

HALTON REGION PUBLIC HEALTH • Office of the Medical Officer of Health

TEL: 905-825-6000 • TOLL FREE: 1-866-442-5866 • FAX: 905-825-1444

TO: Halton Physicians, Nurse Practitioners, Emergency Departments, other Healthcare Providers

FROM: Dr. Patrick Galange, Associate Medical Officer of Health

DATE: June 16, 2025

RE: Register for Wednesday's online CME on STIs in family practice; measles update from Province

QUICK FACTS

STI CME

- [Register today for this Wednesday's Public Health Mainpro+ accredited CME webinar "Public Health Updates for Halton Physicians: Sexually Transmitted Infections in Family Practice" from 7-8 p.m. \(Wednesday, June 18, 2025\).](#) See attached flyer for more details.
- Following the webinar at 8 p.m., you're invited to stay for a brief update for primary care from the Burlington Ontario Health Team and the Connected Care Halton Ontario Health Team.

MEASLES

- Ontario is experiencing a large measles outbreak, with 2,009 outbreak cases reported between October 18, 2024 and June 3, 2025 across 19 public health units.
- Approximately 96% of cases in Ontario linked to this outbreak are among individuals who are unvaccinated or of unknown immunization status.
- Health care providers should ensure all staff are immunized and have immunization records or laboratory results with proof of immunity readily available.
- As more people travel in the summer, ensuring measles protection before travel is also important.
 - Adults born on/after 1970 and all children should be protected with 2 doses of measles-containing vaccine prior to travel outside of Canada.
 - Infants 6 to 11 months of age are also recommended a dose of MMR vaccine, similar to the current outbreak strategy.
- See attached documents: **Frequently Asked Questions: Measles Management for Health Care Providers** and memo from Dr. Kieran Moore, Chief Medical Officer of Health re. update – measles outbreak preparedness and response.

ADDITIONAL RESOURCES

- [Public Health Updates for Halton Physicians: Sexually Transmitted Infections in Family Practice](#), Wednesday, June 18, 2025, 7-8 p.m.
- [Canadian STI Guidelines: Gonorrhea](#)
- [Public Health Ontario: Gonorrhea](#)
- [Measles | Public Health Ontario](#)

Please report all suspected/confirmed cases of [Diseases of Public Health Significance](#) (only report COVID-19 cases occurring in high-risk settings) to Public Health immediately by calling 311, 905-825-6000 or toll free at 1-866-442-5866.

PLEASE PROVIDE A COPY TO ALL PHYSICIANS IN YOUR OFFICE AND/OR POST IN EMERGENCY DEPARTMENTS AND PHYSICIAN LOUNGES. IF YOU HAVE ANY ISSUES WITH THIS ATTACHMENT, PLEASE EMAIL DOCTORS@HALTON.CA.

Public Health Updates for Halton Physicians: Focus on STIs Sexually Transmitted Infections in Family Practice

With gonorrhea and syphilis on the rise, do you know how to test and what to do when your patients' tests come back positive? In 2024, there were 1,522 Sexually Transmitted and Blood Borne Infections reported in Halton, accounting for 35% of all Diseases of Public Health Significance cases reported to Public Health. [Come learn clinical tips from a local family physician and medical director of healthy sexuality clinics on how to test and treat STIs in the primary care setting.](#)

Date: Wednesday, June 18, 2025

Time: 7-8p.m.

Register: Online ([registration form](#))



Learning objectives:

Overall series learning objective:

By attending the Public Health Updates for Halton Physicians series, participants will be able to identify and discuss relevant and recent information about approaches to the prevention, diagnosis and management of key public health issues impacting their family practice in both rural and urban settings.

Learning objectives for this session:

By the end of this session, participants will be able to:

- Gain comfort in taking a sexual health history.
- Describe local Sexually Transmitted Infection trends in Halton.
- Follow guidelines for STI testing and treatment in the primary care setting, with an emphasis on chlamydia, gonorrhea, and syphilis.
- Understand how Public Health supports primary care clinics with STI guidance, free medications, clinics, at home testing and more.

Speakers:



Dr. Rachita Gurtu
MD, CCFP

Oakville family physician
Medical Director, Healthy Sexuality
Clinics, Region of Peel Public Health



Dr. Patrick Galange
MD, MBA, MPH, CCFP, FRCPC

Associate Medical Officer of Health
Halton Region Public Health

Submit your questions in advance through the [registration form](#)!

Ministry of Health

Frequently Asked Questions: Measles Management for Health Care Providers

Version 1.0

June 11, 2025

This document is meant to support health care providers with frequently asked questions related to measles exposures.

