



COMMONWEALTH of VIRGINIA

Department of Health

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HEALTH ALERT

DATE: July 26, 2010

TO: Health Care Partners

FROM: Keri Hall, MD, MS *KH*
State Epidemiologist
Virginia Department of Health

RE: Measles Case and Exposures in Virginia

The Virginia Department of Health is investigating a highly suspicious measles case in a Henrico County resident. Contact with this case has resulted in the exposure of residents of Henrico and surrounding areas. For this reason, health care providers should increase their index of suspicion for measles in clinically compatible cases.

We recommend the following three key actions:

- **Seek out additional clinical information about measles at <http://www.cdc.gov/measles/index.html>**
- **Contact your local health department immediately to report a suspected case and for additional guidance on testing and control measures. After hours call 1-866-531-3068**
- **Be sure to mask any patients referred for evaluation/treatment and contact EMS or the local receiving hospital to allow them to prepare appropriately**

As you know, measles is a highly infectious viral disease typically characterized by cough, rhinorrhea, conjunctivitis, and maculopapular rash. Transmission is primarily person to person via respiratory droplets; however, airborne transmission via aerosolized droplets has occurred within shared air space for up to two hours after an infectious person with measles has occupied the space. Persons with measles are contagious from four days prior to rash onset to four days after rash onset.

In patients with a febrile rash which you suspect is measles, we recommend the following:

- Immediately triage patients presenting with a febrile rash; do not allow such patients to remain in your waiting area.
- For patients being transmitted through EMS service, the receiving hospital should be notified prior to arrival, so that the masked patient may be directed immediately to a waiting exam room.
- Contact your local health department as noted above.

- Place such patients in a negative pressure private room, or if not available, a room with a closed door. This exam room should not be used for two hours after a patient suspected of having measles leaves.
- Use standard and airborne precautions.
- Only permit health care workers with immunity to measles to attend to the patient.
- Collect serum and a throat swab and coordinate with the local health department to test for measles IgM and IgG antibodies and viral isolation.

Persons who work in health care facilities (including volunteers, trainees, nurses, physicians, technicians, receptionists, and other clerical and support staff) are at increased risk of exposure to measles, and all persons who work in such facilities in any capacity should be immune to measles to prevent any potential outbreak. Health care workers can be presumed to be immune to measles if they have documentation of two doses of measles vaccine, laboratory evidence of immunity to measles, or documentation of physician-diagnosed measles. Birth prior to 1957 is not acceptable evidence of immunity for health care providers. Susceptible personnel who have been exposed to measles should be relieved from patient contact and excluded from the facility from the fifth to the 21st day after exposure, regardless of whether they received vaccine or immune globulin after the exposure. This highlights the importance of knowing the immune status of health care workers for measles prior to a possible exposure.

Please contact either your local health department or the Virginia Department of Health at 804-864-8055 if you have any questions about this guidance.