

January 27, 2017

**To:** Providers, Hospitals, Emergency and Primary Care Departments

**From:** Suffolk County Department of Health Services

**HEALTH ALERT: MEASLES PREVENTION AND CONTROL – Please distribute to all Healthcare Providers**

**SUMMARY**

Suffolk County Department of Health Services (SCDHS) has confirmed measles (rubeola) in an infant who arrived from overseas. The child was seen at Good Samaritan Hospital Emergency Room in West Islip on 1/19/17 and Hudson River Healthcare (HRHCare) Martin Luther King Jr Health Center in Wyandanch on 1/25/17.

Anyone who is not fully immune and was in the Good Samaritan Hospital ER between the hours of 5:57 a.m. and 2:30 p.m. on January 19, 2017 and at HRHCare Martin Luther King Jr. Health Center between the hours of 9:45 a.m. and 3:45 p.m. on January 25, 2017 is considered exposed to measles.

Good Samaritan Hospital and HRHCare are reaching out to individuals who were exposed to measles on the dates of potential exposure and they are being advised to contact their providers. **If an exposed patient contacts you, please make arrangements to see the patient only after appropriate infection control measures are in place** to prevent further exposures.

**Providers should call the Suffolk County Department of Health Services (SCDHS) at 631-854-0333 immediately**, if they suspect measles, as preventive measures may be effective if vaccine is administered within 72 hours of exposure or if immune globulin (IG) is administered within 6 days of exposure. Please DO NOT wait for laboratory confirmation to call.

- Measles is a highly contagious, acute viral illness that can lead to serious complications and death. Although measles elimination was declared in the United States (U.S.) in 2000, importation of measles cases from endemic areas of the world continue to occur, leading to secondary measles cases and outbreaks in the U.S., primarily among unvaccinated persons.
- **Travelers with measles infection continue to bring the disease into the United States.** Although high rates of immunity throughout the U.S. and NYS prevent the spread of measles from most importations, vaccination rates vary geographically, and unvaccinated individuals tend to cluster, increasing the risk for outbreaks. It is critical to maintain high measles, mumps, and rubella (MMR) vaccination coverage (at least 90%, but preferably higher) to prevent large measles outbreaks. High coverage rates also protect and limit spread to infants too young to be vaccinated and to persons who cannot be vaccinated because of medical contraindications.
- To expedite public health containment strategies, health-care providers should ensure that their patients are protected from measles, **maintain a high index of suspicion for measles infection**, implement appropriate infection control measures when measles is suspected, and **report immediately to the local health department (LHD)** where the patient resides.

**MEASLES EPIDEMIOLOGY**

Measles can be severe and is highly infectious; following exposure, up to 90% of susceptible persons develop measles. It is spread by airborne contact with an infected person through coughing and sneezing. Measles virus can remain active and contagious for up to 2 hours in the air or on surfaces. From exposure to rash onset averages 14 days with a range of 7 to 21 days. Persons with measles are infectious from 4 days before to 4 days after rash onset.

**CLINICAL FEATURES**

Measles is characterized by a prodrome of fever (101–105 degrees F) followed by cough, coryza, and/or conjunctivitis. An erythematous, maculopapular rash presents 2-4 days later and lasts 4-7 days. It usually starts on the face and proceeds down the body to involve the extremities last, including the palms and soles. The rash is usually discrete but

may become confluent on the upper body; it resolves in the same order that it appeared. Koplik's spots (punctate blue-white spots on the bright red background of the buccal mucosa) may be present, often before the rash develops, but are often not seen and are not required for the diagnosis of measles.

## REPORTING DETAILS

**Health care providers should increase their index of suspicion for measles in clinically compatible cases. Suffolk County Health Services should be notified of any suspect case immediately at 631-854-0333.** Reports should be made at the time of initial clinical suspicion. If the diagnosis of measles is being considered and diagnostic testing for measles is ordered, then the case should be reported at that time. LHDs should also be notified of discharge plans from the health care setting. This is especially important if the case lives in a multifamily dwelling, dormitory, group home or has young children at home.

