

MEASLES HEALTH ALERT

February 6, 2019

Denton County Public Health (DCPH) has a confirmed case of measles, based on clinically compatible symptoms and lab results. The case did not have a history of international travel during the exposure period and has no known contact with a measles case. **Due to the highly communicable nature of this disease, and the recent increase in cases nationwide, we advise clinicians to follow the below recommendations.**

DCPH requests that all clinicians consider measles in the initial differential diagnosis of patients presenting with the following symptoms, particularly those who have traveled abroad, come into contact with known measles cases, or have a non-immune status to measles:

- Fever, typically $\geq 101^{\circ}\text{F}$ (38.3°C)
- Generalized maculopapular rash lasting ≥ 3 days, usually beginning in the face and spreading to the trunk
- Cough, runny nose, conjunctivitis or Koplic spots

Please take appropriate infection control precautions and immediately report suspected cases to DCPH at (940) 349-2909. *It is preferred that contact be made while the patient is present in the clinical setting in order to facilitate testing and initiate the public health investigation, including follow-up of potential exposures.*

Measles is highly contagious and is transmitted primarily from person to person by respiratory droplets and airborne spread. The incubation period is about 2 weeks (range of 7-21 days) from date of exposure to onset of illness. A person with measles is considered to be contagious 4 days before rash onset through the fourth day after rash onset. Please be aware of the following recommendations:

Infection Control Precautions

- In urgent/emergency healthcare settings, suspected cases should be triaged quickly from waiting areas, with airborne isolation precautions recommended. In outpatient settings, suspected cases should be scheduled at the end of the day, if feasible. Use of airborne infection control precautions is recommended for health care workers caring for patients with suspected measles (www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html).
- Healthcare facilities are reminded to review the measles immune status of all health-care workers. All healthcare personnel should have documented evidence of measles immunity on file at their work location (www.immunize.org/catg.d/p2017.pdf).

Diagnostic testing

Patients meeting clinical case definitions should have the following done at the initial health care provider visit:

- Blood drawn for serological testing to detect measles IgM and IgG antibody; AND
- Pharyngeal (preferred) or nasopharyngeal swab collected for PCR testing. Please contact DCPH to coordinate PCR specimen collection and testing.

Control Measures

- Control measures are more effective when applied as early as possible. Measles vaccination may prevent disease if given early (within 72 hours of exposure) to those who may have potentially been exposed and are not fully vaccinated (i.e. those not having received 2 measles vaccines). Measles vaccination following exposure may also provide some long-term protection, but generally should be followed with a second vaccination in at least 1 month for the best protection. Immune globulin may be indicated for some persons, but should not be used to control an outbreak.
- Contraindications to measles vaccination include previous anaphylactic reaction to a vaccine component and severe immunosuppression. Measles vaccination is also contraindicated during pregnancy and pregnancy should be avoided for at least a month following vaccination. Close contact with a pregnant woman is NOT a contraindication for measles vaccination. Breastfeeding is NOT a contraindication to either the woman or the breastfeeding child.

Exclusionary Criteria

- In those with measles, rash onset typically appears between the 3rd and 7th day of illness. Persons should be excluded from school/work and other group settings until after the fourth day of rash onset. During an outbreak, susceptible persons (i.e. those without documented immunization or previous measles infection) should be isolated from those who have measles to prevent further propagation of the disease. In schools or other group settings, children who have not been immunized should be excluded from the setting for at least 21 days after the last date the unimmunized child was exposed. Children should then be observed for signs and symptoms of measles.
- Additional information on exclusion and readmission can be found at http://www.dshs.texas.gov/DCU/health/schools_childcare/SchoolHealth/