

Program/Service Information Report

Infectious Diseases Program

January 2025 to October 31, 2025

To: Board of Health

Meeting Date: November 5, 2025

Report No.: BH.01.NOV0525.C13

Key Points

- A provincial measles outbreak starting in October 2024 was recently declared over on October 6, 2025.
- Wellington-Dufferin-Guelph Public Health (WDGPH) responded locally to a significant rise in measles cases this year, with 73 reported cases between February and June 2025.
- Immunization is a key prevention strategy in the measles outbreak response. The majority of cases (74%) were unvaccinated or under immunized.
- WDGPH incurred \$76, 373 in additional costs in order to address the needs of the community and be compliant with the Ontario Public Health Standards (OPHS)
- WDGPH continues to maintain vigilant surveillance for measles in the Wellington-Dufferin-Guelph (WDG) community.

Program Requirements

Compliance with OPHS and Accountability Indicators:

☒ In compliance

☐ Not in compliance. If not in compliance, provide additional information about the variance and how it will be addressed.

Highlights

Overview of the Provincial Measles Outbreak October 24, 2024 - October 6, 2025

With the introduction of the measles vaccine and a historically high immunization coverage rate, measles has been a rare disease in Canada and when found, it has most often been attributed to travel related cases. With the COVID pandemic creating gaps in immunization coverage and a global increase in circulating measles in 2024, Ontario began to see more measles activity.

In October 2025, a travel-related measles case in New Brunswick led to exposures that triggered outbreaks in several provinces, including a province-wide outbreak in Ontario.

Local Measles Activity from February to June 2025

Between February to June 2025, measles cases associated with the outbreak were reported to WDGP (Figure 1). During this period, 73 measles cases were identified, 72 of which were genetically linked to the outbreak strain, and one sporadic or unrelated case of measles was identified. The largest activity of reported measles cases was during the months of April (n=43) and May (n=20) (Table 1). Vigilant monitoring for measles cases in the community is ongoing.

Figure 1. Measles Cases Reported by Week from February 27-June 11, 2025

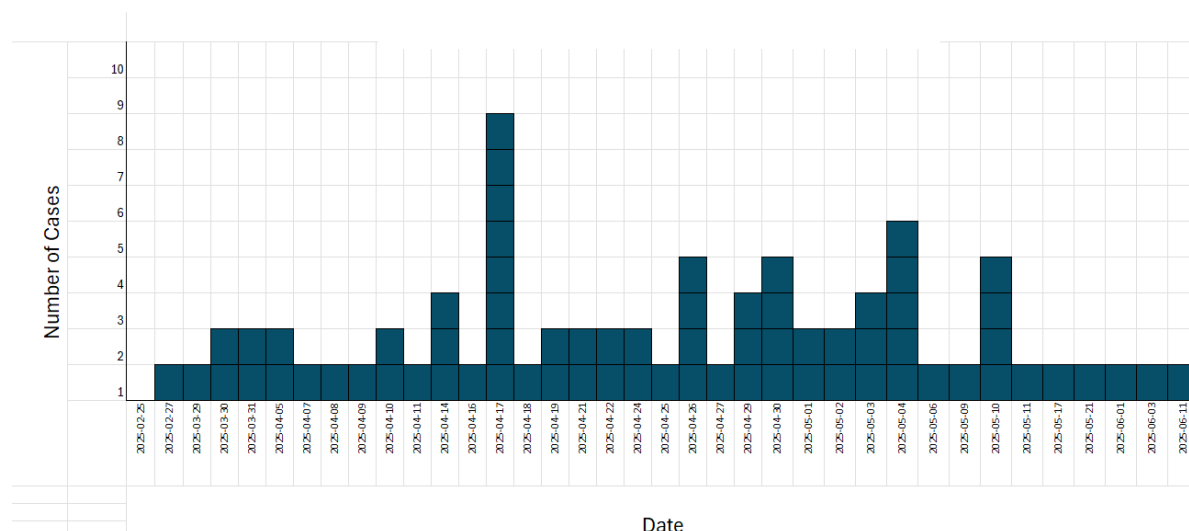


Table 1. Number of Outbreak Related Measles Cases Summary by Month

Month	Number of Measles Cases
February	1
March	5
April	43
May	20
June	3
Total Number of Cases	72

Prior to the first reported measles case in February 2025, the Infectious Disease team responded to individual reports of measles exposures from adjoining public health units starting in October 2024. The majority of activity occurred from March to May 2025 (Figure 2). There were approximately 2,000 measles contacts identified and notified and 272 individuals that were directly assessed by Public Health Nurses (PHN) (Table 2).

