# Vaccine refusal and measles

## Clinical scenario

A mother and her 5-year-old daughter come to see you for the first time. The child has a mild upper respiratory tract infection and asthma. On routine questioning you discover that the preschooler has had no vaccines. You know there have been some small measles outbreaks in the province and, after addressing the presenting complaint, you recommend the measles, mumps, and rubella vaccine. The mother politely but firmly refuses, noting that it is against her strongly held religious beliefs.

## Context

Canada officially eliminated measles almost 20 years ago in 1998, but we continue to have small outbreaks due to imported cases and susceptible people. The number of measles cases per year has been gradually increasing. In 2014, 418 cases of measles were reported from 18 outbreaks in 5 provinces and territories.[1] Incidence rates were highest among those 5 to 14 years of age, and 5% required hospitalization.[1] The largest outbreak occurred in a nonimmunizing religious community.[2]

A lot of research has been done to understand vaccine hesitancy; reasons include a range of parental reactions, from complacency and lack of confidence to firm religious beliefs. The latest guidance advises listening to parents' concerns in a nonjudgmental manner and establishing trust. Seeking to understand and then addressing concerns can often lead parents to "opt in" and get their children vaccinated.[3] But what do you do when, even after applying these best practices, the parent shows no receptivity to vaccination?

## Evidence

In a recent outbreak in a religious community in British Columbia, public health workers were able to contain the outbreak by working with the community and identifying common values such as the need to protect vulnerable members of society and the desire not to inflict harm. Containment of the outbreak was then facilitated by a high degree of community cooperation with infection control measures, including a travel ban.[3]

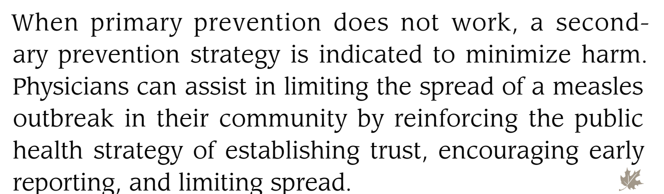
La traduction en français de cet article se trouve à **www.cfp.ca** dans la table des matières du numéro **de juillet 2015** à la **page e302.**

## Bottom line

When primary prevention does not work, a secondary prevention strategy is indicated to minimize harm. Physicians can assist in limiting the spread of a measles outbreak in their community by reinforcing the public health strategy of establishing trust, encouraging early reporting, and limiting spread.

**References**


1. Sherrard L, Hiebert J, Squires S. Measles surveillance in Canada: trends for 2014. *Can Commun Dis Rep* 2015;41(7):157-70.
2. Naus M, Puddicombe D, Murti M, Fung C, Stam R, Loadman S, et al. Outbreak of measles in an unvaccinated population, British Columbia, 2014. *Can Commun Dis Rep* 2015;41(7):171-7.
3. Naus M. What do we know about how to improve vaccine uptake? *Can Commun Dis Rep* 2015;41(Suppl 3):6-10.


CCDR Highlights summarize the latest evidence on infectious diseases from recent articles in the *Canada Communicable Disease Report*, a peer-reviewed online journal published by the Public Health Agency of Canada. This highlight was prepared by **Dr Patricia Huston**, a family physician, public health physician, and Editor-in-Chief of the *Canada Communicable Disease Report*.