



# Health Alert



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Chicago Health Alert Network

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**December 7, 2018**

## ***Call to Report Local Suspect Measles Cases and Assess for Travel to NY/NJ***

### **Summary and Action Items:**

- Providers should have a high index of suspicion to test for measles in clinically compatible individuals from the Orthodox Jewish community and in persons returning from travel to Israel or affected NY and NJ neighborhoods.
- Providers should contact Chicago Department of Public Health immediately with any suspect measles cases in a clinically compatible case at high risk of exposure to measles.
- **Report suspect measles cases to the provider reporting hotline 312-743-9000** Monday-Friday during working hours. After hours, weekends, and holidays, call 311 and ask for the communicable disease physician on call.

**Background:** Ongoing measles outbreaks are occurring in the Orthodox Jewish communities in Brooklyn, Rockland County and Orange County New York, and in Ocean County, New Jersey. The outbreaks originated from multiple introductions from unvaccinated individuals with travel to Israel, where a large outbreak is occurring. As of December 5, 2018, there have been 37 confirmed cases in Williamsburg and Boro Park, Brooklyn, NY, 89 confirmed cases in Rockland County, NY, 2 cases in Orange County, NY and 18 cases associated with Ocean County, NJ. The majority of cases have been in persons who were not age-appropriately up-to-date with MMR vaccines. Providers should have a high index of suspicion for measles in clinically compatible individuals from the Orthodox Jewish community and in persons returning from travel to Israel or to the affected neighborhoods in NY and NJ. To date, Chicago has identified one local measles case and providers should be aware that local transmission may occur. Early identification and testing of cases is crucial to stop transmission.

**Symptoms and Transmission:** Measles is a highly communicable viral disease. If measles is suspected, patients should be masked and put in airborne isolation immediately. Incubation period is about 10 days (range 7-21 days) from exposure to onset of fever, and usually 14 days until rash appears. Period of communicability is 4 days before rash appearance until 4 days after rash appearance. Patients typically present with a prodrome: fever plus conjunctivitis, coryza, cough and rarely, Koplik spots (small white spots on an erythematous base on buccal mucosa). A characteristic red blotchy rash appears on day 3-7 of symptoms; it begins on the face, then becomes generalized, and lasts 4-7 days. Leukopenia is common. The disease is more severe in infants and complications include pneumonia, bacterial superinfection, and encephalitis.

**Testing:** Collect specimens as soon as possible after rash onset. Throat swabs are preferred. Nasal swabs or washes are acceptable but not preferred. If you suspect measles enough to test, call CDPH immediately for consultation, [authorization and coordination of diagnostic testing](#) which includes measles IgM antibody testing and the measles RNA real-time polymerase chain reaction (RT-PCR) at the Illinois Department of Public Health (IDPH) laboratory in Chicago.

**Prevention:** Routine childhood immunization (e.g. MMR) at age 12-15 months induces immunity in 93% of recipients; the second routine dose at 4-6 years increases immunity levels to 97%.

- **CDPH is endorsing a permissive recommendation for expanded MMR vaccination in families with frequent, prolonged, or upcoming travel to locations with ongoing measles outbreaks** (as described above). Remember that it takes 2 weeks for immunity to develop. If given, the dose would not count toward a routine 2-dose schedule. The child would need to be revaccinated at 12-15 months of age and again at 4-6 years of age for a total of 3 doses.

Visit [www.chicagohan.org/measles](http://www.chicagohan.org/measles) for additional instructions and resources.