



COMMONWEALTH of VIRGINIA

Department of Health

P O BOX 2448
RICHMOND, VA 23218

KAREN REMLEY, MD, MBA, FAAP
STATE HEALTH COMMISSIONER

TTY 7-1-1 OR
1-800-828-1120

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Dear Colleague,

I am writing to make you aware of an unusually high number of measles cases in Virginia within the last month. All clinicians, whether you take care of children or adults, should be aware that we have had four confirmed cases (adult and pediatric) and one additional likely case under investigation. These cases have occurred in multiple regions around the state. The most recent cases occurred in Charlottesville and may have led to the exposure of a significant number of individuals including visitors to the area.

The increased number of measles cases in Virginia mirrors a nationwide trend. As reported in the May 20, MMWR (<http://www.cdc.gov/mmwr/PDF/wk/mm6020.pdf>), during the first 19 weeks of 2011, 118 cases of measles were reported nationwide, the highest number reported for this period since 1996. Primary contributing factors to this trend include increased importation of infections in returning travelers and decreasing rates of measles vaccination among areas of the U.S. population. Clinical providers can reduce this trend by vaccinating all eligible patients (international travelers should be fully vaccinated at least two weeks prior to travel).

As clinicians, you will be on the frontline as a resource to parents and patients who are concerned about exposure or illness. I am alerting you so that you have a high index of suspicion for measles in clinically compatible cases. In order to assist you with your patient case management, the following information and recommendations are provided.

As you know, measles is a highly infectious viral disease spread through coughing, sneezing and contact with secretions from the nose, mouth and throat of an infected person. Typically, it is characterized by fever $>101^{\circ}\text{F}$, cough, coryza, and conjunctivitis. After 3-7 days of illness, this stage progresses to a maculopapular rash that begins on the face and generalizes to the rest of the body. Persons with measles are contagious from four days prior to rash onset through four days after rash onset.

In patients who are symptomatic and you suspect measles, the following actions are recommended:

- Do not allow such patients to remain in your waiting area.
- Immediately provide a surgical mask to the patient and place the masked person in a private, negative pressure room if available, or a room with a closed door. This room should not be used for 2 hours after a suspect measles patient leaves.

- Use standard and airborne precautions.
- Only permit health care workers with immunity to measles to attend to the patient.
- For patients being transmitted through EMS service, EMS and the receiving hospital should be notified prior to arrival, so that the masked patient may be directed immediately to an appropriate exam room.
- Notify your local health department.
- Collect serum, a throat swab and urine and coordinate with the local health department to test for measles IgM and IgG antibodies and viral isolation.

Patients who are asymptomatic may present to you because they believe they have been exposed. For those who are not immune, provide vaccination as appropriate. Any patient who has been exposed and develops signs and symptoms should stay at home and contact you or the local health department immediately. If you have questions about how to manage these patients, please contact your local health department.

People who work in health care facilities in any capacity are at increased risk of exposure to measles. To ensure staff are immune to measles, they must have documentation of two doses of measles vaccine, laboratory evidence of immunity to measles, or 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 not have contact with patients or be in a health care facility from the 5th to the 21st day after exposure, regardless of whether they received vaccine or immune globulin after the exposure.

In summary, please:

- **Maintain a high index of suspicion in your patients who present with measles-like symptoms**
- **Ensure that all eligible patients are adequately vaccinated against measles**
- **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.**
- **Seek out additional clinical information about measles at <http://www.cdc.gov/measles/index.html>.**

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.

Sincerely,

Karen Remley, MD, MBA, FAAP
State Health Commissioner