February 5, 2015

MEMORANDUM

TO: Medical Officers of Health and Associate Medical Officers of Health

Re: Measles Update

I am writing to provide you with an update regarding the current measles activity provincially and internationally, as well as current measles vaccine eligibility and supply.

So far in 2015, there have been four (4) confirmed measles cases in Toronto, all with fever onset dates during the last week of January 2015. Cases include two adults and two children all under- or unimmunized. There are no epidemiological links between cases and no identified sources for any of the cases. The risk of exposure is therefore generalized. In addition, Niagara Region Public Health has identified a fifth confirmed measles case, which is currently under investigation.

There is also considerable measles activity occurring in the United States. Since the end of December 2014, 102 individuals from 14 states in the United States were reported to have measles, with most of those cases part of a large outbreak linked to Disneyland or Disney Adventure Park. The majority of the cases were unvaccinated. Although to date Canada has not experienced measles cases directly related to the U.S. outbreak, the risk of measles importation due to travel remains a concern. For further information about national and international measles activity, the Public Health Agency of Canada’s travel health notice on measles is available at: http://www.phac-aspc.gc.ca/tmp-pmv/notices-avis/notices-avis-eng.php?id=98.

Given the current and evolving measles activity, we would ask all health units to alert health care providers in your area to remain vigilant for measles in general, and in particular, for patients with compatible signs and symptoms who have traveled to Toronto or internationally (including the United States). For your reference in developing this communication, Public Health Ontario’s (PHO) “Measles in Ontario: Update for Clinicians” is available at: http://www.publichealthontario.ca/en/eRepository/Measles_Update_for_Clinicians_February_3_2015.pdf.

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 MMR vaccine) on or shortly after their first birthday, and their second dose (as MMRV vaccine) between 4 and 6 years of age.
As per the current immunization schedule, administering a second dose of measles-containing vaccine before the age of four to six years may be considered under certain circumstances, such as for individuals at higher risk of being exposed to measles during travel. In these situations, an accelerated schedule can be implemented, in which two doses of MMR vaccine may be given with a minimum interval of four weeks between doses.

For infants, the ministry currently publicly funds MMR vaccine for travel outside of North America as early as six months of age, based on the clinical judgment of the health care provider and the needs of the child. Effective immediately, this eligibility has been expanded to include travel to regions where measles is a concern, including within North America. Please note that, if the first dose of MMR is given at less than 12 months of age, two additional doses of measles-containing vaccine must be administered after the child is one year of age to ensure long lasting immunity to measles.

Adults born before 1970 are generally presumed to have acquired natural immunity to measles; however, some of these individuals may be susceptible. As per the current publicly funded immunization schedule, all Ontarians, regardless of date of birth, are eligible for two doses of measles-containing vaccine based on the health care provider’s clinical judgment and the needs of the patient. A second dose of measles-containing vaccine is particularly recommended for adults in the following groups:

- Young adults (18 to 25 years of age)
- Post-secondary students
- Persons who received killed vaccine previously (born between 1967 to 1970)
- Health care workers
- Those who plan to travel internationally.

The ministry continues to have sufficient supply of MMR and MMRV vaccine and anticipates no supply issues moving forward. 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).

If you have any questions from a scientific or technical perspective, please contact PHO’s Immunization and Vaccine Preventable Disease Team at ivpd@oahpp.ca. If you have any questions from a policy or program perspective, please contact Dianne Alexander, A/Manager, Immunization Policy and Programs, at Dianne.Alexander@ontario.ca or 416-212-7637.

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, Public Health Ontario