

**MEMORANDUM**

To: Physicians, Nurse Practitioners, Family Practice Nurses, Pharmacists and Other Health Care Practitioners

From: Dr. Ryan Sommers, Senior Regional Medical Officer of Health and Senior Medical Director Population and Public Health

Date: February 27, 2025

**Re: Increase in measles cases globally and Canada**

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The purpose of this memo is to advise healthcare practitioners about their role in helping diagnose, manage, and prevent measles in Nova Scotia.

**Current Epidemiology: Increasing Measles Cases**

There continues to be a substantial increase in global measles cases. [In the first six weeks of 2025, 77 measles cases](#) have been reported in Canada (Ontario, Quebec, and Manitoba), compared to 4 cases in the first six weeks of 2024, and 12 cases throughout all of 2023.

While the risk of ongoing community transmission remains low in Nova Scotia, Canada anticipates an increase in measles cases and continuous outbreaks, many of which are associated with travel to countries where measles is prevalent. As we approach our province's school March Break, we recognize that more Nova Scotians are travelling and must be even more vigilant.

Healthcare providers can stay informed about measles activity in Canada by referring to the Public Health Agency of Canada's [Measles and Rubella Weekly Monitoring Reports](#). For global measles updates, providers can consult the [World Health Organization \(WHO\)](#) and the [U.S. Centers for Disease Control and Prevention \(CDC\)](#), which regularly publish information on measles outbreaks and travel-related risks.

**When to Suspect Measles**

Please consider measles in your differential for any patient presenting with a febrile respiratory illness and symptoms consistent with measles AND who are unvaccinated or under-vaccinated AND:

- Who recently travelled to a region or country where measles is a concern (e.g., endemic countries or Canadian provinces/territories with increasing cases and outbreaks) OR
- Those with exposure to an individual with recent travel to a country or region in Canada where measles is a concern.

Measles is a highly infectious virus that spreads easily. Clinically compatible signs and symptoms include fever and at least one of the following: cough, runny nose, conjunctivitis, or Koplik spots. These symptoms are followed by a generalized maculopapular rash. Most cases become symptomatic about two weeks after exposure to the virus (range 7-21 days). Cases are infectious from 4 days before the before the rash onset, to four days after the rash onset.

## **Report Suspect Cases of Measles to Public Health**

Measles should be reported to Public Health by telephone as soon as **suspected** (not waiting for the test results), in accordance with the [It's the Law: Reporting Notifiable Disease and Conditions](#) poster.

- During regular business hours: contact your local Public Health office listed on the [It's the Law Poster](#)
- After hours (evenings, holidays, or weekends): contact the Public Health Nurse on call at 902-473-2222

***While awaiting further Public Health direction, suspected cases should be placed under airborne precautions if they are in a healthcare facility, tested appropriately (see testing below), and directed to isolate.***

## **Diagnostic Testing**

The Appendix on page 4 contains details about how to test for measles. To obtain further advice on testing please contact the Medical Microbiologist on call at 902-473-2222.

## **Prevention: Measles-Containing Vaccine Recommendations**

High vaccination coverage with MMR or MMRV vaccine is crucial in limiting the risk of measles. Healthcare Providers are essential in promoting and educating patients and caregivers about the safety and benefit of vaccines and ensuring their patients are up to date, especially before travel.

***People who have had a lab-confirmed measles infection, or have documentation of vaccination, are considered to have measles immunity.***

In Nova Scotia, the following groups are eligible to receive measles-containing vaccines as part of the publicly funded immunization program.

<p><b>Infants &amp; Children</b></p>	<p>Two doses of a measles-containing vaccine are recommended for all children. The first dose should be given on or after their 1<sup>st</sup> birthday, and the second dose at 18 months.</p> <p><b><i>Infants who are travelling to regions where measles is a concern can receive the first dose of measles containing vaccine as young as six months of age to prevent acquiring illness.</i></b> This dose is considered an early dose and <u>two further doses</u> are needed to complete the routine series and be fully protected.<sup>1</sup></p>
<p><b>Adolescents &amp; Adults Born in or After 1970</b></p>	<p>Individuals born in or after 1970 should receive two doses of measles-containing vaccines unless they have documented immunity (serology) for measles.</p>

<sup>1</sup> As per the [Canadian Immunization Guide](#)

<p><b>Adults Born Before 1970</b></p>	<p>Adults born before 1970 are generally presumed to have acquired immunity due to infection with measles when they were younger.</p> <p>Adults born before 1970 without measles immunity should receive 1 dose of a measles-containing vaccine <b>only if they are travelling to areas where measles, is a concern.</b></p>
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Please encourage your patients to check whether their immunizations are up-to-date. Patients can access their vaccination records through <https://vaxrecordns.nshealth.ca/>

Patients who are not up-to-date can receive vaccinations through:

- Primary care provider, if they have one
- [Community Pharmacy Primary Care Clinics](#)
- [Public Health Childhood Immunization Clinics](#)
- [Public Health Mobile Unit](#)

### **Infection Prevention and Control Recommendations**

**Identify** suspect cases of measles through screening and give the patient a surgical mask to wear.

**Immediately isolate** a patient with known/suspected measles in a single room/private exam room and close the door; use a negative pressure room where available.

- Always perform a point-of-care risk assessment before each patient and client interaction, practice meticulous hand hygiene, and properly use personal protective equipment (PPE).
- In the hospital, follow the Airborne Precaution Policy regardless of the vaccination status of staff.

For more information about Physician Office IPAC management of suspected measles cases, please refer to this [NSH IPAC document](#).

### **Occupation Health Safety and Wellness Recommendations**

Healthcare Providers must complete a Point of Care Risk Assessment before initial care and use the most appropriate PPE when caring for a suspected or confirmed measles patient. All staff and physicians are encouraged to review and ensure they have proof of 2 MMR vaccines given at least 4 weeks apart or positive serology (IgG) for measles.

### **For more information**

- Public Health: Contact your [local Public Health Office](#)
- IPAC: Contact [Your local Infection Control Team](#)
- OHS: Contact your local NSH OHS Office or [OHSWMatters@nshealth.ca](mailto:OHSWMatters@nshealth.ca)
- Laboratory/Medical Microbiology: Contact the Medical Microbiologist on call at 902-473-2222 or [CZMicrobiologist@nshealth.ca](mailto:CZMicrobiologist@nshealth.ca)

## Appendix: Diagnostic Testing for Measles

	Specimens to be collected	Specimen Containers	Test Request
Acute illness	1) Nasopharyngeal swab / aspirate or throat swab = collect as soon as possible from rash onset (within 7 days). <b>AND</b> 2) Urine = collect within 14 days of rash onset.	1) Viral Transport Medium (same swab used for influenza testing).  <b>AND</b> 2) Urine = 10 mL in a sterile container.	Request Measles PCR for swab and urine.
	<b>AND</b> 3) Serology = collect ideally within 7 days of rash onset.	<b>AND</b> 3) Serum – collect 5mL blood in SST tube.	Request Measles IgM and Measles *IgG serology. • False negative IgMs can occur in the first 3 days following rash onset.
Immunity Determination	1) Serology	Serum – collect 5mL blood in SST tube.	Request Measles IgG serology.
Refrigerate samples at 4°C and sent promptly to the Central Zone Laboratory at the QE II HSC. For acute illness samples: Let Janice Pettipas know if a sample is being sent or after hours, inform the Microbiologist on-call at 902-473-2222.			