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MEMORANDUM

To: Illinois physicians, other clinicians, infection control professionals, Emergency Departments, and other healthcare providers

Cc: Local health departments and regional office of IDPH

From: Communicable Disease Control Section
Illinois Department of Public Health

Subject: Measles: Infection Control Guidance and Testing

Date: January 25, 2015

Measles is highly contagious and is spread through the airborne route, so non-immune patients, staff, and hospital visitors are at risk of being exposed to measles. Any hospitalized patient who is suspected of having measles should be immediately placed in airborne isolation. For infection control information, please see the CDC "Guideline for Isolation Precautions" at [Centers for Disease Control and Prevention's Guideline for Isolation Precautions](#).

Measles should be considered in any patient with fever, conjunctivitis, cough, coryza (cold symptoms), and malaise, as well as any patient who presents with fever and a maculopapular rash. Patients should be asked about a history of international travel, contact with foreign visitors, visiting domestic venues frequented by international travelers, or possible exposure to a measles patient in the 3 weeks prior to symptom onset. Please note that a small percentage of people born before 1957 are susceptible to measles.

Patients with measles have a prodrome of fever, conjunctivitis, cough, coryza, and malaise for 3 to 5 days before the rash appears on their face and upper body, and then spreads down over the entire body over the following 3 to 4 days. Immunocompromised patients may not exhibit rash. Unimmunized contacts of measles cases can be vaccinated within 3 days of exposure, or given immune globulin within 6 days of exposure to prevent or ameliorate the illness.

For additional information on disease, see the CDC Measles Information for Healthcare Providers (<http://www.cdc.gov/measles/hcp/index.html>) and the CDC Manual for the Surveillance of Vaccine-Preventable Disease – Measles (<http://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html>)

Please contact your local health department immediately if you suspect that a patient may have measles. Laboratory analysis should be completed for all suspect cases whose symptoms and clinical presentation are clinically compatible. Measles testing by RT-PCR (respiratory specimens) can be completed at the IDPH Springfield Laboratory and IgM serology can be routed through the IDPH lab for testing at the CDC Laboratory. The RT-PCR methodology has been validated by CDC and should be used in conjunction with serology testing.

All specimens submitted to the IDPH Springfield Laboratory must be facilitated by your local health department who will provide an authorization number for the specimens. Instructions for measles testing and specimen submission to the IDPH lab can be found in the Illinois Department of Public Health's Laboratories Manual of Services.

If you have any questions, please contact Fredrick Echols, MD, IDPH Communicable Disease Section Chief at 217-782-2016 or Fred.Echols@illinois.gov.