

Multiple Measles Cases Confirmed across British Columbia

There has been an increase in measles cases across British Columbia most recently in Northern Health. There have been no identified cases in Vancouver Coastal Health (VCH) since May 2025, and there are currently fewer than 5 active cases in the province. Most cases have occurred among unvaccinated individuals in religious communities, outside of the VCH region, with low vaccination rates. **For real time case counts and all public exposures notifications**, please consult the BCCDC Measles webpage (www.bccdc.ca/health-info/diseases-conditions/measles). Measles vaccination is highly effective in preventing infection and transmission, and high vaccination rates in BC have prevented community spread from imported cases outside of under immunized communities. As a reminder, two doses of MMR vaccine are recommended for individuals born on or after January 1, 1970 (January 1, 1957 or later for health care workers).

Indications for testing: Increases in measles testing has strained laboratory resources. This can result in unnecessary isolation for patients awaiting results. Please consider **measles testing only** in individuals presenting with a compatible **clinical illness** who **EITHER** are **susceptible** to measles (i.e. zero/one dose of vaccine and no previous history of infection) **AND/OR** have **known contact or exposure** to a measles case. Testing is **NOT** indicated for fully vaccinated individuals who have not had a measles exposure in the absence of illness requiring hospitalization.

Management of suspect cases:

- Measles initially presents with a prodrome of **fever, cough, runny nose**, and **conjunctivitis** followed three to four days later with an **erythematous maculopapular rash** progressing in a cephalocaudal fashion.
- To confirm the diagnosis, collect a **nasopharyngeal or throat swab** (using a COPAN red top swab and with universal transport medium) **and urine specimen** (minimum of 5 mL) for measles virus detection by RT-PCR. If applicable, please indicate date of exposure on the requisition. See indications for testing above.
- **Patients presenting with signs and symptoms compatible with measles should** be masked and placed in a private room with the door closed. If a private room is not immediately available, the patient should remain masked in the waiting room. The room should not be used for two hours after the patient has left to allow for appropriate air clearance.
- **Staff should** wear an N95 respirator or medical mask for suspected or confirmed measles cases.
- **Immediately notify Public Health of all suspect measles cases:** Monday to Friday, 8:30 to 17:00, please call 604-675-3900 or after hours call 604-527-4893.

Minimizing unnecessary testing: Measles serology is **not recommended** in the investigation of **suspect measles cases**. Further, measles serology should not be ordered for those born after 1970 and uncertain of their vaccine history; instead, please offer MMR vaccination to these patients. CareConnect may provide immunization records for some patients who are unsure of their vaccine history.

Management of patients exposed: BCCDC maintains a public-facing website that lists known measles exposure locations where Public Health is unable to identify and contact all those exposed. As a result, you may receive enquiries about measles post-exposure prophylaxis from patients who were present at these locations at the indicated times. **Immunocompetent and susceptible contacts 6 months of age and older should be offered a dose of MMR vaccine within 72 hours of exposure if they were born after January 1, 1970 and have not had two doses of measles containing vaccine or are uncertain of their vaccination history** (and have never had measles infection). Contacts who are either **immunocompromised, susceptible and pregnant, infants 0-5 months of age who are within 6 days of exposure**, or **infants 6-11 months of age who are 3-6 days from exposure**, **should be reported immediately** to the VCH Communicable Disease Team at 604-675-3900 who will assess their need for immune globulin post-exposure prophylaxis.

Early vaccination is recommended for families embarking on travel to communities with elevated measles activity. Children 6-11 months of age can be offered an early dose of MMR for protection. This dose will not count towards their series and will need to be repeated at 12 months of age. Children between one and four years can also get their second dose before travelling as long as the two doses are 4 weeks apart.

