

NUNAVIK PUBLIC HEALTH NEWSLETTER

CALL FOR VIGILANCE

New cases of measles reported in Québec

Written by:

Manon Lefebvre, Nurse Advisor
 Renée-Pier St-Onge, Nurse Advisor
 Jean-Sébastien Touchette, Medical Advisor
 Infectious diseases team

Updated by:

Renée-Pier St-Onge, Nurse Advisor

Epidemiological situation

Two confirmed cases of measles were reported among residents of the Laurentians region on December 1 and December 5, 2025. One of the cases visited a pediatric healthcare facility located in Saint-Eustache, in the Laurentians, on November 28, during its contagious period.

A list of the places of possible exposure to the measles is available here: [Measles outbreak | Government of Québec](#)

Additional cases could occur in the coming weeks.

As of December 10, 2025, no case of measles had been reported in Nunavik. Given the presence of other cases in several Canadian provinces and elsewhere in the world, we recommend that clinicians remain extra vigilant. It is also crucial to continue our vaccination efforts, particularly among unprotected vulnerable persons.

Information

For general information on measles (symptoms, incubation period and contagiousness, individuals considered protected and those at risk of complications), see the **appendix**.

RECOMMENDATIONS

1. Be alert when scheduling appointments, at reception and during triage:

- Identify any inadequately protected individual* who presents the following clinical signs:
 - fever ($\geq 38.3^{\circ}\text{C}$) **and**
 - generalized maculopapular rash **and**
 - cough, coryza or conjunctivitis.

**It is important to remain alert for individuals who are adequately protected and considered as contacts or who have symptoms suggestive of measles, as the clinical presentation of measles in such individuals can be atypical. As the vaccine is not 100% effective, cases of measles have been reported in Quebec among individuals considered protected.*

2. Quickly apply measures to prevent and control infections:

- Ask the patient to exercise hand hygiene and wear a medical mask.
- Isolate the patient in a negative-pressure room or, if unavailable, an examination room with the door closed.
- Apply additional airborne precautions.
- In the presence of a suspected measles case, wear an APR N95 if you are a healthcare professional.
- Establish, if necessary, the list including the contact details of exposed individuals, including patients and their caregivers, as well as staff.

3. Request appropriate laboratory tests, based on the results of medical evaluations:

- Follow the recommendations below.

Take advantage of every opportunity to update the vaccination status of individuals, especially children aged 1 to 4 years, who are at higher risk of measles complications. The measles vaccine is 85 to 95% effective after the first dose and over 95% effective after the second dose.

Test indications for a classic clinical presentation of the measles	
Absence of identified exposure sites in Canada ¹	Presence of identified exposure sites in Canada ¹
Person who: <ul style="list-style-type: none"> Is epidemiologically linked to a confirmed case of the measles OR Has stayed in an area where measles is endemic². 	Any person (with or without a possible documented exposure)

Absence of prior immunity	Presence of immunization against measles ³
Person who: <ul style="list-style-type: none"> Is epidemiologically linked to a confirmed case of the measles OR Has stayed in an area where measles is endemic² OR Has been to a known exposure site over the past 21 days 	Person who: <ul style="list-style-type: none"> Has had a known and significant contact with a confirmed case of the measles OR If recently vaccinated⁴ : has been to a known exposure site over the past 21 days

² Refer to the INSPQ Web site for updated data regarding the countries where measles is endemic.

⁴ In such cases, it can be difficult, without conducting laboratory analyses, to distinguish between post-vaccination clinical manifestations and the disease itself.

- | Diagnostic test | Specimen | Period for taking the specimen ⁴ |
|---|---|---|
| Nucleic Acid Amplification Testing (NAAT) | Nasopharyngeal secretions
OR
Urine (50-100ml) | ≤ 7 days after onset of rash |
| IgM serology for measles ⁵ | Blood (≥ 3 ml) | 3 to 28 days after onset of rash |

⁴ Specimens taken later will be accepted, but the test's sensitivity will not be optimal.

⁵ If the NAAT result is positive, it is not necessary to perform the serological test if already taken.

**** IgM serology for parvovirus B-19 and rubella is also recommended to exclude these diagnoses.**

* If possible, perform the NAAT and the serological tests at the same time to avoid having a potentially contagious individual visit the premises again.

