

February 23, 2024

Public Health Alert – Increased risk of measles related to travel

Situation

Measles is on the rise globally, with increase in cases being reported in Ontario and elsewhere in the world. The increases are largely due to importation of measles by international travelers and the disruptions in immunization delivery by the COVID-19 pandemic. Due to the increased number of unimmunized or partially immunized people, cases of measles continue to rise in many countries.

Travelers are at risk of exposure as measles can spread easily through the air when sharing enclosed spaces with others throughout their trip. Travel not only exposes individuals to outbreaks and diseases that are currently impacting the country being visited, but additionally exposes individuals to travelers from other countries.

Immunization is the best way to protect against measles. Individuals traveling should ensure they are adequately protected prior to traveling. Requested actions

Actions

- Support all patients/clients, whether or not they are travelling, to be immunized according to the [Canadian Immunization Guide](#) and the [Publicly Funded Immunization Schedules for Ontario](#).
 - In advance of any upcoming international travel, patients should be encouraged to ensure their immunizations are up to date. In addition to routine immunizations, the following is recommended for those at higher risk of exposure to measles:
 - Infants 6 to 11 months of age who are travelling to areas with increased measles transmission should be immunized with one dose of MMR. Two additional doses are required on or after the first birthday.
 - 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.
- Communicate with patients that vaccines are highly effective in preventing disease transmission.
- Consider measles in patients presenting with fever and rash and other measles symptoms (cough, runny nose, conjunctivitis), among those with recent travel or those who have had known contact with a case of measles.



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- Use airborne precautions when measles is suspected.
- Follow current testing guidance as laid out by Public Health Ontario Laboratory as use of the wrong test can result in delayed diagnosis, delayed treatment and appropriate control measures (e.g. for measles, PCR testing is definitive but serology may provide ambiguous results).
- Notify Northwestern Health Unit when you suspect or confirm a case of measles or any other Disease of Public Health Significance.

[Attachment – Appendix A: Measles electronic Canadian Triage and Acuity Scale \(eCTAS\)](#)

Contact

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Appendix A: Measles eCTAS

Increased global measles activity may pose risk for individuals travelling outside of Canada and result in importation of infectious cases to Ontario

*i. Description of issue**

Increased measles activity is being reported globally due to travel and low vaccination rates, including recent reports of infectious travel-associated cases in Ontario.

ii. Persons at risk

Individuals returning from travel outside of Canada may have been exposed to measles. Those that are susceptible to measles (ie. individuals without history of natural infection, those who are not fully immunized, or those who are immunocompromised) are particularly at risk.

*iii. Description/list of symptom(s)**

Symptoms of measles include fever, runny nose (coryza), cough, drowsiness, irritability and conjunctivitis. Small white spots (known as "Koplik's spots") can appear on the inside of the mouth and throat but are not always present. Within 3 – 7 days of the onset of symptoms, a red blotchy (maculopapular) rash appears on the face and then progresses down the body.

iv. Mode(s) of transmission

The measles virus is spread by contact with respiratory particles (through inhalation or contact with mucous membranes) at short and long range (e.g. airborne). These particles can remain suspended and contagious in the air for up to two hours, depending on the number of air exchanges.

v. Site-level IPAC intervention(s)

Patients who present to hospital with suspected measles should be moved immediately into an airborne isolation room and managed under Airborne Precautions and Routine Practices.

Measles should be suspected in returning travelers with a febrile illness and rash or other signs and symptoms of measles, particularly in susceptible individuals.

Prior to collection of clinical specimens, refer to the PHOL Measles – Diagnostic PCR and Measles - Serology test information sheets.