

Health Advisory

Measles – Exposures and Recommendations for Healthcare Workers January 2, 2024

SUMMARY POINTS

- Three secondary cases of measles have occurred locally in Philadelphia in the past month after exposure to an individual with an infection acquired internationally. Cases did not have previous immunity.
- Have a high suspicion for measles in unvaccinated individuals with fever, congestion, and cough, even before the appearance of rash, especially if they have been notified that they are or a contact of theirs was exposed to measles.
- Rash typically presents several days after the initial prodrome. Individuals are infectious for 4 days prior to rash onset.
- Assess all patients for measles immunity and provide catch-up MMR vaccination to any individual who is eligible.

Background

[Measles](#) is a highly contagious, acute viral illness that begins with a fever, cough, coryza (runny nose), and conjunctivitis (pink eye), lasting 2–4 days prior to rash onset. The rash typically occurs 3–5 days after symptoms begin and usually appears on the face and spreads downward. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. The measles virus can remain infectious in the air and on surfaces for up to two hours after an infected person leaves an area. Infected people are contagious from 4 days before the rash starts through 4 days afterwards. The incubation period for measles from exposure to fever is about 10 days, but ranges from 7-12 days. Measles can cause severe health complications, including pneumonia, encephalitis, and death.

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There have been multiple measles exposures at [healthcare](#) facilities in Philadelphia. Exposures have occurred at:

- 12/6/23 – Children’s Hospital of Philadelphia (CHOP) Emergency waiting room at 3401 Civic Center Blvd
- 12/7/23 – 12/8/23 CHOP Observation Unit at 3401 Civic Center Blvd
- 12/19/23 – Medical office building at 833 Chestnut St/33 S 9th St (which includes practices associated with Jefferson Health and other offices)
- 12/28/23 – CHOP Emergency Room waiting room at 3401 Civic Center Blvd

Efforts have been made by health care institutions as well as PDPH and surrounding county health departments to contact individuals exposed. Since not all individuals are able to be reached or identified, it is possible that additional local transmission of measles may occur particularly among persons who lack measles immunity.

Recommendations for Healthcare Workers

- Maintain a high suspicion for measles in individuals who are not immune and present with measles symptoms, even if a rash is not present.
- Create triage policies to quickly identify patients who could have measles including questions about recent measles exposures and international travel to areas where measles is endemic.

- Immediately place individuals who may have measles in airborne infection isolation rooms (AIIR). If an AIIR isn't available, the patient should be placed in a single room and must mask until they can be placed in an AIIR. Measles spreads between rooms through shared airspace. All staff should don a respirator.
- Contact PDPH by calling 215-685-6740 during regular business hours or 215-686-4514 after hours and on weekends if you suspect a measles case and to coordinate testing. Consider testing concurrently for other respiratory viruses.
- Outpatient providers should notify hospital emergency rooms (ER) prior to referring patients to present to the ER so that patients can be quickly isolated. Patients age 2 and over should be told to mask when presenting to the ER.
- Administer routine and catch-up vaccination with measles, mumps, and rubella (MMR) vaccine. MMR is routinely recommended for patients 12–15 months with a second dose given at age 4–6 years. MMR is also recommended for infants 6-11 months of age [before international travel](#).
- Healthcare system and hospital infection prevention staff should share this advisory with front-line and triage staff.