



Health Alert



Rahm Emanuel, Mayor

<https://www.chicagoan.org>

Julie Morita, MD Commissioner

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Local Public Exposures for a Recent Measles Case

Summary and Action Items:

- On June 15th, CDPH received a report of an individual with a laboratory confirmed measles infection. The individual exposed others in several locations in the city.
- Local public exposures for the case are listed below. **Patients who report these exposures do not require any testing, regardless of vaccination status, unless they have symptoms.**
- As always, **report any cases of suspected measles to the Chicago Department of Public Health immediately.** Monday-Friday during working hours, call Enrique Ramirez at 312-746-5911. After hours, weekends, and holidays, call 311 and ask for the communicable disease physician on call.

Background: On June 15th, CDPH was notified of an individual with a laboratory confirmed measles infection. This individual went to work, sought care at three healthcare facilities, took four Lyft rides and purchased food at a local restaurant while infectious. CDPH is contacting individuals who were likely exposed in these locations to assess their immunization status, educate them about the symptoms of measles and advise them to call before seeking medical care if they develop febrile rash illnesses.

Potential Exposures: Below is the public location where the individual spent time while infectious. Two hours have been added to the times after the individual left the locations, as measles virus can remain infectious in the air and on surfaces for two hours after an infected person leaves the area.

Date	Location	Potential Exposure Time
June 12, 2018	Honeygrow restaurant 70 East Lake Street, Chicago IL 60601	6:30pm - 9:00pm

Symptoms:

- Patients typically present initially with a prodrome: fever plus conjunctivitis, coryza, cough and Koplik spots (small spots with white or bluish-white centers on an erythematous base on the buccal mucosa).
- A characteristic red blotchy rash appears on the 3rd to 7th day of symptoms; the rash typically begins on the face, then becomes generalized, and lasts 4-7 days. Leukopenia is common.
- The disease is more severe in infants and adults than in children. Complications may result from viral replication or bacterial superinfection, and both acute and delayed mortality have been reported in infants and children.

Transmission: Measles is a highly communicable viral disease.

- Transmission is airborne by droplet spread.
- Incubation period is about 10 days (range 7-21 days) from exposure to onset of fever, and usually 14 days until rash appears. Based on the exposure above, someone who is susceptible and infected could develop symptoms, from the evening of June 19th to the evening of July 3rd.
- Period of communicability is 4 days before rash appearance until 4 days after rash appearance.

Diagnosis: Usually based on clinical and epidemiological factors, with laboratory confirmation.

- Measles-specific IgM antibodies can be detected 3-4 days after rash onset and detection confirms diagnosis, as

does a significant rise in antibody concentrations between acute and convalescent sera.

- RT-PCR can be used to identify measles RNA in the nasopharynx, oropharynx, urine and blood.
- If you are considering testing a patient for measles, please call CDPH for further guidance.

Prevention:

- As always, whenever a patient presents with rash and fever, ask about a history of international travel, contact with foreign visitors, transit through an international airport, or possible exposure to a measles patient in the 3 weeks prior to symptom onset. Suspect measles in patients with such a history. Immediately mask and isolate the patient and call CDPH.
- Routine childhood immunization (e.g. MMR) at age 12-15 months induces immunity in 94-98% of recipients; the second routine dose increases immunity levels to 97-99%. **There is no need to alter childhood vaccination schedules at this time based on the public exposure above; please call CDPH with questions.**
- Nonimmune individuals can receive vaccination or immune globulin early in the incubation period to help prevent disease. Health departments have already contacted individuals for whom this was appropriate and possible.

Public Health Action:

- We are actively contacting Chicago residents who were at risk from exposure at the above location.
- When health care exposures are identified, health departments work with the health care provider to assess patients, staff, and other contacts who may have been exposed. These individuals are contacted individually by the health department or health care provider. This is already underway in this situation.

Contact:

- Please call CDPH with any questions or concerns about measles. During working hours, call Enrique Ramirez at 312-746-5911 or Immunization Program Medical Director Marielle Fricchione, MD at 312-746-5382 or marielle.fricchione@cityofchicago.org.
- After hours, weekends, and holidays, call 311 and ask for the communicable disease physician on call.

Resources:

- [Measles Isolation Precautions and Testing Recommendations for Chicago](#)
- Measles: For Healthcare Professionals: <https://www.cdc.gov/measles/hcp/>
- [2015 Red Book. Section 3: Measles. p535-547.](#)
- Control of Communicable Diseases Manual, 19th ed. American Public Health Association