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Continuing Measles with New Exposure Sites in Simcoe Muskoka

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: April 2, 2025

The Simcoe Muskoka District Health Unit (SMDHU) is investigating a **new laboratory confirmed measles case (unvaccinated against measles) reported on March 30, 2025**. This is the fourth laboratory confirmed measles case in SMDHU in 2025 with the first three cases connected to one household. The period of communicability of this new case is from March 26 to April 3, 2025.

Members of the public may have been exposed at the following locations and times in Barrie:

- The Royal Victoria Regional Health Centre Emergency Departments Orange Zone and Triage Area (201 Georgian Drive)
 - March 30, 2025, from 6:30pm to 11:45pm

SMDHU will be reaching out to affected patients. We continue to assess other exposure sites and will update on our [public measles website](#) as needed.

Symptoms

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

- Fever ($\geq 38.3^{\circ}\text{C}$) AND
- Cough/coryza/conjunctivitis AND
- Generalized maculopapular rash AND
- have recently traveled and/or are unvaccinated and/or identify attendance at one of the exposure locations above

Testing

If your patient meets the above criteria, please 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.



- Urine specimen: collect approximately 50 ml of clean catch urine in a screw top sterile container within 14 days after onset of rash, AND
- Either throat or nasopharynx specimen: collected using a swab containing universal transport media within seven days of the onset of rash.
 - Throat specimen: viral swab (Virus Culture Kit order #390081) containing pink universal transport media (i.e. the same swab used to test for HSV).
 - Nasopharynx specimen: nasopharyngeal swab (Virus Respiratory Kit order #390082) with universal transport media (i.e. same swab used to test for influenza or RSV) AND
 - If possible, [Measles Serology](#) – blood test (IgG and IgM). Do not delay the PCR measles testing if serology is not logistically possible or will be delayed.
- **The PCR tests are the most important tests to diagnose measles infection in your patients, as serology by itself is usually not sufficient to rule in or out measles in both vaccinated or unvaccinated patients.**

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.

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.

Vaccinate

Please see SMDHU Public Health Alert, released on [March 5, 2025](#), for information on recommendations on vaccination for measles.

More information:

- [Measles Toolkit for Health Professionals – Simcoe Muskoka District Health Unit](#)
- [Measles Information for Clinicians \(publichealthontario.ca\)](#)
- [Measles in Ontario: Epidemiological Summary \(as of March 26, 2025: publichealthontario.ca\)](#)