



Public Health Region 2/3 Community Preparedness Section, Epidemiology

**UPDATED HEALTH ADVISORY
Measles Outbreak in Ellis County**

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To: Infection Prevention Staff, Local Health Authorities, Regional Epidemiologists, Local Healthcare Providers

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SITUATION OVERVIEW

An outbreak of measles has been confirmed in Ellis County. Currently there are 6 confirmed cases of measles, all in unvaccinated individuals. There are six reported cases of measles in Texas for 2018. In 2017, 1 case of measles was reported in Texas.

Additional cases may occur. Due to the highly communicable nature of this disease, we continue to advise clinicians to follow the below recommendations.

GUIDANCE FOR HEALTH CARE PROFESSIONALS

Physicians and other healthcare providers are requested to consider measles in the initial differential diagnosis of patients presenting with the following symptoms particularly those who have traveled abroad or came into contact with known measles cases regardless of vaccination history:

- Fever (typically $\geq 101^{\circ}\text{F}$ (38.3°C) **AND**
- Generalized macropapular rash lasting ≥ 3 days **AND**
- Cough, runny nose, conjunctivitis **OR** Koplick spots (bluish-white specks or a red-rose background appearing on the buccal and labial mucosa usually opposite the molars)

Immediately report any suspect cases of measles to The Texas Department of State Health Services, PHR 2/3 at 817-822-6786 OR your local health department. ***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.***

Infection Control Precautions

- 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 exposure to onset of illness. Persons are contagious from 4 days before onset of rash to 4 days after appearance of rash.
- In the urgent/emergency healthcare settings, suspected cases should be masked with a surgical mask and triaged quickly from waiting areas into a room with a closed door, with airborne isolation precautions recommended. In other outpatient settings, suspected cases should be scheduled at the end of the day, if feasible. Healthcare workers caring for patients suspected of having measles should use airborne infection control precautions. (www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html)

- Persons with measles commonly present in physician's offices or emergency rooms and pose a risk of transmission in these settings. **All healthcare personnel should have documented evidence of measles immunity on file at their work location** (www.immunize.org/catg.d/p2017.pdf). **Healthcare facilities are reminded to review the immune status of all employees.**

Diagnostic Testing

Testing for measles should be done for all suspected cases of measles. The following specimens should be collected for all patients suspected to have measles at the time of the initial medical visit:

- Blood drawn and submitted for serological testing to detect IgM antibody; AND
- Pharyngeal swab (preferred) or nasopharyngeal swab for PCR 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 susceptible persons, 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.
- Find printable versions in various formats and recommendations for all ages at <http://www.cdc.gov/vaccines/schedules/>.

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 for at least 21 days after the last date the unimmunized child was exposed and observed for signs and symptoms.

Additional information on exclusion and readmission can be found at http://www.dshs.texas.gov/DCU/health/schools_childcare/SchoolHealth/.

Thank you for your assistance in protecting and promoting the health of the region. If you have any questions or would like more information on measles, please contact The Texas Department of State Health Services, PHR 2/3 at (817) 264-4541 during business hours or (817) 822-6786 after hours.