

# ADVISORY: Measles Vaccine, Gonorrhoea Treatment, & Rabies Reporting

March 31, 2025

## Summary of Key Information

### MEASLES

- Health care providers should support patients with receiving all [routine immunizations](#), including MMR
- Any suspected cases of measles must be promptly reported to Peterborough Public Health (PPH)
  - Suspected cases should be placed under airborne precautions and tested
- Public Health Ontario has updated the [“At A Glance” document](#) for measles post-exposure prophylaxis
- At the present time, this region is not considered increased risk of measles with no confirmed cases
  - We are not currently strongly recommending early vaccination (<12 mos or 4 years for 1<sup>st</sup>/2<sup>nd</sup> dose)
  - Those spending time/travelling in areas with increased risk or strong personal preference should be supported to receive earlier vaccination (see recommendations below)

### GONORRHEA

- The Public Health Agency of Canada has revised guidelines for *Neisseria gonorrhoeae* (GC) infection treatment
  - There are no longer Ontario-specific guidelines
- Preferred treatment for uncomplicated GC infection is Ceftriaxone 500mg IM as a single dose (with current formulation 250mg/vial, 2 vials may be reconstituted with 1% lidocaine into a single 2 ml IM injection)

### RABIES

- All potential rabies exposures must be reported ASAP, using the [reporting form](#)
  - Administered doses of rabies vaccine & immune globulin must be reported ASAP on the same form
- Post-exposure prophylaxis can be ordered from PPH for administration in the community (to save ER visits where possible)

## Measles – Further Information

### Routine Measles Vaccine Recommendations (Ontario’s Publicly Funded Schedule)

Age Range	
6-11 months*	ONE dose IF they are travelling to an area with increased measles activity (incl. global travel)
Children	TWO doses of the measles containing vaccine: <ul style="list-style-type: none"> <li>• One dose of MMR vaccine at 1 year of age</li> <li>• One dose of MMRV vaccine between 4-6 years of age (preferably prior to school entry)</li> </ul>
Adults**	ONE dose if they have never received MMR previously Eligible to receive a 2 <sup>nd</sup> dose if they are: <ul style="list-style-type: none"> <li>• Health care workers</li> <li>• Post-secondary students</li> <li>• Planning to travel to areas where disease is of concern</li> <li>• Based on health care provider’s clinical judgement</li> </ul>

### Additional Vaccine Recommendations:

Due to measles outbreaks in specific regions of Ontario, *the following is advised for individuals who live, work, travel (e.g., family visit), worship, or spend time in communities with measles cases and increased risk of exposure:*

- Infants (6-11 months): Should receive one dose of the MMR vaccine\*
- Children (1-4 years): Children who have received their first dose of measles-containing vaccine are encouraged to receive a second dose as soon as possible (min. four weeks from the first dose)\*\*
- Adults (18+ years) born on or after 1970: A second dose of MMR vaccine is recommended

*\*Infants who receive their first dose of the MMR vaccine at 6-11 months should still receive two doses at recommended intervals after 12 months of age to ensure long-term protection*

*\*\*Adults born before 1970 are generally presumed to be immune to measles. However, some may be unsure if they had measles or the vaccine and are recommended to receive one dose*

*\*\*\*Between the ages of 12-23 months, when the first dose of vaccine for measles and varicella is administered as the combined MMRV vaccine, there is a higher risk of fever and febrile seizures in the 7-10 days after vaccination, when compared to separate administration of MMR and varicella vaccines at the same visit*

### **Gonorrhoea Treatment – Further Information**

The Public Health Agency of Canada (PHAC) has revised guidelines for *Neisseria gonorrhoeae* (GC) infection treatment in the [Canadian Guidelines for Sexually Transmitted Infections](#), following interim guidance by the National Advisory Committee on Sexually Transmitted and Blood-Borne Infections. Preferred treatment for uncomplicated GC infection (i.e., urethral, endocervical, vaginal, rectal, and pharyngeal infections) is **Ceftriaxone 500 mg IM as a single dose** (monotherapy). Refer to PHAC's [Gonorrhoea Guide](#) for details about alternative treatment options.

- If *C. trachomatis* infection has not been excluded by a negative test, concurrent treatment for chlamydia is recommended (further information found in the [Chlamydia and LGV Guide](#))
- A test of cure is recommended for all positive GC sites in all cases ([further information](#) found in Guide)
- The [guidance](#) also recommends GC culture together with nucleic acid amplification testing (NAAT) in cases of suspected treatment failure, symptomatic individuals, pregnant people, contacts of cases with NG infection, sexual abuse/sexual assault, and acquisition of infections in areas with high rates of antimicrobial resistance

### **Rabies – Further Information**

PPH is providing a brief annual reminder (per the [Rabies Prevention and Control Protocol, 2023](#)) regarding the notification requirements for potential rabies exposure incidents and rabies post-exposure prophylaxis administration (vaccine and immune globulin).

Section 2(1) of [Reg. 557 \(COMMUNICABLE DISEASES – GENERAL\)](#), under the [HPPA](#), states:

**“2. (1) A physician, registered nurse in the extended class ... or any other person who has information concerning either or both of the following shall, as soon as possible, notify the medical officer of health and provide the medical officer of health with the information, including the name and contact information of the exposed person:**

- 1. Any bite from a mammal.**
- 2. Any contact with a mammal that is conducive to the potential transmission of rabies to persons.**

When a Public Health Unit provides rabies immune globulin and vaccine to a health care facility/provider, the Public Health Unit is obligated to report details to the Ministry of Health regarding each administered dose. This is why we ask healthcare providers to [report](#) each dose they administer. The legislative basis for these reporting requirements can be found in the [Rabies Prevention and Control Protocol, 2023](#), specifically Vaccine Management (page 10), Reporting (page 12), and [R.R.O. 1990, Reg. 569: REPORTS \(ontario.ca\)](#) under the [HPPA](#).

### **Helpful Links:**

- [Rabies Administrative Guide](#) – Public Health Ontario
- [Rabies Vaccines: Canadian Immunization Guide](#)
- [Management of Potential Rabies Exposures Guidelines, 2020](#)

Find all forms online at [www.peterboroughpublichealth.ca/mandatory-reporting](http://www.peterboroughpublichealth.ca/mandatory-reporting)