

Measles Health Alert

2015

Measles outbreaks have originated from returning international travelers, and visiting domestic venues frequented by international travelers. Limited community transmission can occur. Measles is highly contagious. Please protect patients, visitors, and staff!

✓ Keep an eye out for measles symptoms:

Suspect measles in patients with:

- fever and rash, and
- history of exposure to a case, or
- history of international travel, contact with international visitors or visiting venues frequented by international visitors in the past 3 weeks (21 days), or
- any patient with clinically compatible symptoms

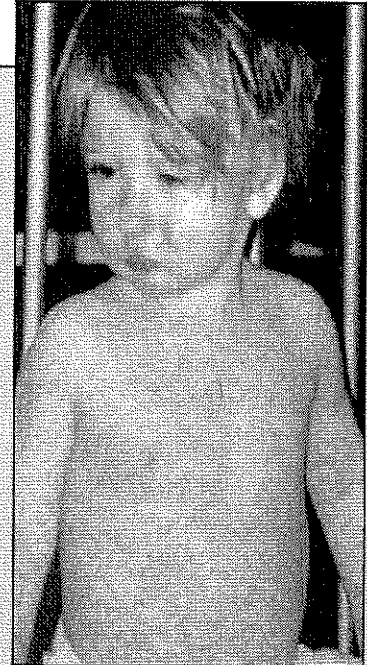
Note: A history of 2 doses of MMR vaccine does not exclude a measles diagnosis.

Prodrome

- Mild to moderate fever
- Cough
- Coryza
- Conjunctivitis

Rash onset

- Fever spikes, often as high as 104° to 105° F
- Red, maculopapular rash that may become confluent—typically starts at hairline, then face, and spreads rapidly down body
- Koplik's spots (tiny blue/white spots on the bright red background of the buccal mucosa) may be present



✓ Act immediately if you suspect measles:

- Implement airborne infection control precautions immediately, mask and isolate patient—negative pressure room, if available.
- Permit only staff immune to measles to be near the patient.
- Notify your local health department immediately!!
- Expedite measles serologic (IgM and IgG) and PCR testing through the IDPH lab; use of commercial labs may delay definitive diagnosis.
- Safeguard other facilities: assure airborne infection control precautions before referring patients.
- Do not use any regular exam room for at least 2 hours after a suspected measles patient has left the room.