



COMMONWEALTH of VIRGINIA
Department of Health

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STATE HEALTH COMMISSIONER

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Dear Colleague:

I am writing to make you aware of an unusually high number of measles cases in North Carolina that may lead to spread of the disease into Virginia. **Since mid-April, the North Carolina Department of Health and Human Services has investigated 19 measles cases in Stokes, Orange, and Polk counties.** As a result, North Carolina state and local public health authorities have notified more than 1,000 people who may have been exposed to the disease at locations in Stokes, Forsyth, Guilford, Orange, Polk, and Chatham counties, all in North Carolina.

Cases are primarily among people who live in or have visited Prabhupada Village in Stokes County, NC. In addition, recent cases are known to have attended the Shakori Hills GrassRoots Festival in Chatham County (located 40 miles west of Raleigh) from Friday, April 19 through Sunday, April 21, while infectious and before becoming ill. Most cases have been unimmunized, which serves as an important reminder that individuals not previously protected by immunization remain susceptible to measles infection.

Stokes County, NC, borders Patrick County, VA; and multiple Virginia residents from across the Commonwealth are believed to have attended the Shakori Hills festival. **I am, therefore, encouraging you to increase your 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 $\geq 101^{\circ}\text{F}$, 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 4 days prior to rash onset through 4 days after rash onset.

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

- Do not allow such patients to remain in your waiting area.
- Provide a surgical mask immediately 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.

- Permit only health care workers with documented immunity to measles to attend to the patient.
- Notify EMS and the receiving hospital prior to arrival of patients being transported by EMS service 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 or immune globulin as appropriate in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations. 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 laboratory confirmation of disease. 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 through the 21st day after exposure, regardless of whether they received vaccine or immune globulin after the exposure.

In summary, please do the following:

- **Maintain a high index of suspicion in your patients who present with measles-like symptoms.**
- **Ensure all susceptible 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 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,

Cynthia C. Romero, MD, FAAFP
State Health Commissioner