## INFECTION CONTROL

Measles is spread via airborne transmission and direct contact with infectious droplets. Cases of fever and rash illness should immediately be placed in airborne isolation. If an airborne infection isolation room is not available, then the exam room used to isolate a suspect measles case should not be used for 2 hours after the case leaves the room and the number of people entering and leaving should be minimized. When transporting a patient through the hospital, the patient should be masked. If possible, elevators and corridors should not be used for two hours after the patient has passed through them. If possible, any procedures required for the patient should be performed in the patient's room or delayed until the patient is no longer infectious.

## LABORATORY TESTING

**Viral specimens (throat or nasal-pharyngeal swab and urine) and serology should be obtained for diagnostic testing and confirmation.** Use of commercial laboratories for measles testing may take up to a week to obtain results.

**Reporting suspected cases of measles enables access to rapid testing through the NYS Wadsworth Center Laboratory.** The LHD can assist in arranging testing at the Wadsworth Center Laboratory. Viral specimens that result in a positive PCR or culture will be forwarded to CDC for confirmation and genotyping.

## MEASLES POST-EXPOSURE PROPHYLAXIS (PEP)

The successful initiation of measles PEP requires rapid intervention. LHDs can assist with the proper PEP recommendations and infection control measures. Measles vaccination should be administered to susceptible contacts of a measles patient within 72 hours of exposure and may offer protection. Immune globulin is indicated for susceptible household or other close contacts of patients with measles, particularly those contacts younger than 1 year of age, pregnant women and/or immunocompromised persons, for whom risk of complications is highest. Immune globulin should be given within 6 days of exposure to prevent or lessen the severity of measles.

## MEASLES PREVENTION THROUGH VACCINATION

- MMR vaccination is recommended for all children, with the first dose given at age 12 – 15 months, and a second dose at age 4 – 6 years (minimum 28 days apart). Vaccination should be provided at the earliest opportunity based on the Advisory Committee on Immunization Practices (ACIP) recommended schedule.
- Children over one year of age who have received one dose of MMR vaccine and who have recently been exposed to measles infection or are planning travel outside the U.S. should receive a second dose as soon as possible, as long as 28 days have passed since the first dose.
- Catch-up vaccination is recommended for children and adolescents who have not received two doses of measles containing vaccine given at least 28 days apart.
- Unless they have other evidence of immunity, adults should receive at least one dose of MMR vaccine, and two appropriately spaced doses of MMR vaccine are recommended for health-care personnel, college students, and international travelers.
- **All travelers of any age with destinations outside the U.S. should be up-to-date on their immunizations prior to travel. Infants 6 – 11 months of age who are traveling outside of the U.S. should receive one dose of MMR vaccine prior to travel.** MMR vaccine given before 12 months of age should not be counted as part of the routine series. Children who receive MMR vaccine before age 12 months will need two more doses given on or after 12 months of age and at least 28 days apart, for a total of three doses.
- Anyone who has received two valid doses of MMR, or other live measles-containing vaccine, is considered immune to measles. Documentation of laboratory evidence of immunity, or having been born before 1957 are

also accepted as proof of immunity to measles.

- Anyone who lacks proof of measles immunity, as defined above, should receive at least one dose of MMR vaccine.

**For further information, please contact the Suffolk County Department of Health Services at 631-854-0333.**

#### **ADDITIONAL INFORMATION**

- Complete information on MMR vaccine recommendations: <http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf>
- 2016 Immunization Schedules: <http://www.cdc.gov/vaccines/schedules/>
- The NYSDOH Measles Fact Sheet is available at:  
[http://www.health.ny.gov/diseases/communicable/measles/fact\\_sheet.htm](http://www.health.ny.gov/diseases/communicable/measles/fact_sheet.htm)
- For additional information on measles outbreak control measures, clinical presentation and diagnostic tests please refer to the CDC website at: <http://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html>
- The NYSDOH Outbreak Control Manual is available at:  
[http://www.health.ny.gov/prevention/immunization/providers/outbreak\\_control\\_guidelines.htm](http://www.health.ny.gov/prevention/immunization/providers/outbreak_control_guidelines.htm)
- CDC Measles Cases and Outbreaks: <http://www.cdc.gov/measles/cases-outbreaks.html>
- CDC Measles Elimination: <http://www.cdc.gov/measles/about/fags.html#measles-elimination>