Frequently Asked Questions

When should I suspect measles in a patient?

- Exposure to a known measles case, living or recent travel to an area with measles circulation (in and outside of Canada), and being unimmunized or under-immunized
- Prodromal symptoms: fever, cough, coryza/runny nose, conjunctivitis (3Cs)
- A pathognomonic enanthema (white spots on the buccal mucosa, known as Koplik spots) may appear 2 to 3 days after symptoms begin
- Maculopapular rash: starts at the face from the hairlines moving downward and peripherally

What specimens should I collect for lab testing of measles?

- A nasopharyngeal swab/throat swab AND urine sample for molecular (PCR) testing are essential for diagnosis
- Blood for serological testing is not required for diagnosis

How should I manage a patient with suspect measles in my facility (e.g., office, hospital, clinic)?

- Contact your local public health unit (PHU) immediately to report the suspect case (do not wait for laboratory confirmation) and to receive additional guidance
- Schedule the visit to minimize exposure of others (e.g., at the end of the day) if possible
- On arrival, provide the patient with a medical mask (if able to tolerate use and no contraindications) and promptly isolate the patient in an airborne infection isolation room, if available, or private/single patient room with door closed

- After the patient leaves, the door to the room where the patient was examined must remain closed with signage to indicate that the room is not to be used for two hours
- Conduct routine cleaning of the room and equipment once sufficient time has elapsed to ensure adequate air exchange has occurred in the room
- Advise patient to isolate at home and where possible, avoid contact with unvaccinated individuals at high risk of measles complications (i.e. infants/children, pregnant individuals and immunocompromised) while results are pending

What should I do if a patient that I suspect has measles and a clinical presentation that requires further management?

- Notify the receiving facility (e.g., hospital emergency department) ahead of the patient's arrival to allow IPAC measures to be implemented to prevent exposures

What are the risks of maternal measles infection during pregnancy?

Maternal measles can lead to:

- Increased risk of maternal complications
- Pregnancy loss
- Preterm birth
- Low birth weight
- Congenital measles infection in the infant

Is the MMR vaccine recommended during pregnancy?

- The MMR vaccine is not routinely recommended during pregnancy because it contains a live, weakened form of the measles virus
- MMR vaccine should be given:
 - Before pregnancy. Current advice from the Canadian Immunization Guide is to wait at least 1 month after getting the MMR vaccine and pregnancy
 - Anytime after birth, including while breastfeeding

What measures can my staff and I take to protect ourselves against measles?

- Only health care workers with documentation of two doses of measles-containing vaccine or laboratory evidence of immunity should provide care to patients with suspected/confirmed measles
- Maintain documentation of all staff's immunization status to measles on file to avoid staff exclusion in the event of a measles exposure

- All health care workers and staff should wear a fit-tested, seal-checked N95 respirator, regardless of immune status, when entering the room of/providing care to a patient with suspect or known measles
- Droplet and Contact Precautions are recommended (gloves, gown, eye protection) due to risk of exposure to rash (non-intact skin) and respiratory secretions

Is Vitamin A recommended for children with severe measles?

- Vitamin A does not prevent measles and is not a substitute for vaccination.
- Measles treatment focusses on supportive care to relieve symptoms and prevent and manage complications
- Measles can deplete vitamin A levels in the body and deficiency is linked to worse outcomes
- Several organizations, including [Health Canada](#), [World Health Organization](#), and the [Centres for Disease Control](#) recommend that children diagnosed with severe measles, especially those who require hospitalization, receive vitamin A supplementation to prevent and reduce complications from measles

Ministry of Health

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June 11, 2025

MEMORANDUM

TO: Health Care Providers

FROM: Dr. Kieran Moore, Chief Medical Officer of Health

RE: Update - Measles Outbreak Preparedness and Response

Dear Colleagues,

The purpose of this memo is to provide you with some updates regarding measles outbreak preparedness and response.

As you are likely aware, like many parts of the world, Ontario is experiencing a large measles outbreak, with 2,009 outbreak cases reported between October 18, 2024 and June 3, 2025. 1,965 of these cases are past the period of communicability. Approximately 96% of cases in Ontario linked to this outbreak are among individuals who are unvaccinated or of unknown immunization status. Although outbreak cases have occurred to date in 19 public health units, the outbreak continues to be concentrated predominantly in southwestern Ontario within communities with historically low rates of immunization.

Ensuring high measles vaccine coverage is a key component of preventing and responding to measles outbreaks. Two doses of measles-containing vaccine have an efficacy of nearly 100%, and additional booster doses are not recommended.

