

Summary and Action Items

- 1.) Provide awareness about **measles** cases occurring in the United States and remind providers and local health departments (LHDs) of the potential for cases with the increase in travel during the Passover holiday.
- 2.) Encourage health care providers to consider measles in the differential diagnoses of clinically compatible cases, especially with appropriate exposure risks such as travel or contact with a case or location identified as potential risks.
- 3.) Remind providers to **immediately report to public health** any suspect cases at the time of clinical testing, and outline appropriate steps for diagnosis and isolation.
- 4.) All persons who work in health-care facilities should have presumptive evidence of immunity to measles.

Background

From January 1 to April 11, 2019, 555 individual cases of measles have been confirmed in 20 states, with many states experiencing outbreaks. In [Illinois](#), there have been seven cases and two outbreaks in 2019 to date. All seven Illinois cases are no longer infectious. With the upcoming Passover holiday, an influx of international travelers, including those from areas where measles is circulating, may travel to US resorts, hotels, or take cruises for the holiday. Popular destinations include New York, New Jersey, Florida, Las Vegas, Arizona, and Washington, D.C. Passover begins the evening of Friday, April 19 and ends the evening of Saturday, April 27. It is crucial that health care providers consider measles in those with recent travel to areas where measles cases are ongoing, especially in those with no vaccination history.

Potential Exposures

The largest measles outbreaks in the U.S. are occurring in Rockland County, New York, Clark County, Washington, and Oakland County, Michigan. In New York City and New York state, the majority of cases have been among unvaccinated people in Orthodox Jewish communities and associated with travels who brought measles back from Israel. For more information please visit CDC's website on [Measles Cases and Outbreaks](#).

Symptoms

Typically, measles starts with a fever, runny nose, cough, red eyes, and sore throat, and is followed by a rash that spreads all over the body, most often starting on the head. The symptoms of measles generally appear seven to 14 days after a person is exposed but can appear up to 21 days after exposure. Patients are considered contagious from four days before to four days after the rash appears. Patients exposed to measles while traveling for Passover could begin to develop symptoms between late April through mid-May.

Transmission

Measles is a highly contagious respiratory disease caused by a virus, transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes,

coughs, or sneezes. Measles virus can remain infectious on surfaces and in the air for up to two hours after an infected person leaves an area.

Diagnosis

Providers should assess patients for measles risk during initial phone calls. Measles immunity status of patients should be determined. If patients arrive at your clinic or hospital without calling ahead, facilities should screen incoming patients for suspect measles and **promptly mask suspect measles cases and place them in airborne isolation away from other patients in waiting rooms or treatment areas.** If airborne isolation is not available, patients should be placed in a single patient room with the door closed. Any rooms where the patient was treated should remain empty for at least two hours after the patient has left. Any medical staff caring for a suspect case should be immune to measles and observe airborne precautions.

Consider measles in any patient with febrile rash illness and clinically compatible measles symptoms who:

- a) has recently traveled abroad or to an area where measles is known to be of concern,
- b) has not been vaccinated, and/or
- c) has had contact with someone with a febrile rash illness. (Immunocompromised people may not develop a rash or may exhibit an atypical rash.)

The preferred testing method is a nasopharyngeal specimen by PCR. Serum IgM antibody testing can also be performed. **Health care providers and laboratories must first receive authorization to send specimens for testing at the IDPH lab and an authorization number must be obtained by the local health department. Contact your LHD with more specific questions.**

Health care providers should not wait for laboratory results before contacting their local health department during or after work hours. Laboratories should also report to their local health department positive lab tests for measles as soon as possible, but within 24 hours.

Prevention

The measles vaccine is very effective. One dose of measles vaccine is about 93% effective at preventing measles if exposed to the virus. Two doses are about 97% effective. Health care providers should ensure all patients are up-to-date on MMR vaccine. Healthcare workers should have proof of immunity on hand in case of exposure. An individual can attempt to locate their vaccination records through their healthcare providers or through any educational facility they have attended (e.g. high school, college/university).

At this time, there are no changes to the national recommended MMR vaccine schedule for children living in, or visiting, Illinois. Continue to give MMR vaccine at 12-15 months of age, and 4-6 years of age.

For individuals who are traveling internationally:

- 1.) For infants 6 through 11 months of age, one dose of MMR vaccine should be given. These children will still need their regularly scheduled MMR vaccine doses.
- 2.) Individuals 12 months of age or older should have two doses of MMR, separated by at least 28 days.

For additional information about evidence of immunity please visit [CDC's website](#).

IDPH and LHD Response

Providers may also print the measles educational flyer to post at their medical offices. The flyer can be found on the [IDPH website](#).

Contact

Contact your [local health department](#) during or after work hours.

Additional Resources

<https://www.cdc.gov/measles/hcp/index.html>

<http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/measles>

Target Audience

Local Health Departments, Infectious Disease Physicians, Hospital Emergency Departments, Infection Preventionists, Health Care Providers, and Laboratories

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