Chicago Department of Public Health

Health Alert

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

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Potential for Measles Spread during Upcoming Passover Holiday amid Domestic and International Measles Outbreaks

Summary and Action Items:

The following activities have been shown to limit the spread of measles in healthcare facilities:

- Symptom-based patient triage and early identification of clinical presentations consistent with measles.
- Early initiation of isolation precautions (details below).
- Immediate reporting of suspect measles cases to CDPH at **312-743-9000** (or 311 and ask to speak to the communicable disease physician on call) to initiate timely confirmation of diagnosis with measles RT-PCR.
- Leveraging your electronic medical record to adopt measles testing order sets, perform recall of high-risk patients who are not up to date on MMR vaccination, and to support active measles surveillance.
- Reviewing employee evidence of measles immunity now and taking appropriate actions.

Background: So far this year there have been 465 measles cases in 19 states. The states that have reported cases to CDC are Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois**,** Indiana, Kentucky, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, New Jersey, New York, Oregon, Texas, and Washington. The majority of measles cases are in New York City and New York State, which are primarily among unvaccinated people in Orthodox Jewish communities and associated with travelers who brought measles back from Israel.

With the upcoming Passover holiday, which begins the evening of Friday, April 19 and ends the evening of Saturday, April 27, there may be more opportunities for measles to spread. Please be aware that many people celebrating Passover do not stay at home. Families may travel to resorts, hotels, or take cruises for the holiday. And there will likely be an influx of international travelers before Passover, including many from Israel where measles is circulating. Popular destinations include New York, New Jersey, Florida, Las Vegas, Arizona, and Washington, D.C. Patients exposed to measles while traveling for Passover **could begin to develop symptoms between late April and mid-May**.

Patients with measles 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 virus can cause serious complications, such as pneumonia or encephalitis, and even death; both acute and delayed mortality have been reported in infants and children.

What do I do if an individual presents with rash and fever?

Query patients about a history of international travel, history of domestic travel to areas with ongoing outbreaks, 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 compatible clinical presentation and such a history.

What immediate steps should be taken if I suspect measles?

1. Mask suspect measles patients immediately. If a surgical mask cannot be tolerated, other practical means of containment should be implemented (e.g., place a blanket loosely over the heads of infants and young children suspected to have measles when they are in the waiting room or other common areas).
2. Do not allow suspect measles patients to remain in the waiting area or other common areas; isolate them immediately in a negative pressure room if one is available. If such a room is not available, place patient in a

private room with the door closed. For additional infection control information, please see the CDC Health Care Infection Control Practices Advisory Committee (HICPAC) 2007 Guideline for Isolation Precautions.

3. If possible, allow only healthcare personnel with documentation of 2 doses of live measles vaccine or laboratory evidence of immunity (measles IgG positive) to enter the patient's room.
4. If possible, do not allow susceptible visitors in the patient room.
5. Do not use the examination room for at least two hours after the possibly infectious patient leaves.
6. If possible, schedule suspect measles patients at the end of the day.
7. **Notify CDPH immediately of any suspect measles patients to arrange for measles RT-PCR testing at the Chicago IDPH laboratory (no commercial labs offer this test). Instructions on authorization below.**
8. If the patient is being referred for additional clinical evaluation or laboratory testing, notify staff about the patient's suspect measles status prior to patient arrival and DO NOT refer suspect measles patients to certain locations unless appropriate infection control measures can be implemented and staff confirms that they can safely receive the patient. CDPH can help guide you with this decision-making.
9. Instruct suspect measles patients and exposed persons to inform all healthcare providers of the possibility of measles prior to entering a healthcare facility so that appropriate infection control precautions can be implemented.
10. Make note of the staff and other patients who were in the area during the time the suspect measles patient was in the facility and for two hours after they left. If measles is confirmed in the suspect case, exposed people will need to be assessed for measles immunity.

Measles Specimen Collection, Authorization, and Shipping

Refer to the *Guidelines for Submitting Measles Specimens to IDPH Lab* section of the CDPH Measles Health Alert Network page www.chicagohan.org/measles for instructions. Consider other viral exanthems as appropriate.

Healthcare Personnel Vaccination Recommendations

All persons who work in health-care facilities should have presumptive evidence of immunity to measles. This information should be documented and readily available at the work location. Presumptive evidence of immunity to measles for persons who work in health-care facilities includes any of the following:

- Written documentation of vaccination with 2 doses of live measles or MMR vaccine administered at least 28 days apart,
- Laboratory evidence of immunity (titer),
- Laboratory confirmation of disease, or
- Birth before 1957*

*Although birth before 1957 is considered as presumptive evidence of immunity, for unvaccinated HCP born before 1957 that lack laboratory evidence of measles immunity or laboratory confirmation of disease, health care facilities should consider vaccinating personnel with two doses of MMR vaccine at the appropriate interval.

Post-exposure prophylaxis for healthcare personnel

If a healthcare provider without evidence of immunity is exposed to measles, MMR vaccine should be given within 72 hours, or IG should be given within 6 days when available. Healthcare facilities should plan to purchase and maintain adequate stock of MMR vaccine to be used as post-exposure prophylaxis in the event of a measles exposure of patients and/or staff. Exclude healthcare personnel without evidence of immunity from duty from day 5 after first exposure to day 21 after last exposure, regardless of post-exposure prophylaxis.

Prevention

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%. CDC continues to encourage parents to get their children vaccinated on schedule with the MMR vaccine and has specific recommendations prior to international travel. Adults without evidence of immunity should receive 1 dose of MMR if they have previously received 1 dose, or a 2-dose series of MMR at least 4 weeks apart if previously they have not received any MMR.

Resources: CDC measles website: https://www.cdc.gov/measles/index.html,
For healthcare professionals: https://www.cdc.gov/measles/hcp/index.html
For families: https://www.cdc.gov/measles/resources/parents-caregivers.html