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MEASLES PREVENTION AND CONTROL IN NEW YORK STATE

Please distribute to Medical-Care Providers, Chief Medical Officer, Infectious Disease Department, Infection Control Department, Emergency Department, Primary Care Clinic, Director of Nursing, Laboratory Service, and all patient care areas.

SUMMARY

The Centers for Disease Control and Prevention (CDC) and State Health Departments continue to receive reports of measles cases. From January 1 to January 30, 2015, 102 people from 14 states were reported to have measles with the majority of these cases linked to Disneyland Resort Theme Parks in California.

- ☐ Currently in 2015, there have been six confirmed measles cases in Ontario, Canada, including one in the Niagara region.
- ☐ Currently in 2015, there has been one reported measles case in New York State (NYS) outside of New York City (NYC), and two cases in NYC. No measles cases have been reported in Erie County or Western New York in 2015.
- ☐ Healthcare providers should ensure that all of their patients are current on MMR (measles, mumps, and rubella) vaccine and emphasize the importance of vaccination at the earliest recommended age to prevent measles.
- ☐ Healthcare providers should consider measles in the differential diagnosis of patients with fever and rash and ask patients about recent international travel or travel to domestic venues frequented by international travelers.
- ☐ Suspect measles cases should be placed in airborne isolation. If an airborne infection isolation room is not available, then the exam room used to isolate a suspect measles case should not be used for 2 hours after the case leaves the room.
- ☐ **Immediately report suspect measles cases to the Erie County Department of Health (ECDOH) at (716) 858-7698 during normal business hours and (716) 961-7898 after hours.**

MEASLES EPIDEMIOLOGY

Measles is a highly contagious, acute viral illness. It begins with a prodrome of fever, cough, coryza (runny nose), conjunctivitis (pink eye), lasting 2-4 days prior to maculopapular rash onset. The rash usually starts on the face and proceeds down the body to involve the extremities last. Koplik's spots may be present, often before

the rash develops. Measles can cause severe health complications, including pneumonia, encephalitis, and death.

Measles is transmitted by contact with an infected person through coughing and sneezing; infected people are contagious from 4 days before their rash starts through 4 days afterwards. After an infected person leaves a location, the virus remains viable for up to 2 hours on surfaces and in the air. The incubation period for measles from exposure to fever is usually about 10 days (range, 7 to 12 days) and from exposure to rash onset is usually 14 days (range, 7 to 21 days).

INFECTION CONTROL

Measles is spread via airborne transmission and direct contact with infectious droplets. Cases of fever and rash illness should immediately be placed in airborne isolation. If an airborne infection isolation room is not available, then the exam room used to isolate a suspect measles case should not be used for 2 hours after the case leaves the room and the number of people entering and leaving should be minimized. When transporting a patient through the hospital, the patient should be masked. If possible, elevators and corridors should not be used for two hours after the patient has passed through them. If possible, any procedures required for the patient should be performed in the patient's room or delayed until the patient is no longer infectious.

LABORATORY TESTING


Viral specimens (throat or nasal-pharyngeal swab and urine) and serology should be obtained for diagnostic testing and confirmation.

Use of commercial laboratories for measles testing may take up to a week to obtain results. Reporting suspected cases of measles enables access to rapid testing through the NYS Wadsworth Center Laboratory. The LHD can assist in arranging testing at the Wadsworth Center Laboratory. Viral specimens that result in a positive PCR or culture will be forwarded to CDC for confirmation and genotyping.

MEASLES POST-EXPOSURE PROPHYLAXIS (PEP)

The successful initiation of measles PEP requires rapid intervention. LHDs can assist with the proper PEP recommendations and infection control measures. Measles vaccination should be administered to susceptible contacts of a measles patient within 72 hours of exposure and may offer protection. Immune globulin is indicated for susceptible household or other close contacts of patients with measles, particularly those contacts younger than 1 year of age, pregnant women and/or immunocompromised persons, for whom risk of complications is highest. Immune globulin should be given within 6 days of exposure to prevent or lessen the severity of measles.

