



**Health, Seniors and Long-Term Care
Public Health**

300 Carlton Street
Winnipeg, Manitoba Canada R3B 3M9

February 27, 2024

Re: Be Vigilant for Measles – Rise in Imported Cases in North America

Dear Health Care Provider:

There has been a significant rise in measles cases in many parts of the world. Most confirmed cases of measles in Canada are in returning travellers who were infected abroad. To date, there have been no laboratory confirmed cases in Manitoba in 2023/24. Information on cases reported in Canada is found at <https://www.canada.ca/en/public-health/services/diseases/measles/surveillance-measles/measles-rubella-weekly-monitoring-reports.html>.

Immunization is the best way to protect against measles.

- Immunization rates for routine childhood vaccines were disrupted by the COVID-19 pandemic.
- Clinicians are encouraged to **check the immunization status of clients**, especially for clients who are travelling outside of Canada to ensure they are protected.
- All children 12 months of age and older are eligible to receive 2 doses of MMR vaccine.
- Infants 6 months to less than 12 months of age and traveling to measles-endemic country are eligible for 1 dose, in addition to the routine 2 dose series.
- Vaccine eligibility can be found at <https://www.manitoba.ca/health/publichealth/cdc/vaccineeligibility.html>.

Measles is one of the most infectious viruses and spread via the airborne route and close contact with respiratory secretions.

- **Clinicians should consider measles in patients presenting with fever and rash (usually starts on the face and moves downwards) among those who have traveled or have had known contact with a measles case.**
- Other symptoms may include cough, coryza and conjunctivitis.
- **Clients with suspected measles should be isolated immediately and airborne precautions implemented.**
- Please see Routine Practices and Additional Precautions guidelines for more details <https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>.
- Provide the client with a mask to wear at all times unless they are in an airborne infection isolation room.

For suspect measles cases, **preferred specimen is a nasopharyngeal swab for measles PCR**. Also submit serology for measles IgG and IgM, but this will be less sensitive and specific than PCR.

If clinical suspicion is high for measles, health care providers are required to **notify public health on the same day** by sending a clinical notification form found at https://www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu_0013.pdf even before test results are back. The Medical Officer of Health on-call (204-788-8666) should be notified after-hours.

Please refer to the measles (rubeola) communicable disease protocol found at <https://www.gov.mb.ca/health/publichealth/cdc/protocol/measles.pdf> for further information.

Please share this information with all colleagues at your facility/clinic.

If you have any questions, please email vaccines@gov.mb.ca.

Sincerely,

“Original Signed by”

Richard Baydack, PhD
Director
Communicable Disease Control

“Original Signed by”

Carol Kurbis, MD, FRCPC
Medical Officer of Health,
Communicable Disease Control