As of May 2025, the following public health units have implemented an outbreak immunization strategy **in affected regions and communities with active measles cases and where the risk of exposure in the community is higher:**

- Chatham-Kent
- Grand Erie
- Grey Bruce
- Huron Perth
- Lambton
- Middlesex-London
- Waterloo
- Wellington-Dufferin-Guelph
- Windsor-Essex
- Southwestern

The outbreak immunization strategy is recommended for individuals who live, work, travel (e.g., family visit), worship, or spend time in these Public Health Unit jurisdictions.

- *Infants (six to 11 months)*: Should receive one dose of the measles, mumps, rubella (MMR) vaccine. **Two** additional doses are required after the age of one year.
- *Children (one to four years)*: Children who have received their first dose of MMR vaccine are encouraged to receive a second dose as soon as possible (at a minimum of four weeks from the first dose).
- *Adults (18+ years) born on or after 1970*: A second dose of MMR vaccine (for those who have not already received 2 doses) is recommended.

Health care providers in other public health unit jurisdictions (i.e., those not listed above) should be aware of the outbreak immunization recommendations to ensure those planning to visit/travel to affected regions are vaccinated appropriately.

Ensuring high measles vaccine coverage in all parts of the province is a key element of preventing further spread of the current outbreak. Providers in other parts of the province (not listed above) should continue to offer routine or catch-up immunizations as per [Ontario's Publicly Funded Immunization Schedules](#), especially for children who may have missed vaccines due to the COVID-19 pandemic and for adults born after 1970 with unknown immunization status. Please see Public Health Ontario's [Routine and Outbreak-related Measles Immunization Schedules](#) for a quick summary .

As summer represents a time of increased travel, ensuring measles protection before travel is also important. Adults born on/after 1970 and all children should be protected with 2 doses of measles-containing vaccine prior to travel outside of Canada. Infants 6 to 11 months of age are also recommended a dose of MMR vaccine, similar to the current outbreak strategy.

Health care providers should ensure all staff are immunized and have immunization records or laboratory results with proof of immunity readily available.

MMRV vaccine is publicly funded routinely for individuals 4 to 6 years of age and for catch-up immunizations for individuals 7 to 12 years of age. While MMRV can be used

for outbreak and measles contact management purposes, we ask that MMRV be used primarily for routine or catch-up immunizations.

If an individual's immunization records are unavailable, getting immunized with a measles-containing vaccine is generally preferable to ordering a laboratory (serology) test to determine immune status. There is no harm in giving measles-containing vaccine to an individual who is already immune.

Please refer to the attached FAQ for further recommendations on managing measles in health care settings.

In health care settings, appropriate infection prevention and control (IPAC) practices and processes play a critical role in minimizing or reducing measles exposures and transmission. For additional IPAC support in clinical settings, health care providers in impacted regions may also connect with their local IPAC Hub. To locate your local IPAC Hub please contact IPACHubs@ontario.ca.

Health care providers, in collaboration with public health units, should assess immunization status and support vaccination efforts of International Agriculture Workers (IAW).

The ministry continues to meet with the affected public health units and Public Health Ontario.

Additional information:

- [About measles | ontario.ca](#)
- [Measles | Public Health Ontario](#) – Outbreak updates & resources
 - [Measles: Information for Health Care Providers](#)
 - [Routine and Outbreak-related Measles Immunization Schedules](#)
 - [Measles: Post-Exposure Prophylaxis for Contacts](#)
 - [Measles IPAC Checklist for Clinics and Specimen Collection Centres](#)
- [Measles Supports for Family Doctors](#)
- Details on testing and specimens is available on the [PHO website](#)
 - [Measles – Diagnostic – PCR](#)
 - [Measles – Serology](#)

- [Updated recommendations on measles post-exposure prophylaxis, National Advisory Committee on Immunization \(NACI\)](#)
- [Recommendations: Measles Post-Exposure Prophylaxis for Individuals Who Are Immunocompromised Due to Disease or Therapy \(OIAC\)](#)
 - [Summary of Recommendations: Measles Post-Exposure Prophylaxis for Individuals Who Are Immunocompromised Due to Disease or Therapy \(OIAC\)](#)

Thank you for your continued efforts in ensuring Ontarians are protected from vaccine preventable diseases.

Sincerely,



Dr. Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health and Assistant Deputy Minister

C: Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health
Dr. Daniel Warshafsky, Associate Chief Medical Officer of Health, Office of the Chief Medical Officer of Health
Michael Sherar, President and Chief Executive Officer, Public Health Ontario

Attachment:

Frequently Asked Questions: Measles Management for Health Care Providers