

Update on measles investigation in Grey-Bruce

- Grey Bruce Public Health issued a *Healthcare Provider Alert* on Nov. 1, 2024, after receiving confirmation of a local, travel-related case of measles in an unvaccinated adult in Grey-Bruce.
- GBPH has investigated local cases that were epidemiologically linked to a measles outbreak in New Brunswick. Unvaccinated household members of the cases also developed measles. To date, GBPH has investigated two confirmed and six probable cases of measles in Grey-Bruce. All eight cases have completed their isolation periods.
- GBPH continues to follow one additional local susceptible contact within their potential incubation period (21 days).
- GBPH conducted case and contact management investigations related to the local cases. These investigations did not identify additional community exposures within Grey-Bruce.
- Healthcare providers are encouraged to maintain awareness of the potential for local contacts and/or cases of measles, and should consider measles in patients presenting with compatible signs and symptoms, especially if they are undervaccinated.
- Cases and contacts of measles receive investigation through Public Health and should be reported as soon as possible. During regular office hours, suspected cases and contacts can be reported to the Infectious Diseases Team (phone: 519-376-9420 ext. 6, fax: 519-376-4152). After hours, please report via our on-call system (phone: 519-376-5420).

Respiratory season resources

- On Nov. 28, 2024, GBPH received [laboratory confirmation of the first local flu case](#) of the 2024-25 respiratory illness season.
- Public Health Ontario says 100 flu cases were reported in the province during the week of Nov. 17-23, 2024, and the percent positivity rate is low. PHO projects influenza activity will remain stable over the next two weeks.
- PHO has updated its [Ontario Respiratory Virus Tool](#) to provide more comprehensive data on respiratory virus activity in Ontario. One of the key [enhancements](#) is the addition of projections for COVID-19, influenza, and RSV activity for the next 2 weeks.
- A new [best-practice resource](#), developed by the Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control, has been created. The resource focuses on the surveillance, reporting and specific interventions for preventing and controlling acute respiratory infections in health care settings across the continuum of care.
- Additional resources:
 - November 2024 - Canada Communicable Disease Report - [Summary of the National Advisory Committee on Immunization \(NACI\) Seasonal Influenza Vaccine Statement for 2024–2025](#)
 - November 2024 - CCDR - [Summary of NACI Supplemental Guidance on Influenza Vaccination in Adults 65 Years of Age and Older](#)

Influenza Antiviral Prophylaxis – Unvaccinated Staff in Outbreak Facilities

- In the event of an influenza outbreak in an institution, such as a long-term care or retirement home, staff members who are not vaccinated against influenza may be directed to seek antiviral prophylaxis or alternatively exclude from work until the outbreak is over. Information on Influenza Antiviral Prophylaxis can be found in [Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings](#) (Appendix B).
- Health Care Providers may receive requests for antiviral prophylaxis prescriptions from rostered patients who are not vaccinated against influenza. Ideally, this will occur during an appointment with you prior to their workplace going into an influenza outbreak (ie: long-term care or retirement home). This will decrease last-minute appointments (and ER visits) for prescriptions and allow staff to return to work as safely, and as soon as possible.

Public Health Ontario shares information regarding increase in *Mycoplasma pneumoniae* activity

- Ontario is experiencing a marked increase in *M. pneumoniae* activity this year. Activity has remained high since August.
- Based on preliminary data, disease activity is highest in children/adolescents. Activity is highest in those aged 10-19 years, then 5–9 years, followed by 1-4 years.
- *M. pneumoniae* is not a designated Disease of Public Health Significance and is not subject to mandatory reporting.
- *M. pneumoniae* [testing is conducted by PHO](#) and many community and hospital labs. PCPs should be aware of how to test for *M. pneumoniae*, using PHO's testing kit or their local/institutional laboratory practice.
- PCPs could consider *M. pneumoniae* infection among patients with community-acquired pneumonia who aren't clinically improving on antibiotics that are known to be ineffective against *M. pneumoniae*, such as beta-lactams.
- PCPs should be aware of how to test for *M. pneumoniae*, using PHO's testing kit or their local/institutional laboratory practice.
- As PHO has identified molecular markers that are associated with macrolide resistance in a subset of samples tested, consider using a second-line antibiotic regimen to treat patients with suspected or confirmed *M. pneumoniae* infection who aren't improving on macrolides.

Grey Bruce Public Health Media Releases: November 2024

- Nov. 20, 2024 - [‘Attacking Medication Misuse’ campaign highlights importance of properly disposing of old medications](#)
- Nov. 21, 2024 - [GBPH encourages residents to test their homes for radon](#)
- Nov. 26, 2024 - [GBPH issues Opioid Alert in response to one fatal, two non-fatal drug poisonings](#)
- Nov. 29, 2024 - [GBPH announces first local flu case of season](#)