



Date: April 2, 2025

From: Dr. Dueck, Medical Officer of Health

Re: Measles Content and Updated Ministry of Health Identified Measles Areas of Concern; Tick-Borne Diseases of Public Health Significance; Requirement to Report all Animal Bites and Scratches

Measles Content and Updated Ministry of Health Identified Measles Areas of Concern

Lambton Public Health's (LPH) dedicated space for measles content for health care professionals can be found on the LPH [Health Care Professionals \(HCP\) Portal](#).

LPH is providing an update that the Ministry of Health now includes **Huron Perth Public Health region**, in addition to **Southwestern Public Health region** and **Grand Erie Public Health region** (per [March 2025 newsletter](#)) as **measles areas of concern** in Ontario. As such, anyone living, working, or travelling in these areas of concern 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.

Scenario 2: Children under 4 years of age 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 judgement.

Tick-Borne Diseases of Public Health Significance

Lyme Disease

Ontario continues to see a steady increase in blacklegged (deer) tick submissions, with spread into new areas of the province resulting in new [Lyme disease risk areas](#). Locally, **Pinery Provincial Park** and the surrounding 20 km area, including **Port Franks**, has been identified as a **risk area for Lyme disease**. LPH surveillance has identified this area to have a **60%** infection rate in blacklegged ticks. Not all blacklegged ticks carry the bacteria that causes Lyme disease and not everyone who is bitten by an infected tick will develop signs and symptoms of Lyme disease. Please refer to [Public Health Ontario's Assessment and Prescribing Algorithm](#) and [Ontario Health's updated Lyme disease clinical guidance document](#) to assist with decisions for **antibiotic prophylaxis** to prevent Lyme disease following a tick bite.

[PHO lab requisitions for Lyme testing](#) should document **travel history**, since confirmatory testing for North American and European *Borrelia* strains differ. Individuals with more advanced Lyme disease should be managed in consultation with an Infectious Disease specialist.

There were eight (8) confirmed human cases of Lyme disease in Lambton County in 2024. Ontario had 2,337* confirmed and probable human cases of Lyme disease in 2024, an incidence rate of 14.59 per 100,000. This is an increase from the 2023 incidence rate of 11.5 per 100,000 people (Public Health Ontario, 2024). **This data is preliminary and subject to change. This data has not yet undergone annual data cleaning.*

Anaplasmosis, Babesiosis, and Powassan Virus

Other tick-borne diseases carried by blacklegged (deer) ticks include anaplasmosis, babesiosis, and Powassan virus, which as of July 1, 2023 are reportable [Diseases of Public Health Significance](#). Public Health Ontario (PHO) has laboratory testing direction on its [vector-borne and zoonotic diseases webpage](#).

Tick testing is not used to diagnose anaplasmosis, babesiosis, Powassan virus, or Lyme disease in humans. LPH conducts surveillance through both passive (tick photos submitted for analysis or tick identification at LPH) and active (tick dragging) surveillance, to monitor blacklegged tick populations in Lambton County.

Prevent Tick Exposures

Exposure to tick-borne diseases typically occurs in wooded or high-brush areas during spring and summer seasons, when ticks attach themselves to a person or animal that brushes against plants, bushes, or tall grass. Ticks feed on blood and most people never feel the bite. While most active in spring and summer ticks can be found at any time of the year when the temperature is above freezing.

- When in endemic areas/hiking, wear closed shoes, light-coloured & long sleeve shirts, long pants, tuck pants into socks, and use [diethyltoluamide \(DEET\) or icaridin \(picaridin\) insect repellents, or permethrin-treated clothing](#).
- Avoid tick-infested areas when possible, such as wooded, brushy, high grass, leaf litter areas, and walk in the center of trails.

Check For and Remove Ticks

- Always complete a [tick check](#) for self and dependents, as well as pets, upon return from outdoor activities, and shower if possible.
- Safely remove any tick. Video: [Tick Prevention, Checks and Safe Removal](#).
- Submit a photo of ticks found for identification through the [online LPH form](#) or [etick.ca](#). Tick submissions assist in tick surveillance in Lambton County.
- Monitor for [signs and symptoms of Lyme disease](#), including an expanding skin rash (e.g., bull's-eye) that can appear between 3 to 30 days after a tick bite.

Requirement to Report All Animal Bites and Scratches

All animal bites and scratches **must** be reported directly to LPH, which can be submitted via the digital [Animal Bite Reporting Form](#). The *Health Protection and Promotion Act* specifies that: *A physician, registered nurse in the extended class, veterinarian, police officer or any other person who has information concerning either or both of the following shall, as soon as possible, notify the medical officer of health and provide the medical officer of health with the information, including the name and contact information of the exposed person:*

1. Any bite from a mammal.
2. Any contact with a mammal that is conducive to the potential transmission of rabies to persons. O. Reg. 501/17, s. 1.