

Heat-related illness in Grey-Bruce

- Grey Bruce Public Health provides public notification when Environment and Climate Change Canada issues a heat alert for our region. Heat alerts are colour coded to indicate risk level. Yellow heat warnings are associated with a moderately increased risk of health impacts, while orange and red heat warnings are associated with higher risks of illness and death.
- Grey-Bruce averages 50 heat-related emergency department visits and fewer than five hospital admissions each year.
- Heat-related illness is more likely during extreme heat events, when daily temperatures reach heat warning thresholds on 2 or more days in a row with no relief overnight, sometimes with high humidity.
- Providers should:
 - Consider heat exposure when patients report dehydration, headache, dizziness, fainting, nausea, weakness, rapid heartbeat, reduced urination or worsening chronic health conditions.
 - Ask about outdoor work or activity, access to air conditioning or other cool spaces, hydration, housing conditions, social isolation, and consider chronic illnesses and medications that may increase heat-related risk.
 - Remind patients to drink water regularly, avoid strenuous activity during the hottest part of the day, take cooling breaks, monitor heat alerts and spend time in a cool or air-conditioned place.

New MMR Vaccine Product: M-M-RvaxPro®

- Offices may begin to receive a new Measles-Mumps-Rubella vaccine product called **M-M-RvaxPro®**. This can be used in the same manner as the **MMR® II** and **Priorix®**.
- Product-specific information should be reviewed before using the new product: https://www.ema.europa.eu/en/documents/product-information/m-m-rvaxpro-ep-ar-product-information_en.pdf.

Spring COVID-19 Vaccine Dose Update

- As indicated in the [healthcare provider fact sheet for the COVID-19 vaccine](#), the spring COVID-19 vaccine dose program ended on **June 30, 2026**.
- Spring doses may continue to be given **ONLY** to severely immunocompromised individuals until August 31, provided the individual is assessed by their healthcare provider and it is determined that immunization cannot wait until the next annual COVID-19 vaccine program (i.e., 2026/2027) and receipt of the updated formulation that will provide optimum protection against the circulating strains.

COVaxON Decommissioning Update – Ensuring Readiness for Fall 2026

- As part of the Ministry of Health's work to develop and implement a consolidated immunization record system, COVaxON, the COVID-19 vaccine inventory system, was decommissioned effective March 13, 2026.
- If you previously had a COVaxOn agreement, they have now been terminated.
- Providers that plan to administer COVID-19 vaccines in the fall will require Ontario Health agreements and ONE ID to enable their users to get access to the ONE Health portal. Eligible organizations that provided COVID-19 vaccines in the 2025/2026 season have already received welcome emails from PanoramaGuided-Workflow@ontario.ca that outline these requirements, which must be completed by **August 14, 2026**.

Protecting Vaccine Efficacy

- Publicly funded vaccines sent to healthcare provider offices must be stored continuously between +2°C and +8°C.
- Exposure to temperatures outside this range can reduce vaccine potency, even if there are no visible signs of damage.
- If you suspect that vaccines have been exposed to temperatures outside of the cold chain, **do not discard or administer the affected vaccines**. Instead, promptly report

Resources for Primary Care Professionals Reference Documents

- [VHF Clinical Risk Assessment for Clinician Use](#): An Ebola disease outbreak caused by the Bundibugyo ebolavirus is currently affecting the Democratic Republic of the Congo (DRC) and Uganda. This updated clinical risk assessment tool supports assessment of patients with a relevant travel history, compatible clinical presentation, and potential exposure(s).

Conferences

- [McMaster Children's Hospital – RSV Conference \(Virtual\) – Wednesday, September 23, 2026](#)