

Immunization Program, Measles, and Mpox update**1. Provincial text, email outreach to unimmunized or under-immunized school age children 6-18 years of age**

Immunization records for school-age children are collected and documented in Provincial Immunization Registry to ensure children are offered all eligible vaccines and so their records are available in case of exposure to a vaccine-preventable illness in school. This activity is supported by BC law under the *Vaccine Status Reporting Regulation*.

A small proportion of children have no records for routine vaccines in the system, particularly those immunized by family physicians. **The BC "Get Vaccinated" provincial system will be sending a text or email to those families whose children are missing records and encouraging vaccination, including against measles.** We are informing you as families may be reaching out to you to request their records or to seek your assistance in getting their children immunized. We thank you in advance for supporting these families.

2. Measles update

Measles case reports in the Lower Mainland have increased from two reported in February to ten as of May 14, 2025. Nine infections have been reported among returning travellers, with one local transmission related to a known measles case. Four of the cases were previously immunized and had vaccine-modified illness which is associated with lower severity and lower probability of transmission. As of April 26, 2025, 1506 cases of measles have been reported in Canada, 83% in Ontario, 12% in Alberta and 2% in Quebec. Please maintain a high index of suspicion for measles in individuals presenting with fever, runny nose, cough, conjunctivitis, erythematous rash (starting on the face and progressing in a cephalocaudal direction) in the context of travel or presence in [locations](#) associated with measles virus exposure. **Two doses of measles-containing vaccines are recommended for individuals born 1970 or later (1957 for health care workers), 4 weeks apart. Children are currently offered two doses of MMR vaccine at 12 months and 4-6 years. Second dose can be given early at the 18-month visit for families expecting to travel internationally;** this dose will not need to be repeated at 4-6 years. Infants 6-11 months travelling to outbreak areas can receive a dose of MMR vaccine but will still need two valid doses starting at 12 months of age to ensure long term protection.

3. Mpox update and expanded vaccine eligibility

Mpox remains a public health concern in the Vancouver Coastal Health (VCH) region, with recent cases among unimmunized or under-immunized gay, bisexual and other men who have sex with men (gbMSM). BC reported 96 cases in 2024, and 50 to date in 2025, with 76% among VCH residents. Infection can occur among those who have received two doses of vaccine, however symptoms are typically milder and transmission remains possible. Mpox spreads primarily through skin-to-skin contact with a mpox rash, most often in the context of sexual activity. Recent VCH cases were likely acquired in Vancouver at sex-on-premise venues (i.e. bathhouses and circuit parties). In BC, there have been no reported cases of mpox strains common to central and eastern Africa.

Mpox testing should be guided by clinical judgment, based on history, physical exam, and risk factors. Differential diagnosis includes syphilis, herpes, molluscum contagiosum; hand, foot and mouth disease; and varicella. Swab skin or mucosal lesions using an HSV/VZV (UTM, COPAN Blue Top). Alternate samples (urine, EDTA blood, oropharyngeal) during prodromal period may be collected. Routine precautions such as gloves are recommended. Clinical management is largely supportive with antiviral treatment considered for severe cases in consultation with an infectious disease specialist. Public Health will contact all lab-confirmed cases to identify contacts, offer post-exposure vaccination and advise individuals to monitor for symptoms for 5-21 days after exposure.

Prevention: Two doses of mpox vaccine (Imvamune™), minimum 28 days apart, are recommended. Please inform your eligible patients of vaccine availability and requirement for two doses. Approximately half those who initiated

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

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their vaccine series in 2022 have yet to receive a second dose. **Individuals with history of smallpox vaccine receipt in childhood can now be offered two doses instead of only one as previously recommended.**

B.C. Pre-exposure Vaccination Eligibility Criteria for Imvamune™ Vaccine have been expanded:

<p>Two-Spirit and transgender people and cisgender males who self-identify as belonging to the gbMSM community and at least one of the following:</p> <ul style="list-style-type: none"> • Have sex with more than one partner • Have sex with a partner who has more than one partner • Have casual sex (e.g. cruising) • Engage in sexual contact in sex-on-premises venues • Engage in sex work as a worker or a client • Recent bacterial STI (Chlamydia, Gonorrhea or Syphilis) in the past 12 months • Sexual partners of individuals who meet these criteria (new) 	<p>Also newly added:</p> <ul style="list-style-type: none"> • Sex workers regardless of gender, sex assigned at birth, or sexual orientation • Staff or volunteers in sex-on-premises venues where workers may have contact with fomites (i.e. surfaces) potentially contaminated with mpox • Those who engage in sex tourism regardless of gender, sex assigned at birth, or sexual orientation • Individuals who anticipate experiencing any of the above scenarios • Canadian health care professionals travelling to support the mpox clade I outbreak in countries where there is a level 2 travel health notice for mpox
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In the VCH region, Imvamune™ is available at select pharmacies and Public Health Units: <https://www.vch.ca/en/service/mpox-vaccinations#short-description--15651>. To order Imvamune™ vaccine for eligible patients in your practice, please contact your local Public Health Unit.

4. Pneumococcal vaccine for children will soon be changing to Prevnar20®

Pneumococcal conjugate vaccine (PCV) offered in the routine childhood immunization program will be changing from the 13-valent product Prevnar®13 to 20-valent product Prevnar20® effective July 1st, 2025. This product change aligns with updated National Advisory Committee on Immunization guidance and provides broader protection for children. There will be no change to the immunization schedule. As the two products are interchangeable, children commenced on PCV13 can complete their immunization schedule using PCV20. We will replace your office supply of PCV13 with PCV20 once stock becomes available. Please continue to vaccinate your clients as scheduled; do not delay vaccination while awaiting PCV20. Healthy children are offered three doses of conjugate pneumococcal vaccine at 2, 4 and 12 months of age. Children with medical risk factors for pneumococcal infection receive an additional dose at 6 months. These risk factors include immune suppressive medications or conditions; chronic heart, lung, liver, renal disease; diabetes, anatomic or functional asplenia, sickle cell disease, chronic neurological conditions that impair clearance of oral secretions, cochlear implants.

5. Provincial Immunization Registry (PIR) provides online access to records for you and your patients

Immunizations administered by Public Health Nurses and pharmacists are now documented in the electronic PIR. Your patients can view their own records through [BC Health Gateway](#) and you can access your patients' immunization records through [CareConnect](#). Immunizations provided in primary care settings are not electronically linked to the PIR. This constitutes an important gap in your patients' provincial immunization record. We thank the offices that send immunization histories regularly to local health units for documentation in PIR. To support complete and accurate provincial immunization records, we encourage all immunizing practices to consider reporting routine vaccines via:

- [Immunization Entry eForm](#) – submits the client's record electronically into PIR;
- Regular EMR Reports – generate and submit a regular (monthly) report to public health for manual entry (contact your [local public health unit](#) to establish a reporting pathway that works for your practice).

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