Figure 2. Number of measles contacts identified from January - July 2025

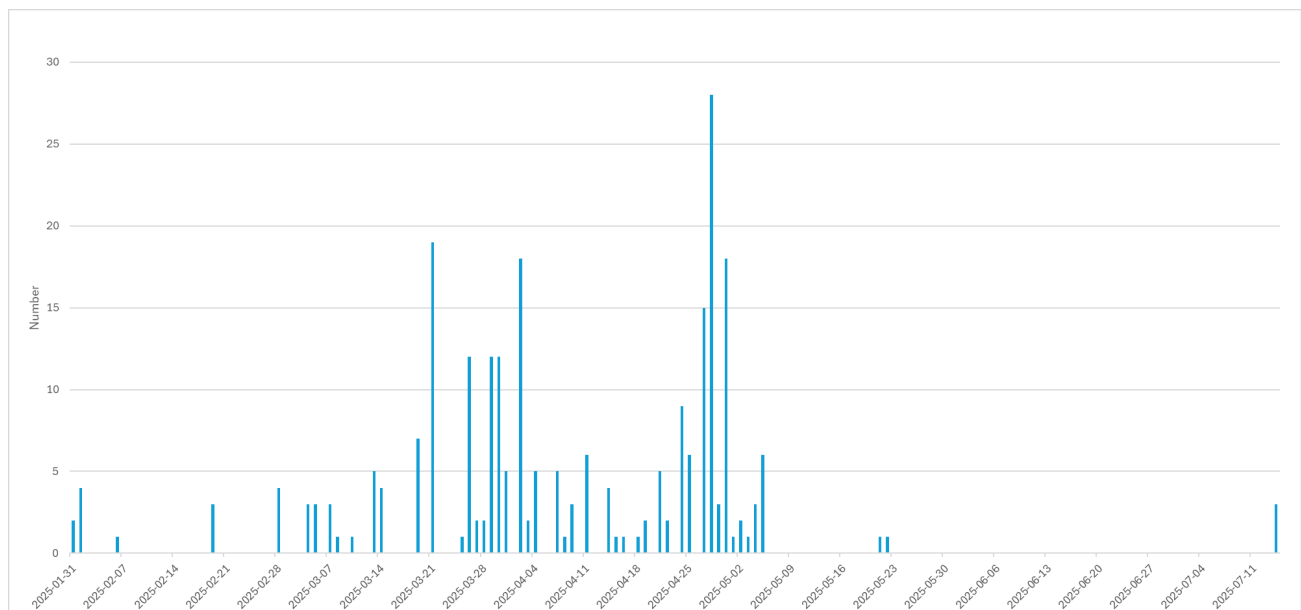


Table 2. Measles contacts identified through case investigations

Groups	Total number
Total # of Contacts Residing in Wellington Dufferin Guelph (WDG) region	1966
# of Contacts Identified through Case Investigations and Referred to Other Public Health Units(PHU)	122
Total # of Contacts Identified Through Case Investigations and Exposures	2088

Note: The number of measles cases and contacts identified are likely an underrepresentation.

Demographics and Risk Factors

In the WDG region, the majority of cases (n=50; 88%) were in infants, children and adolescents (19 years and younger), with the largest age group affected being children. aged 1-4 years (22%). Approximately 25% of the cases were adults (20 years and older) and 6% of the cases are of unknown age (Table 1).

Table 3. Provincial Measles Outbreak Summary of Cases in WDG region

TOTAL CASES		72
Case Characteristics		Number of cases (%)
Gender		
	Female	33 (46%)
	Male	39 (54%)

Table continues on next page.

Age (years)		
	< 1	9 (12.5%)
	1-4	16 (22%)
	5-9	14 (19%)
	10-19	11 (15%)
	20-39	13 (18%)
	40+	5 (6.9%)
	Unknown	4 (6%)
Vaccine Status		
	Unimmunized	49 (68%)
	1 dose	4 (6%)
	2 doses	12 (17%)
	Unknown/no proof of immunization	7 (10%)

NOTE: Data was extracted through the provincial database iPHIS.

The largest number of cases reported were unvaccinated or under vaccinated individuals (n=53; 74%); 17% of cases reported having two doses of measles containing vaccine and 10% had no record of measles containing vaccine or their status was unknown.

Public Health Activities

Case and Contact Investigations

Under the *Health Protection and Promotion Act* (HPPA), suspected cases of measles are required to be reported to local PHUs. To date, the Infectious Diseases team investigated 182 reports of measles that resulted in 73 confirmed and probable cases of measles and 109 cases that resulted as illnesses unrelated to measles.

During the case investigations, individuals' exposure to the measles virus (contacts) were identified and notified. WDGPB also received contact referrals from other public health unit investigations. As a result of case investigations, WDGPB identified 1966 contacts and referred 122 contacts to other public health unit regions (Table 2).

Post Exposure Prophylaxis Recommendations – MMR Vaccine or Immunoglobulin

WDGPB established referral pathways for the administration of immunoglobulin in local hospitals as part of the measles preparedness plan. During the outbreak, WDGPB facilitated 112 vaccination appointments related to measles exposures. Specific groups that were not immune and unable to receive the MMR vaccine, were recommended to have immunoglobulin through hospital partners. WDGPB facilitated the receipt of immunoglobulin products for contacts through an established referral process.