- Vaccinate individuals aged 6 months or older who are considered unprotected within 72 hours of the initial contact with a case of measles. See the section [RRO : vaccin contre la rougeole, la rubéole et les oreillons](#) of the [Protocole d'immunisation du Québec \(PIQ\)](#).
- Some at-risk individuals must receive [immunoglobulins \(Ig\)](#) if the initial exposure to the contagious case goes back fewer than 7 days. See the **appendix** as well as the section on measles post-exposure of the *PIQ*.

A health worker without adequate protection or without proof of vaccination against measles and identified as a contact in a health-care setting will be withdrawn from provision of care for patients from the 5th to the 21st day. We strongly encourage all Nunavik workers to check their immunization status and to get vaccinated if necessary. For full information on immunization status, contact your CLSC or local point of service or call 1-877-644-4545.

- the Department of Public Health of the case's region of residence. **For Nunavik**, contact the physician on duty for infectious diseases **by telephone at 1 855 964-2244 (toll free)** or 1 819 299-2990 (alternate number in case of problems with the toll-free number). Proceed with reporting without waiting for laboratory results in order to accelerate public-health interventions including the search for contacts and to enable administration of prophylaxis to individuals at risk of complications within the short time periods established.
- the Infection Prevention and Control (IPC) team of your institution.
- If the case does not require hospitalization, ask him or her to isolate at home until the laboratory test results are available and then, if the diagnosis is confirmed, for 4 days after the onset of the maculopapular rash.

- [Rougeole - Professionnels de la santé - MSSS \(gouv.qc.ca\)](https://www.msss.gouv.qc.ca)
- [L'affiche Alerte! Rougeole!](#)
- [Measles outbreak | Gouvernement du Québec \(quebec.ca\)](https://www.quebec.ca/health/communicable-diseases/measles-outbreak)
- [Protocole d'immunisation du Québec \(PIQ\)](#)
- [Outil d'aide à la décision-Repérage et diagnostic de la rougeole \(INESSS\)](#)

APPENDIX: MEASLES

SIGNS AND SYMPTOMS OF MEASLES:

- **Prodrome**
 - Fever
 - Conjunctivitis
 - Coryza
 - Cough
 - Koplik spots (1 or 2 days before the rash)
- **Maculopapular rash**
 - 2 to 4 days after the onset of prodrome
 - Starts on the face and neck and then becomes generalized
 - Lasts at least 3 days and up to seven days

INCUBATION PERIOD:

The incubation period of measles is normally 10 to 14 days (exceptionally up to 21 days) between the time of contact and the onset of prodrome. The skin rash then appears 2 to 4 days later.

PERIOD OF COMMUNICABILITY:

The period of communicability starts 4 days before the onset of the skin rash and lasts up to 4 days afterward.

Measles is highly contagious. The virus, which is airborne, can remain in the environment up to 2 hours after an infected person has left the area.

INDIVIDUALS CONSIDERED PROTECTED AGAINST MEASLES:

- **Individuals born before 1970**
- **Individuals with serology indicating the presence of measles antibodies**
- **Individuals with a medical attestation confirming they had measles before January 1, 1996**
- **Individuals with written proof of vaccination against measles:**
 - the number of doses required to consider an individual as being protected varies:
 - 2 doses:
 - individuals born since 1980.
 - individuals born between 1970 and 1979 and who are interns in the health sector, health workers or military recruits or those who intend to travel outside Canada.
 - 1 dose:
 - individuals born between 1970 and 1979 who are neither interns in the health sector, health workers nor military recruits and not intending to travel outside Canada.

INDIVIDUALS AT RISK OF COMPLICATIONS and for whom post-exposure prophylaxis (PEP) may be indicated:

- Children under 12 months.
- Pregnant receptive individuals born in or after 1970 (including pregnant individuals born between 1970 and 1979 who received only one dose of the vaccine).
- The following immunosuppressed individuals:
 - those who have undergone a bone graft, regardless of their age or immunization status or whether they have already had measles.
 - immunosuppressed individuals born in or after 1970 and who have never had measles (or who have no proof they have had the disease), regardless of their immunization status.