

**Ministry of Health
and Long-Term Care**

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MEMORANDUM**To: Health sector employers and health care workers****Re: Measles update**

I am writing to provide you with an update regarding the current provincial and international measles activity, as well as information on infection prevention & control measures and current measles vaccine eligibility and supply.

To date in 2015, there have been eight confirmed measles cases in Toronto, Niagara and York all with fever onset dates during the last week of January and first week of February. At this time, there are no epidemiological links among cases and no identified sources, however the investigation is still ongoing.

There is also considerable measles activity occurring in the United States (U.S.). Between January 1, to February 6, 2015, 121 individuals from 17 states and Washington DC have been reported to have measles, with most of those cases part of a large multi-state outbreak linked to an amusement park in California. The majority of the cases were unvaccinated. Today, Quebec identified 10 measles cases directly related to the U.S. outbreak and the risk of measles importation from any area of the world where measles is occurring remains a concern. For further information about national and international measles activity, please see the Public Health Agency of Canada's (PHAC's) [Travel Health Notice](#) on measles.

Given the current and evolving measles activity, **I ask all health care providers to remain vigilant for measles**, particularly among patients with compatible signs and symptoms who have travelled to or reside in Toronto or who have travelled internationally (including the U.S.) or who have come in contact with a measles cases.

Clinically compatible signs of symptoms of measles include:

- Fever \geq 38.3 degrees Celsius (oral)
- At least one of: cough, runny nose or conjunctivitis
- Generalized maculopapular rash

Strict infection prevention & control measures should be in place in all health care settings.

- Health care providers should promptly isolate patients with suspected measles in a single room under negative pressure (e.g. air flow from corridor into the room) and the door closed. If the facility does not have an airborne infection isolation room, the patient should wear a surgical mask and should be immediately placed in a single room with the door closed.
- Only allow staff with evidence of immunity to enter the room. Staff without evidence of immunity should only enter the room in very exceptional circumstances, (e.g., they are the only available health care provider who can care for the patient) and with additional precautions (i.e., they must wear a fit-tested N95 (or higher) respirator). Evidence of immunity is two documented doses of measles-containing vaccine or laboratory evidence of immunity.
- Laboratory diagnosis of measles should include both diagnostic serology and virus detection.
- Please report suspected cases of measles **immediately** to your local public health unit. Do not wait for laboratory confirmation. Suspected cases should also be instructed to self-isolate and to remain in isolation until contacted by their local public health unit.

For further information:

- Ministry of Health and Long-Term Care - [Ontario Public Health Standards, Infectious Diseases Protocol, Appendices A and B](#), which include disease-specific and case-definition chapters related to measles
- Public Health Ontario (PHO) - [Measles in Ontario: Update for Clinicians](#)
- PHAC - [Guidelines for the Prevention and Control of Measles Outbreaks in Canada](#)

At this time, there are no recommended changes to Ontario's routine, two-dose measles immunization schedule. Children should continue to receive their first dose (as Measles/Mumps/Rubella (MMR) vaccine) on or shortly after their first birthday, and their second dose (as Measles/Mumps/Rubella/Varicella (MMRV) vaccine) between four and six years of age.

The ministry continues to have sufficient supply of MMR and MMRV vaccine and anticipates no supply issues. If measles-containing vaccine is required, public health units and Toronto clients should continue to order vaccine through Ontario Government Pharmaceutical and Medical Supply Services (OGPMSS). Canadian Blood Services (CBS), which is responsible for providing Ontario's immune globulin (Ig) supply, is aware of the current situation and the potential for increased orders. If Ig is required, hospitals and other clients should continue to order Ig through CBS (note: OGPMSS does not carry this product).

For further information on measles, contact your local [public health unit](#).

Thank you for your ongoing collaboration and leadership in this important matter.

Yours truly,

Original signed by Dr. Robin Williams on behalf of

David L. Mowat, MBChB, MPH, FRCPC
Interim Chief Medical Officer of Health

c: Dr. Peter Donnelly, President and Chief Executive Officer, PHO
Medical Officers of Health