reflect on one component of the immune response.

With regard to infants, in general, immunity passed on from the mother (assuming she has immunity) wanes within approximately 6 months.

Note: Tdap-IPV is not considered a valid dose if given before the age of four years, therefore Tdap-IPV should not be given with the accelerated doses of MMR.

The **Canadian Immunization Guide** provides the following information:

Immunogenicity

- In clinical studies a single injection of MMR vaccine induced measles antibodies in 95% of previously seronegative children.
- In 12 month old children, a single dose of MMRV vaccine results in similar seroconversion rates as those achieved after concomitant administration of MMR vaccine and univalent varicella vaccine. A study of children receiving 2 doses of MMRV vaccine during the second year of life noted seropositivity for measles, mumps, rubella and varicella of 99%, 97.4%, 100% and 99.4% respectively by the third year post-vaccination.

Efficacy and effectiveness

- The efficacy of a single dose of measles-containing vaccine given at 12 or 15 months of age is estimated to be 85% to 95%. With a second dose, efficacy in children approaches 100%. However, measles outbreaks have occurred in populations with high immunization coverage rates. Due to the high infectivity of measles at least 95% of the population needs to be immunized to develop herd immunity.
- There are no data regarding the long-term effectiveness of MMRV vaccine.

Given the circulation of measles in Huron Perth, the risk benefit ratio has shifted. That is why the Ministry of Health (in consultation with Public Health Ontario) has approved an expanded Immunization Schedule for Huron Perth.

Other considerations when deciding whether or not to provide a vaccine dose in accordance with the expanded criteria include:

- The risk of severe illness is greater in infants < 12 months
- The incidence of Subacute Sclerosing Panencephalitis (SSPE) (a very rare complication of measles infection that presents several years after infection with progressive neuro-cognitive symptoms and is typically fatal) is highest in children who acquire measles before 2 years of age
- Whether or not there may be household or other close contacts who are immunocompromised or cannot themselves be vaccinated
- Measles infection can itself result in a complication referred to as immune amnesia
- Whether or not the child is in daycare or kindergarten

Ordering Vaccine

Please avoid making overly large orders, as the vaccine cannot be returned to HPPH if it is not used before expiry. Continue to order according to your normal order interval cycle. If you run out of vaccine and need some immediately, please contact Tanya (ext. 3225) in Perth or Cris (ext. 2301) in Huron.

Measles Resources

[Measles IPAC Checklist for Clinics and Specimen Collection Centres](#) | Public Health Ontario (September 2024).

[Interim IPAC Recommendations and Use of PPE for Care of Individuals with Suspect or Confirmed](#)

[Measles Information for Health Care Providers](#) | Public Health Ontario (September 2024)

[Measles](#) | Public Health Ontario (March 2024)

[Measles in Ontario: Enhanced Epidemiological Summary](#) | Public Health Ontario