

HEALTH ALERT

Summary and Action Items

- 1.) Provide awareness of two additional **measles** (four total) cases leading to potential exposures in Champaign, Illinois.
- 2.) Encourage health care providers to consider measles in the differential of clinically compatible cases, especially with appropriate exposure risks.
- 3.) Remind providers to <u>immediately</u> report any suspect cases, at the time of clinical testing, and outline appropriate steps for diagnosis and isolation.
- 4.) Currently, there are no changes to the national recommended MMR vaccine schedule for children in Illinois. Continue to give MMR vaccine at 12-15 months of age, and 4-6 years of age.

Background

From January 1 to February 14, 2019, 127 individual cases of measles have been confirmed in ten states (<u>https://www.cdc.gov/measles/cases-outbreaks.html</u>), with many states experiencing outbreaks. In Illinois, four recent cases of measles have been diagnosed in Champaign County. All four measles cases are no longer infectious. Individuals who are known to have been exposed during the contagious period have been directly contacted. However, exposures can also have occurred in public areas, where it is impossible to identify all potential contacts. Below is a list of locations where cases were known to have been while infectious and should still be considered exposure locations for patients with clinically compatible symptoms.

Potential Exposures in Illinois\

The following is a listing of known public exposures for the most recent case. When considering whether a clinically compatible case may have been exposed to measles, please ask if the patient might have been exposed at any of the below locations. Patients presenting for measles evaluation should be assessed for potential exposure at these locations on the dates and times listed. A patient may develop symptoms up to 21 days after the exposure date. Unvaccinated person who were exposed at any of these locations should be quarantined for 21 days after their most recent exposure; refer to your local health department for guidance.

Thursday, February 7, 2019	Texas Roadhouse
5:00 pm to 8:30 pm	204 N. Country Fair Dr., Champaign
Sunday, February 10, 2019	Save-A-Lot
7:00 pm to 9:10 pm	220 N. Broadway Ave., Urbana
Monday, February 11, 2019	Urbana Early Childhood School
Tuesday, February 12, 2019	2202 E. Washington St., Urbana
Wednesday, February 13, 2019	
Thursday, February 14, 2019	
1:00 pm to 5:30 pm	
Tuesday, February 12, 2019	Carle Urbana on Windsor, Convenient Care
5:00 pm to 7:30 pm	1818 E. Windsor Rd., Urbana

Illinois Department of Public Health

525-535 W. Jefferson St. Springfield, IL 62761

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Symptoms

Typically, measles starts with a fever, runny nose, cough, red eyes, and sore throat, and is followed by a rash that spreads all over the body, most often starting on the head. The symptoms of measles generally appear seven to 14 days after a person is exposed but can appear up to 21 days after exposure. Patients are considered contagious from four days before to four days after the rash appears.

Transmission

Measles is a highly contagious respiratory disease caused by a virus, transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious on surfaces and in the air for up to two hours after an infected person leaves an area.

Diagnosis

The Champaign-Urbana Public Health District, via press releases and social media, is encouraging symptomatic persons to CALL their providers first before presenting to the clinic or hospital. Providers should assess patients for measles risk during initial phone calls.

Vaccination status of patients should be determined. If patients arrive at your clinic or hospital without calling ahead, facilities should screen incoming patients for suspect measles and promptly mask suspect measles cases and place them in airborne isolation away from other patients in waiting rooms or treatment areas. If airborne isolation is not available, patients should be placed in a single patient room with the door closed. Any rooms where the patient was treated should remain empty for at least 2 hours after the patient has left. Any medical staff caring for a suspect case should be immune to measles.

Consider measles in any patient with febrile rash illness and clinically compatible measles symptoms who: a) has recently traveled abroad or to an area where measles is known to be of concern, or visited one of the above settings during the noted time periods, b) has not been vaccinated, and/or c) has had contact with someone with a febrile rash illness. Immunocompromised people may not develop a rash or may exhibit an atypical rash. For additional information, click on IDPH's <u>Basic Measles Testing Decision Algorithm</u>.

The preferred testing method is a nasopharyngeal specimen by PCR. Serum IgM antibody testing can also be performed. Health care providers and laboratories must first receive authorization to send specimens for testing at the IDPH lab and an authorization number must be obtained by the local health department. Contact your LHD with more specific questions.

We ask that health care providers be vigilant in identifying any suspect measles cases. Health care providers should not wait for laboratory results before contacting their <u>local health</u> <u>department</u> during or after work hours. Laboratories should also report to their local health department positive lab tests for measles as soon as possible, but within 24 hours.

Prevention

The measles vaccine is very effective. One dose of measles vaccine is about 93% effective at preventing measles if exposed to the virus. Two doses are about 97% effective. It is important for all individuals, especially those that work in the healthcare field, to have appropriate records on hand to verify immune status of any vaccine-preventable diseases (vaccination records, laboratory proof of prior disease or immunity). An individual can attempt to locate their

vaccination records through their healthcare providers or through any educational facility they have attended (e.g. high school, college/university).

At this time, there are no changes to the national recommended MMR vaccine schedule for children living in, or visiting, Illinois. Continue to give MMR vaccine at 12-15 months of age, and 4-6 years of age. For children between 6-11 months of age who are travelling internationally to an area with known widespread measles transmission, vaccination can be considered.

IDPH and LHD Response

The Champaign-Urbana Public Health Department is working with the University of Illinois and Carle Hospital to notify patients, students and staff who may have been exposed and identify all susceptible (non-immune) persons. Immunity to measles is defined as:

- 1) Being born before 1957
- Having documented two doses of measles-containing vaccine if you are a K-12 or college student or adults in settings that poses a high risk for measles transmission (e.g. health care workers)
- 3) One dose of measles-containing vaccine preschool aged children and adults not in high-risk settings for measles (e.g. professors)
- 4) Past laboratory confirmed measles diagnoses
- 5) Laboratory evidence of measles immunity

All susceptible contacts will be quarantined and monitored for 21 days from most recent exposure.

Area hospitals, clinics, the UIUC McKinley Student Health Center and the Champaign-Urbana Public Health District are implementing emergency preparedness plans to ensure suspect cases are immediately triaged and placed in appropriate precautions to prevent transmission.

Providers may also print the measles educational flyer to post at their medical offices. The flyer can be found on the <u>IDPH website</u>.

Contact

Contact your local health department during or after work hours.

Additional Resources

https://www.cdc.gov/measles/hcp/index.html http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/measles

Target Audience

Local Health Departments, Infectious Disease Physicians, Hospital Emergency Departments, Infection Control Preventionists, Health Care Providers, and Laboratories

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