



**Date:** March 5, 2025

**From:** Dr. Dueck, Medical Officer of Health

**Re:** Measles; Reportable Diseases of Public Health Significance; Shigellosis;  
Upcoming Event: Latent Tuberculosis – Critical Information for Health Care Providers

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## Measles

Lambton Public Health (LPH) is reminding health care professionals of the importance of reporting suspected or confirmed cases of measles to LPH as per Ontario Reg. 135/18 and amendments under the Health Protection and Promotion Act.

To report, please utilize the [Measles Reporting form](#) that is available on the [LPH Health Care Professionals portal](#).

LPH reminds health care professionals to screen patients prior to and upon their arrival at a health care facility, and to follow [Public Health Ontario](#) guidance for Infection Prevention and Control (IPAC) practices for measles.

As noted in the [February 2025 Health Care Professionals Newsletter](#), there is currently a [multi-jurisdictional measles outbreak](#), with most Ontario cases reported in Southwestern Public Health (**Oxford & Elgin counties**) and Grand Erie Public Health (**Brant, Haldimand, and Norfolk counties**).

**Anyone living, working, or travelling in these areas is at higher risk of measles exposure** and is eligible to receive measles-containing vaccine earlier than the routine schedule:

Scenario 1: **Children 6 to <12 months of age can receive an early first dose** of MMR. This is a long-standing off-label vaccine recommendation from NACI for children travelling to outbreak-affected areas. In this scenario, two additional doses of measles-containing vaccine are still required after 12 months of age.

In addition, Scenario 2: **Children under 4 years can receive an early second dose** of MMR (or MMRV if indicated) if at least four weeks have passed since the first dose. This dose does not need to be repeated at age 4 for children who received an early dose in this circumstance.

Please note that these vaccine doses are publicly-funded and would apply to any scenarios where a child is visiting an area where measles is a concern.

Adults born in 1970 or later with one dose of measles-containing vaccine can receive a second dose if they are visiting an area where measles is a concern, or if otherwise indicated by clinical judgment.

## Reportable Diseases of Public Health Significance

The [Diseases of Public Health Significance list](#) for reporting to LPH has been updated and is available on the [LPH Health Care Professionals portal](#).

### Shigellosis

Public Health Ontario added illicit drug use as a new risk factor for shigellosis and multi drug-resistant (MDR) *Shigella sonnei* as a new aetiologic agent. These changes came into effect on Jan. 2, 2025. The rationale for these changes is in part due to an outbreak of MDR *Shigella sonnei* among people experiencing homelessness in Toronto and to support health units in the surveillance of at-risk populations and MDR and extensively drug-resistant (XDR) strains.

Shigellosis is transmitted by fecal-oral route via direct (person-to-person) or indirect contact (contaminated food, water, or other). Individuals with shigellosis cannot return to high-risk settings (e.g., food handlers, health care providers, childcare workers or attendees), until a negative stool sample or rectal swab is collected at least 24 hours after symptoms end or 48 hours after completing antibiotic therapy. XDR *Shigella* is resistant to the following antimicrobials: ampicillin, fluoroquinolones, third-generation cephalosporins, azithromycin, trimethoprim-sulfamethoxazole.

Regardless of MDR and XDR results, most individuals with shigellosis will improve without antibiotic therapy and with general supportive measures, however, consultation with an Infectious Disease Specialist should be completed for individuals requiring antibiotics. If shigellosis is in a differential diagnosis (e.g., patient symptoms of watery or bloody diarrhea which may contain mucous, severe abdominal cramps, tenesmus, fever, malaise, nausea, and vomiting), health care providers should include a sexual history, underhoused/homeless status, and illicit drug use experience.

Submit stool specimens as per usual bacterial stool test ordering processes, with Public Health Ontario routinely forwarded for subtyping surveillance, and call LPH for reporting and further directions. If concerned about sexually transmitted proctocolitis or enteritis, consider also testing for other sexually transmitted and bloodborne infections, including HIV, syphilis, gonorrhea, chlamydia, and hepatitis B and C. Sexual activity should be avoided from symptom onset until at least seven days after symptoms have resolved. During the 4-6 week shedding

period for shigellosis, individuals should also implement precautions to prevent fecal-oral transmission, through direct or indirect contact.

More information about Shigellosis is available on the [Public Health Ontario website](#).

## Upcoming Event: Latent Tuberculosis - Critical Information for Health Care Providers

Grand Rounds on Tuesday, March 11, 2025 at 5:30pm will feature Dr. Gautam Soparkar, Respiriologist, and Jessica Wood, RN with Lambton Public Health. The event will be held at the Bluewater Health Auditorium (2nd floor, London building) and is also available on Microsoft Teams. To join the Microsoft Teams meeting: Meeting ID: 288 192 066 292 with Passcode: Pw93XA9G.