May 3, 2019

Public Health Advisory for Medical Providers - Measles

Dear Colleague,

The United States is currently experiencing the largest epidemic of measles in 25 years. As of this date, no cases of measles have been identified in North Carolina. However, given the trend with additional cases now evidenced in adjoining states and some of our local risk factors, I believe it is necessary to begin preparations for the potential of a local measles case or cases. As a community medical provider, you are an essential partner with our collective efforts to decrease the spread of measles through appropriate vaccination and quick identification of possible cases. To assist you in your vital clinical work, we have included the following information on immunization guidelines and the assessment of suspected measles cases.

Immunization Guidelines

1. Persons born before 1957 lived through several years of epidemic measles. As a result, these persons are very likely to have had measles disease. Surveys suggest that 95%-98% of persons born before 1957 are immune to measles. Therefore, persons born before 1957 are considered immune. If serologic testing indicates that a person is not immune at least 1 dose of MMR vaccine should be administered using the guidelines based on their risk status.

2. Adults born between 1957-1989 who are low risk should receive one dose of MMR vaccine if they do not have proof of immunity.

3. Adults born between 1957-1989 who are high risk (healthcare worker, travel internationally or attend college/university) should receive two doses of MMR vaccine if they do not have proof of immunity.

4. Adults born between 1963-1967 require special consideration as both active and inactive MMR vaccine was given during this time. If a patient received inactive MMR or can not confirm what type of vaccine was given they should be revaccinated with either one dose of MMR vaccine (low risk patient) or two doses of MMR vaccine (high risk patient).

5. Starting after 1989 MMR vaccine was recommended routinely for all children at age 12-15 months with a second dose given at age 4-6 years.

Assessment of Suspected Measles Cases

Testing for measles is reserved for those cases that are most likely to have measles. Consider the following factors when determining the level of suspicion for measles.

1. Immune Status: persons who have acceptable evidence of immunity through either vaccination, laboratory evidence or birth before 1957 are very unlikely to acquire measles.

2. Exposure History: Inquire about potential sources of infection in the 21 days prior to symptom onset.
   - International Travel
   - Domestic travel to locations with known cases
   - Contact with persons with similar symptoms
   - Contact or known exposure to suspected cases

3. Clinical Picture: Consider if the clinical picture is compatible with symptoms.
   - Prodrome with high fever (up to 105), cough, coryza, conjunctivitis and Koplik spots.
b. Rash that usually begins 14 days after exposure and after symptoms of prodrome. The rash is maculopapular and begins on face and head then spreads to trunk and extremities. It will then fade in order of appearance.

4. Consider other causes: Inquire about recent use of antibiotics, contact with cases of rash illness with known etiology (Roseola, Coxsackie, Parvovirus, Human herpesvirus 6-7, Strep Throat/Scarlet Fever or Rocky Mountain Spotted Fever).

For patients in whom you suspect measles:

1. Contact the state communicable disease Branch (919-733-3419; available 24/7) or your local health department (Henderson County 828-694-6015) immediately if measles is suspected to discuss laboratory testing and control measures.

2. Immediately implement airborne precautions for any patient with suspected or confirmed measles. Rooms that are occupied by a suspected or confirmed measles case should not be used until two hours after the patient leaves.

3. Only healthcare personnel with documented immunity to measles (written documentation of two doses of measles vaccine or laboratory evidence of immunity) should care for patients with suspected or confirmed measles.

4. Notify EMS and/or receiving facility prior to transferring or referring patients with suspected measles to decrease further exposures.

5. Patients with suspected measles should be educated on the importance of not exposing other persons through travel or use of public spaces and should be excluded from work, school or other public activities until infection is ruled out or infectious period has ended.

This information will also be posted to our website www.hendersoncountync.gov/health under the link Procedures and Reporting for Healthcare Providers. If you have any questions or concerns, please contact our Communicable Disease Division at (828) 694-6019.

Sincerely,

Steven E. Smith, MPA
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Cc: Diana Curran, MD
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