

Dr. Charles Gardner, Medical Officer of Health
Dr. Colin Lee, Associate Medical Officer of Health
Dr. Lisa Simon, Associate Medical Officer of Health

Infectious Diseases Updates – Measles, MPOX (previously known as Monkeypox), Pediatric Invasive Group A Streptococcus

Attention: Physicians, Emergency Departments, Infection Control Practitioners, Walk-In Clinics/Urgent Care Clinics, Nurse Practitioners, Neighbouring Health Units, Ontario Health Central, Designated Officers, Midwives, Community Health Centres, Family Health Teams, Pharmacies, Occupational Health Professionals, Ontario Health Central, Beausoleil First Nation, Moose Deer Point First Nation, Rama First Nation, Wahta First Nation, EMS

Date: February 23, 2023

With the COVID-19 pandemic stabilizing, other infectious diseases are increasing and re-emerging.

MEASLES

Two cases of measles have been identified in Ontario (London and Toronto) over the last week in returning travelers.

The COVID-19 pandemic has impacted all vaccine preventable disease coverage across the lifespan. On February 8, 2023 the [Pan-American Health Organization issued a statement](#) regarding the increasing risk of measles in both the Americas and globally. With reduced border measures and increased travel anticipated over March break, it is strongly recommended that:

Health care providers are alerted to include measles in their differential diagnoses, particularly in returning travellers with respiratory symptoms.

Suspected measles cases should be placed under airborne precautions and tested.

Testing Recommendations

Laboratory diagnosis of measles should include both diagnostic serology and virus detection. **It is very important that both [a urine and a NP or throat swab both for PCR](#) are collected as the [serology alone is often inconclusive](#).**

- Nasopharyngeal swab or aspirate and/or a throat swab should be collected within seven days after onset of rash.
- Urine should be collected within 14 days of onset of rash and submitted in a sterile container.

More information on measles and testing can be found at the [Public Health Ontario measles website](#).



Measles is a reportable disease and any suspected or confirmed cases should be **immediately reported** to the Infectious Diseases Program at (705) 721-7520 or 1-877-721-7520 extension 8809 during regular business hours or after hours to 1-888-225-7851.

Vaccine Recommendations

Hospital Occupational Health and Safety and health care provider offices should ensure ALL staff are up to date with either two doses of documented measles vaccination OR documented laboratory evidence of immunity. This includes individuals born prior to 1970, as per the OHA/OMA Measles Communicable Diseases Protocol

Invasive Group A Streptococcal (iGAS)

The Simcoe Muskoka District Health Unit (SMDHU) is seeing an unprecedented number of iGAS infections in the younger pediatric age group. For this time of year, iGAS rates in the 0-6 years age group are usually between 2.4-2.5/100 000 population. Since January 1, 2023, SMDHU is reporting a rate of 9.2/100 000. In addition to incidence, the acuity of cases has increased. Significant increases have been seen elsewhere and most dramatically in the United Kingdom where they have had about 30 deaths in children within a span of four months, between September 2022 and January 2023.

Per the Canadian Pediatric Society¹, among children, recent pharyngitis and varicella are risk factors, although varicella vaccine programs have reduced varicella-associated iGAS. For both adults and children, recent soft tissue trauma and non-steroidal anti-inflammatory drug (NSAID) use are additional risk factors.

The most common clinical presentations of iGAS infections in children and adults are toxic shock syndrome (TSS), with or without a focus of infection, necrotizing fasciitis (NF) or myositis, bacteremia with no septic focus, and pneumonia. Clinicians should be aware that TSS has a wide spectrum of clinical presentation, from patients with evolving TSS who do not yet meet full criteria, to severe life-threatening disease with multi-system involvement.

MPOX

Earlier in February the World Health Organization issued a statement that MPOX remains a global health emergency. Over the last month a few cases have re emerged in Ontario.

The Ontario HIV Treatment Network (OHTN) will be hosting a webinar on MPOX for primary care providers. The event, **MPOX: Vaccine efficacy and shifts in presentation and epidemiology**, will outline what clinicians need to know about the changing epidemiology and clinical presentation of MPOX in Ontario, review emerging data about MPOX vaccine effectiveness and recommendations on its rollout, and discuss specific actions that front-line providers can take to address the ongoing MPOX epidemic in Ontario.

There are two dates to participate in the webinar:

¹ Dorothy L. Moore, Upton D. Allen, Timothy Mailman; Canadian Paediatric Society, [Infectious Diseases and Immunization Committee Paediatr Child Health 2019 24\(2\):128. \(Abstract\)](#)

Tuesday, February 28 from 7pm-8pm EST - <https://www.ohtn.on.ca/hive/mpox-vaccine-efficacy-and-shifts-in-presentation-and-epidemiology/>

Thursday, March 2 from 7pm-8pm EST- <https://www.ohtn.on.ca/hive/mpox-vaccine-efficacy-and-shifts-in-presentation-and-epidemiology-2/>

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