



**Health, Seniors and Long-Term Care  
Public Health**

300 Carlton Street  
Winnipeg, Manitoba Canada R3B 3M9

March 7, 2025

**RE: Travel-Related Measles Case Confirmed in Manitoba**

Public Health has confirmed another case of measles in Manitoba, unrelated to previously announced cases, and connected with recent international travel to Pakistan. Public health investigation is ongoing.

A media bulletin has been issued (<https://news.gov.mb.ca/news/?archive=&item=67897>) to notify individuals who were on the following flights or at one of the following locations of their possible exposure to measles virus:

- Health Sciences Centre Winnipeg (Children's Hospital Emergency Department) - March 3, 2025 7:30pm to Midnight.
- Winnipeg Richardson International Airport - February 26, 2025 - 7:09pm – 9:30pm
  - Exposures occurred on multiple flights and airports including locations in Pakistan, Qatar, and Toronto. Please see media release for details on the flights and airports.

For information about possible exposure sites, dates and times, please see: <https://www.gov.mb.ca/health/publichealth/diseases/measles.html>.

As of **March 6, 2025**, Canada has recorded **227** measles cases this year, many requiring hospitalization. The majority of cases are unvaccinated or under-vaccinated children who have been exposed in their communities.

**With spring break around the corner, and the increase of measles activity in Canada and abroad, clinicians are encouraged to promote vaccination. Immunization is the best way to protect against measles.**

Measles is one of the most infectious viruses and spread via the airborne route and close contact with respiratory secretions.

- **Clinicians should consider measles in patients presenting with fever and rash (usually starts on the face and moves downwards) among those who have traveled or have had known contact with a measles case.**
- Other symptoms may include cough, coryza and conjunctivitis.
- **Clients with suspected measles should be isolated immediately and airborne precautions implemented.**
- Please see Routine Practices and Additional Precautions guidelines for more details <https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>. Fit-tested, seal-checked N-95 respirators should be worn by all health care workers, regardless of presumptive immunity to measles, while providing care to clients with suspected or confirmed measles. For details, see the WRHA Measles Specific Disease Protocol <https://professionals.wrha.mb.ca/files/ipc-Measles-Specific-Disease-Protocol.31.May24-4.pdf>.
- Provide the client with a mask to wear at all times unless they are in an airborne infection isolation room.

For suspect measles cases, **preferred specimen is a nasopharyngeal swab for measles PCR**. Also submit serology for measles IgG and IgM, but this will be less sensitive and specific than PCR.

If clinical suspicion is high for measles, health care providers are required to **notify public health on the same day** by sending a clinical notification form found at [https://www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu\\_0013.pdf](https://www.gov.mb.ca/health/publichealth/cdc/protocol/mhsu_0013.pdf) even before test results are back. The Medical Officer of Health on-call (204-788-8666) should be notified after-hours.

Please refer to the measles (rubeola) communicable disease protocol found at <https://www.gov.mb.ca/health/publichealth/cdc/protocol/measles.pdf> for further information.

Please share this information with all colleagues at your facility/clinic.

Sincerely,

*“Original Signed by”*

*“Original Signed by”*

Richard Baydack, PhD  
Director  
Communicable Disease Control

Carol Kurbis, MD, FRCPC  
Medical Officer of Health,  
Communicable Disease Control