MEASLES PREVENTION THROUGH VACCINATION

 MMR vaccination is recommended for all children, with the first dose given at age 12 – 15 months, and a second dose at age 4 – 6 years. **Vaccination should be provided at the earliest opportunity based on the Advisory Committee on Immunization Practices (ACIP) recommended schedule.** Catch-up vaccination is recommended for children and adolescents who have not received two

appropriately spaced doses. Unless they have other evidence of immunity, adults should receive at least one dose of MMR vaccine, and two appropriately spaced doses of MMR vaccine are recommended for health-care personnel, college students, and international travelers.

☐ All travelers of any age with destinations outside the U.S. (including Canada) should be up to date on their immunizations prior to travel. Infants 6 – 11 months of age who are traveling outside of the U.S. (including Canada) should receive one dose of MMR vaccine prior to travel

VACCINE RECOMMENDATIONS

Children ≥12 months, Adolescents, and Adults

☐ All children should receive an MMR vaccine at 12 – 15 months of age. The second dose of MMR is routinely administered at age 4 – 6 years typically before entering kindergarten, but may be administered as soon as 28 days after the first dose. Vaccination should be provided at the earliest opportunity based on the ACIP recommended schedule.

☐ Children over one year of age who have received one dose of MMR vaccine and who have recently been exposed to measles infection or are planning travel outside the U.S. (including Canada) should receive a second dose as soon as possible, as long as 28 days have passed since the first dose. Second doses of MMR are valid as long as they are administered after 12 months of age and at least 28 days after the first dose was administered.

☐ Anyone who has received two valid doses of MMR, or other live measles-containing vaccine, is considered immune to measles. Documentation of laboratory evidence of immunity, or having been born before 1957 is also accepted as proof of immunity to measles. Anyone who lacks proof of measles immunity, as defined above, should receive at least one dose of MMR vaccine. Two appropriately spaced doses of MMR vaccine are recommended for health-care personnel, college students, and international travelers.

Children 6–11 months of age who are traveling outside the U.S. (Including Canada)

☐ Should receive one dose of MMR vaccine prior to international travel.

☐ MMR vaccine given before 12 months of age should not be counted as part of the routine series. Children who receive MMR vaccine before age 12 months will need two more doses for a total of three doses, the first of which should be administered at 12 – 15 months of age and the second at least 28 days later (typically at age 4 – 6 years or before beginning kindergarten).

REPORTING

Providers are required to report a suspected measles case to the ECDOH at 716-858-7697 during normal business hours or 716-961-7898 evenings, weekends and holidays.

ADDITIONAL INFORMATION

☐ Complete information on MMR vaccine recommendations: <http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf>

2015 Immunization Schedules: <http://www.cdc.gov/vaccines/schedules/>

The NYSDOH Measles Fact Sheet is available at: http://www.health.ny.gov/diseases/communicable/measles/fact_sheet.htm

Destination specific travel immunization information is available on the CDC and Prevention's Travelers' Health website at: <http://wwwnc.cdc.gov/travel/destinations/list>

For additional information on measles outbreak control measures, clinical presentation and diagnostic tests please refer to the CDC website at: <http://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html>

The NYSDOH Outbreak Control Manual is available at: http://www.health.ny.gov/prevention/immunization/providers/outbreak_control_guidelines.htm

CDC Measles Cases and Outbreaks: <http://www.cdc.gov/measles/cases-outbreaks.html>

CDC Measles Elimination: <http://www.cdc.gov/measles/about/faqs.html#measles-elimination>

Health Category Definitions:

Health Alert FLASH: **conveys the highest level of importance due to a large-scale, catastrophic public health emergency; warrants immediate action or attention**

Health Alert Priority: **conveys the highest level of importance; warrants immediate action or attention to a health problem or situation**

Health Advisory: **provides important information for a specific incident or situation; may not require immediate action**

Health Update: **provides updated information regarding an incident or situation; no immediate action necessary**

The Erie County Department of Health does not provide medical advice. The information provided on the Erie County Department of Health website is not an attempt to practice medicine and is not intended as a substitute for professional medical advice, diagnosis, or treatment. It is for informational purposes only. Always seek the advice of your personal physician or other qualified health provider with any questions you may have regarding a medical condition or issue. Never disregard professional medical advice or delay in seeking it because of the content found on the Erie County Department of Health website or this correspondence.

The ECDOH Health Alert & Advisory System is an e-mail notification system designed to alert community partners about important health related information. You can sign up to receive alerts & advisories at <http://www2.erie.gov/health/index.php?q=node/59>