

Santé publique Ontario

PARTENAIRES POUR LA SANTÉ

LIFE WITHOUT THE VACCINE

Thanks to routine childhood immunization, Ontario has seen a marked drop in measles cases – a very different story than the days before the vaccine was introduced in 1963.



300,000 - 400,000 measles cases annually in Canada with 90% of children infected by 10 years of age prior to the vaccine.^{1,2}



Expected deaths worldwide each year without vaccination.3 Globally, measles is the leading cause of vaccine-preventable deaths in children. 1,2

HOW SERIOUS IS MEASLES?

With measles comes many complications, some fatal. These include:1,4



Otitis media 5-15 per 100 cases



Pneumonia 5-10 per 100 cases





Death 1-2 per 1.000 cases

Children under the age of five are most at risk of complications.

Measles during pregnancy can cause:1



- Premature labour
- Miscarriage
- Low birth weight

DEFENDING ONTARIO AGAINST

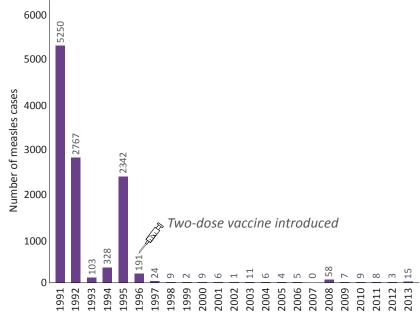
Measles has been eliminated in the Americas, including Ontario – but some Ontarians are still at risk of catching the disease. If the province is to remain free of one of the world's most contagious diseases, we need to be vigilant.

Ontario falls just short of the level needed to stop the spread of measles. 96-99% Vaccination coverage needed to prevent 100% transmission of the disease8 Two-dose vaccination coverage. Ontario, 2011-12 school year⁵ **95**% Among Ontario's Among Ontario's 7-year-old 17-year-old students students

IMMUNIZATION IS KEY

Receiving two doses of vaccine is a free and very effective form of protection against the virus both for individuals and the community.

Since the two-dose vaccine was introduced in Ontario in 1996, very few cases of measles have been reported each year.

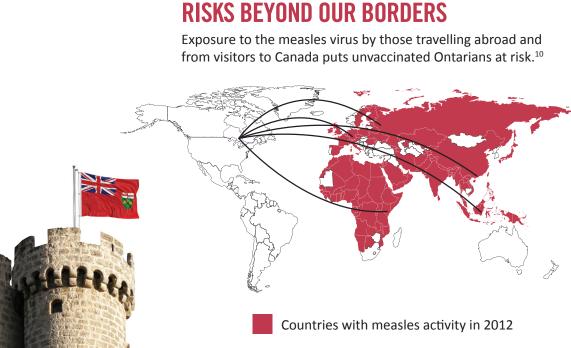


Number of measles cases, Ontario, 1991-20139

HOW CONTAGIOUS IS CONTAGIOUS?

The virus spreads easily via droplets expelled into the air by sneezes and coughs. The virus may even live on surfaces for two hours and infects most people who cross its path.6





11-18 Number of new cases per contact with **IMMUNIZATION** a single infectious case in unvaccinated populations⁷ IS OUR BEST DEFENCE

1. National Advisory Committee on Immunization; Public Health Agency of Canada. Canadian immunization; Public Health Agency of Canada. Canadian immunization. Measles vaccines: WHO position paper, Wkly Epidemiol Rec. 2009; 84(35):349-60. Available from: http://www.who.int/wer/2009/wer8435.pdf 3. National Center for Immunizations. Basics and common questions: what would happen if we stopped vaccinations? [Internet]. Atlanta, GA: Centers for Disease Control and Prevention; 2013 Sep 18. Available from: http://www.cdc.gov/vaccines/vac-gen/whatifstop.htm#measles 4. Wolfson LJ, Grais RF, Luquero FJ, Birmingham ME, Strebel PM. Estimates of measles case fatality ratios: a comprehensive review of community- based studies. Int J Epidemiol. 2009;38(1):192–205. 5. Public Health Ontario. Immunization coverage report for school pupils 2011-12 school year. Toronto, ON: Queen's Printer for Ontario; 2013. 6. Plans-Rubió P. Evaluation of the establishment of herd immunity in the population by means of serological surveys and vaccination coverage. Hum Vaccin Immunother. 2012;8(2):184-8. 7. National Center for Immunization and Respiratory Diseases, Division of Viral Diseases. Measles (Rubeola). Transmission of measles (Rubeola). Transmission of measles (Internet). Atlanta, GA: Centers for Disease Control and Prevention; 2009 Aug 31. Available from: http://www.cdc.gov/measles/about/transmission.html 8. Anderson RM, May RM. Infectious diseases of humans: dynamics and control. Oxford: University Press; 1992. 9. Data Source: Integrated Public Health Information System (iPHIS), Distributed by Public Health Ontario, Extracted December 2, 2013 10. Measles & Rubella Initiative. The measles & Rubella Initiative 2012 annual report. Washington, DC: American Red Cross; 2012. Available from: http://www.measlesrubellainitiative.org/wp-content/uploads/2013/07/MRI-2012-Annual-Report.pdf