School Exclusions

Under the *Immunization of School Pupils Act* (ISPA), the Medical Officer of Health is authorized to exclude individuals who are susceptible to infectious diseases from school when a threat is present. During the measles outbreak, eight schools in WDG jurisdiction were affected. As a result, 218 students were excluded from attendance until proof of their immunity was demonstrated. The standard exclusion period for measles is 21 days from the last exposure, but this may be extended if additional exposures occur at the school; two schools required extended exclusions. To support a quick and safe return to school, WDGPB organized three vaccine clinics for students, teachers, and auxiliary staff. Most excluded students were able to return within a few days after providing evidence of immunity.

Vaccination

Early MMR Doses for Children Aged 6 Months to < 12 Months of Age

According to the Publicly Funded Immunization Schedule for Ontario, children typically receive their first dose of measles-containing vaccine after they turn one year old. However, due to the increased circulation of measles in the community, an early dose of the MMR vaccine was recommended for infants between 6 and 12 months of age to provide additional protection. As a result, there was a total of 847 infants vaccinated with early doses of MMR during January 1 to October 17, 2025 (Table 4).

Table 4. Number of early MMR doses provided to infants aged 6 -12 months

Administration Date from January - October 2025			
	Birth Year		Total
	2024	2025	
	726	121	847
Grand Total	726	121	847

Early Second Vaccine Doses

According to the routine immunization schedule, children typically receive their second dose of measles-containing vaccine between the ages of 4 and 6 years. During the outbreak, 2,258 children received their second dose earlier than scheduled to enhance protection against the disease (Table 5).

Table 5. Number of early second doses of measles containing vaccine to children under 4 years

Administration Dates from January 1 to October 17, 2025					
Birth Year					
Age of Administration – Dose 2	2021	2022	2023	2024	Total
1			15	313	328
2		501	354		855
3	727	348			1,075
Grand Total	727	849	369	313	2,258

Note: Data includes individuals that attend school in WDG region and may not live within the WDG jurisdiction. Individuals may upload vaccine records to WDGPH or providers may report for individuals that do not live within the WDG region. Precautions should be taken when interpreting this information.

Measles Immunization - All Ages

Reviewing the immunization records provided to WDGPH, there were 10,726 total doses of measles containing provided in the WDG community from January 1 to October 17, 2025 (Table 6). WDGPH provided 2,141 doses in clinics, including schools. Health care providers provide more than half the measles containing vaccine.

Table 6. Number of measles containing vaccine doses provided to individuals of all ages

Source	0-4 years	4-18 years	18+ years	Total
Client	270	318	9	597
Client - Verbal	33	87	1	121
Health Care Provider	4,331	1,489	17	5,837
Other PHU Office Clinic	47	164	26	237
Other PHU School Clinic	1	17	1	19
PHIX - File Upload	905	727	22	1,654
Source Unknown	131	234	10	375
System to System	1			1
WDG School Clinic		78	5	83
WDGPH Office Clinic	343	1,206	253	1,802
Grand Total	6,062	4,320	344	10,726

Communications

To ensure the public remained aware of possible exposure risks during the measles outbreak, WDGPH regularly updated its website with identified exposure sites. This allowed community members to access timely information regarding locations where contact with measles cases may have occurred.

In addition to public notifications, 89 measles related advisories went out to the WDG community and community partners (Table 7). Advisories to the WDG community, workplaces, schools, and childcare centres focused on direct exposure notifications. Information to WDG physicians and health care partners focused on measles preparedness, immunization recommendations, and measles transmission within the area.

Table 7. Number of Measles Advisories Provided by WDGPH

Advisories	Number
Schools	32
Workplaces	10
Health Care Centres	11
Physicians	8
Churches, Recreational & Community Centres	9
Stores	10
Child Care Centres	5
General Public	4
Total	89

The Infection Control team developed and distributed a variety of measles-related resources to 149 licensed childcare centres, 76 group homes, 7 shelters, and 35 long-term care and retirement homes in the WDG region. These resources included a measles FAQ, cleaning and disinfection guidelines, and air exchange and ventilation recommendations for hospitals. In addition, the Infection Prevention And Control (IPAC) Hub provided one-on-one consults, either virtually or on-site, to approximately half of the homes in WDG. The Hub also offered a webinar, "Measles—What You Need to Know to Protect Yourself," to help healthcare partners strengthen their infection control measures and prevention strategies.

Financial Implications

To fulfill the 24/7 Infectious Disease response requirements outlined in the Ontario Public Health Standards (OPHS) and to address the needs of the WDG community during the measles outbreak, WDGPH incurred \$76,373 in additional costs (Table 7). The outbreak demanded significant resources beyond routine operations, and these costs highlight the labour-intensive nature of managing a community-wide outbreak.

Table 7. *Additional Financial Costs Incurred During the 2024-2025 Provincial Measles Outbreak*

Items	Amount
Extra Staffing Costs (on call, OT)	\$58, 766
Travel/Mileage	559
Printing Costs	10, 466
Clinic Supplies	958
Interpretation costs	1, 174
Courier	4, 470
Total Additional Costs	\$76, 373

Related Reports

1. BH.01.MAY0725.C07 Health Protection 2025 First Quarter Performance Indicator Summary
2. BH.01.SEP0325.C09 Health Protection 2025 Second Quarter Performance Indicator Summary
3. A Board of Health Report on Infectious Disease Trends with be prepared.

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