



Philadelphia Department of Public Health  
**Division of Disease Control**

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**Health Alert**  
**Probable Case of Measles in Infant in Philadelphia**  
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The Philadelphia Department of Public Health Division of Disease Control is investigating a probable case of measles in an 11-month-old child. Confirmatory tests are pending. The child has no history of travel, but may have been exposed to recent immigrants and others with international travel history at a wedding in late May at a mosque in West Philadelphia, 9 days prior to the onset of rash. The family comes from Ivory Coast and neither the child nor parents were immunized against measles. The family sought medical care for the illness at two locations, requiring aggressive contact identification and follow-up of other patients and contacts in those settings.

Nationwide, a total of 64 cases of measles have been reported to the Centers for Disease Control and Prevention (CDC) between January 1, 2008 and April 25, 2008. The majority of these cases (84%) were importation associated. Transmission has occurred in both community and healthcare settings. In light of this possible domestic exposure, the Philadelphia Department of Public Health recommends:

- Healthcare professionals should consider the diagnosis of measles in susceptible individuals who present with fever, rash, and cough, coryza, and conjunctivitis. Suspicion should be especially high for individuals from the immigrant African community, as well as other who report recent international travel, or contact with persons who have traveled internationally,
- Obtain urine and nasopharyngeal specimens for viral diagnosis (culture, PCR) from suspect cases as early as possible in the course of illness. Serum for measles IgM should be collected after the onset of rash. PDPH can facilitate specimen transport to the Pennsylvania Department of Health Bureau of Laboratories for diagnostic testing.
- To prevent transmission of measles in health-care settings, staff should be vigilant about recognizing measles-compatible rash illness in patients. Such patients should be removed from waiting areas to isolation rooms as quickly as possible. Patients should be asked to wear a surgical mask (if tolerated) for source containment, airborne infection-control precautions should be followed stringently, and patients should be placed in a negative air-pressure room as soon as possible. If a negative air-pressure room is not available, the patient should be placed in a room with the door closed.
- All children should receive 2 doses of MMR vaccine, with the first dose recommended at age 12--15 months and the second dose at age 4-6 years. Unless they have other documented evidence of measles immunity, all adults should receive at least 1 dose. Two doses are recommended for international travelers aged  $\geq 12$  months, health-care personnel, and students at secondary and postsecondary educational facilities. Infants aged 6--11 months should receive 1 dose before travel abroad.
- Health-care personnel place themselves and their patients at risk if they are not protected against measles. Health-care personnel should have documented evidence of measles immunity readily available at their work location.
- Case contacts without documented evidence of measles immunity should be vaccinated, offered immune globulin, or asked to quarantine themselves at home from the fifth day to the twenty-first day after exposure. *Consult with the Division of Disease Control for specific recommendations.*
- Report all suspected measles cases immediately to the Division of Disease Control at 215-685-6748, so that public health investigation and disease control measures can be initiated promptly. After normal business hours and on weekends, call 215-686-1776 and ask for the person on-call for the Division.