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## Increase in Measles Cases Globally and in Ontario and Update on invasive Group A Streptococcal Infection

**Attention:** Physicians, Hospitals, CNE, ER Manager, ER Physician, Infection Control Practitioners, Occupational Health Professionals, Community Health Centres, Walk-In Urgent Care Clinic, Nurse Practitioner, Ontario Health, Ontario Health Teams, Midwives, Family Health Team, Indigenous Healthcare & Community, Long-Term Care Homes, Retirement Homes, Neighbouring Health Units, Paramedic Services, Corrections

**Date:** February 26, 2024

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### Increase in Global Measles Cases

Measles is increasing around the world, including a 30-fold increase in Europe in 2023. In the USA, 23 cases were identified from December 1, 2023, to January 23, 2024; most were among children and adolescents who had not received a measles vaccine.

Currently, there are [four active cases of measles in Canada](#), two of which are in Ontario, in the **Region of Peel and City of Toronto**. While there have been no recent confirmed cases of measles in Simcoe Muskoka, there have been numerous contacts identified in our region. In addition, pandemic-related postponement or delay of routine childhood immunizations, including measles, mumps and rubella (MMR) vaccine, has likely left more individuals susceptible to the measles virus.

#### SMDHU recommends:

- **Vaccinating patients who are not up-to-date, especially those planning to travel, including infants 6 months of age to 11 months of age who will be traveling to areas with increased measles transmission**
- **Consider measles testing in a returning traveller with symptoms. Promptly isolate patient and follow Infection Prevention and Control airborne precautions (see below).**

#### 1. Vaccinate

**Vaccinate patients who are not up-to-date especially those planning to travel, including infants 6 months of age to 11 months of age who will be traveling to areas with increased measles transmission .**

- Check vaccination records for all your patients to ensure they are up to date on measles (MMR) vaccine, especially before travel.
- Vaccinations may have been missed due to the pandemic. Ensure the second booster was received by 4 to 6 years of age.



- Infants **6 months to 11 months of age** normally do not receive MMR vaccine but for those who are travelling to areas with increased measles transmission, they should be immunized with one dose of MMR. Note that two additional doses would still be required on or after the first birthday.
- All ages can receive vaccines at [SMDHU community clinics](#).
- Adults 18 years of age and older who have previously received one dose of MMR should receive a second dose if they are health care workers, post-secondary students, planning to travel to areas with increased measles transmission or based on the health care provider's clinical judgement.

**Ensure that you and your staff are immune to measles.** Only the following should be accepted as proof of measles immunity:

- Documentation of receipt of two doses of measles-containing vaccine on or after the first birthday, with doses given at least four weeks apart, OR
- Laboratory evidence of immunity

## 2. Consider measles in your differential diagnosis and test

Health care providers should remain alert to patients who present with the following key [symptoms](#) of measles:

- Fever ( $\geq 38.3^{\circ}$  C) AND
- Cough/coryza/conjunctivitis AND
- Generalized maculopapular rash  
**and have recently traveled abroad and/or are unvaccinated**
- If your patient meets the above criteria, order the following tests:
  - [Measles PCR -nasopharyngeal \(NP\) /throat swab and urine specimen](#) - NP swab (pink-coloured medium) and urine (50 mls), for measles PCR AND
  - [Measles Serology](#) – blood test (IgG and IgM)
- Collect all specimens in your office to limit possible transmission elsewhere. Mark "suspect measles" on the lab requisition. **It is imperative that the PCR tests are also ordered as the serology by itself is usually not sufficient to rule in or out measles in either vaccinated or unvaccinated patients.**

## 3. Isolate

**Promptly isolate any patient with suspect or confirmed measles in a single room with negative air flow (airborne infection isolation room), if available. If such a room is not available, please follow all measles [Infection Prevention and Control](#) recommendations including allowing ~2 hour of air exchange before another patient or unprotected staff enter the room.**

## 4. Report

Immediately report **all suspect or confirmed cases** of measles infection to SMDHU at 705-721-7520 Extension 8809 during work hours (8:30 am to 4:30 pm, Monday to Friday) or after hours 1-888-225-7851.

## More information:

- [Measles Toolkit for Health Professionals – Simcoe Muskoka District Health Unit](#)
- [Measles Information for Clinicians \(publichealthontario.ca\)](#)
- [For Healthcare Professionals - Diagnosing and Treating Measles | CDC](#)

## Update on invasive Group A Streptococcal Infections

Over the past 5 years, there has been a significant increase in invasive Group A Streptococcal (iGAS) infections, not only in Simcoe Muskoka but across the province and country. In 2023, SMDHU had the highest incidence and rate (17.5/100 000) ever, which was above the provincial rate (12.5/100 000). The rate in children and youth under 20 years was also higher than the provincial rate. However, the overall number of iGAS cases per year is still small compared to non-invasive GAS, as we had just under 120 cases last year of which 17 cases were 19 years of age or younger. We do not know exactly what is driving this increase. It is likely multifactorial. There does seem to be an increase in Group A Strep infections in general, most commonly strep throat. This may be a factor in the increase in the number of iGAS infections.

### Resources

A new webpage regarding [Group A Streptococcal infections](#) has been created on the SMDHU Health Professionals Portal, including a new paediatric resource from the Hospital for Sick Children.

### Report

Only the invasive form of GAS (iGAS) is reportable to the SMDHU. Positive findings of GAS in throat or wound samples are only required to be reported if severity exists (i.e., myositis, toxic-shock syndrome, death). Immediately report **all suspect or confirmed cases** of iGAS infection to SMDHU at 705-721-7520 Extension 8809 during work hours (8:30 am to 4:30 pm, Monday to Friday). After hours: 1-888-225-7851.