



Dr. Ibrahim Khan
Medical Health Officer
Indigenous Services Canada
Saskatchewan Region
1783 Hamilton Street
Regina, SK S4P 2B6
Office: (306) 564-9175

Dr. Nnamdi Ndubuka
Medical Health Officer
Northern Inter-Tribal Health Authority
Chief Joseph Custer I.R. #201
Peter Ballantyne Cree Nation Office Complex
Prince Albert, SK. S6V 6Z1
Office: (306) 953-5000

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TO: Chiefs

Measles' comeback

Measles, once thought to have been eliminated in Canada, has made a comeback. Case numbers are rising around the world. A decline in measles immunizations during the pandemic and a resurgence in international travel are leading to a higher risk of measles spreading from one country or region to another, with subsequent local outbreaks.

As we mentioned in our recent letter about the cases in Saskatoon, immunization is the best defense. To achieve community immunity, about 95% of the community would need to be fully vaccinated which for most people would mean two doses of measles vaccine. If community immunity has not been met, susceptible individuals and communities remain at risk of acquiring the disease. This is not a theoretical concern as we know that many children missed some or all their vaccinations during COVID-19, and not all have been caught up.

Who should get vaccinated?

The short answer: anyone, over the age of 12 months and under the age of 53 years, who has not received two doses of measles vaccine. People born before 1970 probably came in contact with measles in childhood and, therefore, likely have immunity. But if someone over the age of 53 years is working in a healthcare or educational facility or planning to travel internationally, they should get vaccinated. Infants 6 months to 11 months who are travelling abroad may receive one dose of measles vaccine. (A dose at 12 and 18 months of age is still required).

It is particularly important that anyone who is, or is planning to become, pregnant is fully vaccinated against measles. If a pregnant woman is infected with measles, it can cause premature labour or miscarriage.

If people are not certain if they or their children have received two doses, they should contact their local community health nurse.

Measles Signs & Symptoms:

Signs and Symptoms include:

- Cough, runny nose, or conjunctivitis (red, watery eyes)
- Koplik spots (white spots) on the mouth and throat appear about 1-2 days before rash.
- Fever which often rises as the rash appears.
- Generalized rash of small red spots for at least three days. The rash begins behind the ears and on the face, gradually spreading downwards to the trunk and then the extremities.



Note that the time from exposure to symptom onset (incubation period) is about ten days but can be up to 21 days.

Management of Suspected or Confirmed Measles Cases:

Please notify the FNIHB-SK or NITHA Medical Health Officers or CD Coordinators **immediately** if any cases of measles are suspected in your community. The Medical Health Officer and Communicable Disease Coordinator will support the Community Health Nurse with follow-up of the client by providing:

- Direction on the immediate exclusion and isolation of the client up to and including 4 days from onset of rash
- Support for referrals to a primary care provider for assessment and testing
- Notification to any healthcare facility where the client may present so that infection control measures can be implemented
- Direction on administration of post-exposure prophylaxis (immunization or immunoglobulin)
- Direction on contact tracing and management of contacts.

For more information or questions related to measles immunization, please contact:

- Northern Inter-Tribal Health Authority: Pauline (Sunshine) Dreaver, Public Health Nurse by phone 306-953-5039 or email sdreaver@nitha.com
- Indigenous Services Canada: Michelle Allard-Johnson, Regional Immunization Coordinator by phone 306-201-9673 or email michelle-allard.johnson@sac-isc.gc.ca

For more information or questions related to management and prevention of measles cases, please contact:

- Northern Inter-Tribal Health Authority: James Piad, CDC Nurse by phone 306-953-5025 or email jpiad@nitha.com
- Indigenous Services Canada: Valerie Skiba Regional Communicable Disease Manager by phone 639-560-4532 or by email Valerie.skiba@sac-isc.gc.ca.

Respectfully,

Dr. Ibrahim Khan, Medical Health Officer
Indigenous Services Canada, SK Region

Dr. Nnamdi Ndubuka, Medical Health Officer
Northern Inter-Tribal Health Authority Inc.

c.c. Health Directors