For more information about measles please see: www.vch.ca/en/health-topics/measles and to access the VCH measles testing and immunization toolkit for community providers please see: www.vch.ca/en/media/33566

You can reach a Medical Health Officer at 604.675.3900 | Toll free at 1.855.675.3900
For public health emergencies after hours, contact the Medical Health Officer on call at 604.527.4893

Vancouver Coastal Health Medical Health Officers

Chief Medical Health Officer: Dr. Patricia Daly | Regional Communicable Disease: Dr. Rohit Vijh
Vancouver: Dr. Althea Hayden, Dr. Mark Lysyshyn, Dr. Michael Schwandt, Dr. Brandon Yau 604.675.3900
Richmond: Dr. Meena Dawar 604.233.3150

North Shore: Dr. Ceinwen Pope 604.983.6700 | Coastal Rural: Dr. Moliehi Khaketla 604.984.5070

To receive these updates by email, please contact us at VCHPhysiciansUpdate@vch.ca

Pneumococcal conjugate 20-valent vaccine PREVNAR 20™ (PCV20) has arrived and is available for distribution

The pneumococcal vaccine offered in the BC publicly funded program for children and adults is changing. Both the conjugate vaccine Prevnar®13 (PCV13) and polysaccharide vaccine Pneumovax®23 (PPV23) are being replaced with Prevnar 20™ (PCV20). Please place an order for PCV20 now for your eligible children and adults, to replace your existing stock of PCV13 and PPV23 doses. Complete the [Vaccine Return Form](#) and return any remaining inventory of PCV13 and PPV23 when you come by to collect the new product.

Eligibility criteria for pneumococcal vaccine protection using PCV20:

1. Healthy infants and children 2-59 months of age to start a pneumococcal vaccine series (2, 4 and 12 months of age). Individuals who are high risk (see table) will require an additional dose at 6 months. As the two conjugate vaccine products are interchangeable, children previously started on PCV13 can complete their series with PCV20. Providers can use [Completing PCV Series Table](#) for vaccine planning based on child's age at presentation.
2. Individuals 5 years of age or older at high risk for invasive pneumococcal disease (see table) to receive one dose if not previously immunized with PCV20, PCV21 or PPV23
3. Healthy individuals 65 years of age and older are eligible to receive one dose if not previously immunized with PCV20, PCV21 or PPV23.

Some high-risk individuals (see table with **) are eligible to receive PCV20 irrespective of previous PPV23 vaccination history, with a recommended interval of 1 year after their PPV23. This interval can be shortened to 8 weeks if they are due to start immunosuppressive therapy (i.e. chemotherapy).

Medical conditions

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| <ul style="list-style-type: none"> • Active malignant neoplasm (including leukemia and lymphoma) ** • Anatomic or functional asplenia (congenital or acquired) or splenic dysfunction, including sickle cell disease and other hemoglobinopathies ** • Chronic cerebrospinal fluid (CSF) leak • Chronic heart disease requiring regular medication/follow-up • Chronic kidney disease • Chronic liver disease including cirrhosis, biliary atresia, chronic hepatitis B or individuals who are anti-HCV positive • Chronic lung disease, including asthma requiring acute medical care (e.g., emergency department visit, hospitalization, or treatments such as oral steroids) in the preceding 12 months and infants born prematurely with ongoing lung impairment | <ul style="list-style-type: none"> • Chronic neurological conditions that may impair clearance of oral secretions • Cochlear implant (candidate or recipient) • Congenital immunodeficiencies • Cystic fibrosis • Diabetes mellitus • Hematopoietic stem cell transplant (HSCT) recipient or Chimeric Antigen Receptor T cell (CART) therapy recipient** • Human Immunodeficiency Virus (HIV) infection • Immunocompromising conditions or immunosuppressive therapy within the past 2 years, including use of long-term corticosteroids, chemotherapy, radiation therapy, and immunosuppressive biologics • Solid organ or islet cell transplant (candidate or recipient) ** |
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Social, behavioural, and environmental factors

- People experiencing homelessness and those who are underhoused
- Residents of long-term care (LTC) homes or assisted living facilities
- Substance use disorders (e.g., alcohol, cocaine, and injection drug use)

There are no recommendations for a booster dose of PCV20 at this time. For further details about eligibility please see the [BCCDC Immunization Manual](#). Another resource is [PCV20 Immunization Program Q&A](#).

Storage requirements: During storage of PCV20, the vaccine may separate, with a white layer settling at the bottom of the pre-filled syringe, and a clear liquid portion staying on top. Syringes should be stored horizontally. If PCV20 is inadvertently stored in a tip-up or tip-down orientation, the product can still be used if it is resuspended. Hold the pre-filled syringe horizontally between the thumb and the forefinger and shake vigorously until the contents of the syringe are a homogenous white suspension. Do not use the vaccine if it cannot be resuspended.

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