



Prince William
Health District

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Measles

- The Centers for Disease Control and Prevention reported 839 cases of measles in the United States between January 1 and May 10, 2019 - the greatest number since measles elimination was declared in 2000.
- As of May 10, 2019 there have been no confirmed measles cases in Virginia this year.
- The majority of people who got measles were unvaccinated which is why it is important to encourage prevention with the measles vaccine.
- Measles outbreaks in healthcare settings can disrupt care of patients and put them at higher risk for severe disease. This is especially important for patients who have underlying medical conditions, including weakened immune systems.

Below are suggested actions for medical providers.

<http://www.cdc.gov/measles/hcp/index.html>.

SUGGESTED ACTIONS:

- Maintain an increased index of suspicion for measles in clinically compatible cases at all times.
- For patients with a febrile rash that you suspect is measles, we recommend the following:
 - Immediately triage the patient and do not allow such patients to remain in your waiting room.
 - Place a surgical mask on the patient as soon as possible
 - If you are aware that a suspect measles patient will be arriving at you facility, ensure that the patient is masked before entering the building and, if possible, schedule appointment time to reduce the potential for exposure within your facility.
 - Notify other facilities before referring the suspected measles patient so that appropriate infection control measures can be implemented.
 - Place the masked patient 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 suspected measles patient leaves.
 - Use standard and airborne precautions if possible
 - Only health care workers with proven immunity to measles should work with this patient
 - Collect a serum sample to test for measles IgM and IgG antibodies and a throat swab for viral isolation.
- Ensure that all patients, particularly those traveling internationally are appropriately vaccinated against measles.
- **Measles is an immediately reportable disease. Contact the Prince William Health District at (703) 792-6301 during normal business hours or (866) 531-3068 evenings and weekends, to report a suspected case and for additional guidance on testing and infection control measures.**

ADDITIONAL INFORMATION:

- Measles is a highly infectious viral disease with an incubation period of approximately 10 days. (Range 7-21 days from the exposure to rash onset.)
- Patients with measles are considered infectious from 4 days before to 4 days after rash onset.
- Transmission occurs:
 - Person to person by direct contact with respiratory droplets.
 - Airborne through aerosolized droplets within shared space for up to 2 hours after the infectious person with measles has occupied the space.
- Centers for Disease Control's (CDC's) clinical case definition is an illness characterized by the following:
 - Generalized rash lasting > 3days
 - Temperature > 101° F (38.8° C)
 - Cough, coryza, or conjunctivitis
- Laboratory criteria include the following:
 - Positive IgM serologic test for measles
 - Significant rise in measles antibody
 - Isolation of measles virus from a clinical specimen
 - Detection of measles virus specific nucleic acid by polymerase chain reaction.
- In general, persons may be presumed to be immune to measles if they have:
 - Documentation of two doses of measles vaccine
 - Laboratory evidence of immunity to measles
 - Documentation of Physician diagnosed measles
 - Born before 1957
- Persons not immune to measles should be given an MMR vaccine or immune globulin according to the Advisory Committee on Immunization Practices (ACIP) recommendations.
- Persons 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:
 - i. Two doses of measles vaccine
 - ii. Laboratory evidence of immunity to measles
 - iii. Laboratory confirmation of measles disease
 - iv. Birth prior to 1957 is not acceptable evidence of immunity**
 - Susceptible personnel who have been exposed to measles should not have contact with patients or be in a health care facility from the 5th day through the 21st day after exposure regardless of whether they receive the vaccine or immunoglobulin after the exposure.
- Children traveling internationally can be given the measles vaccine as early as 6 months of age. These children should receive the measles vaccine again at 12-15 months of age. The second dose should be given 28 days after the initial dose. Children who are older than 12 months who have received the initial dose, should receive a second vaccine dose prior to travel. The interval between the two does should be at least 28 days.

Additional information is available from the CDC at <http://www.cdc.gov/measles/index.html>

