

## Health Advisory

### Measles Infection Control, Testing, and Vaccination Guidance January 9, 2024

#### SUMMARY POINTS

- Three secondary cases and 4 tertiary cases of measles have occurred locally in Philadelphia in the past month after exposure to an individual with an infection acquired internationally. All cases have been unvaccinated.
- 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.
- Primary care providers should reach out to all individuals who are 12 months and older and who are not up to date on vaccination to schedule MMR vaccination as soon as possible.

Three secondary cases of measles have occurred locally in Philadelphia in the past month after exposure to an individual with an infection acquired internationally. Four tertiary cases have occurred after exposure to one of the secondary cases at daycare. Cases did not have previous immunity.

There have been multiple measles exposures at healthcare facilities in and around Philadelphia as well as a daycare in Philadelphia. For a complete updated listing visit this [blog post](#).

Efforts have been made by health care institutions as well as PDPH and surrounding county and state 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.

#### Infection Control

- Maintain a high suspicion for measles in individuals who are not immune and present with measles symptoms.
- Create triage policies to quickly identify patients who could have measles including questions about recent measles exposures and symptoms. If possible, consider preliminary triage at the door.
- 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.
- Consult with engineering teams to determine the best locations to place patients if all AIIR are occupied.
- 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. Providers should also contact PDPH by calling 215-685-6741 for any suspect cases.

#### Testing

- Contact PDPH by calling 215-685-6741 during regular business hours or 215-686-4514 after hours and on weekends if you suspect a measles case and to coordinate testing. Healthcare facilities that are located outside of Philadelphia should contact their local health departments to coordinate testing. Test concurrently for other respiratory viruses.
- Providers should collect an NP swab in viral or universal transport media and urine specimen in a sterile container (minimum 50 ml) for measles PCR. Refrigerate if specimens are not transported or shipped immediately. Ship on cold packs. PCR is sent through the state Bureau of Laboratories. While PCR testing is available commercially, results will not be received in a timely manner.
- Consider sending measles IgG serology through commercial labs for individuals who don't have documentation of measles immune status and are potential contacts. This will help avoid a quarantine if positive but should be done in the first 5 days after exposure and before an individual would become potentially infectious. PDPH may be able to help coordinate a home blood draw after that time if necessary, so that healthcare exposures can be avoided.

### **Vaccination**

- Administer routine and catch-up vaccination with measles, mumps, and rubella (MMR) vaccine.
- Recall patients 12 months and older who are not up to date on MMR vaccination.
- Primary care offices could consider nurse only clinics or other strategies to bring children in quickly for their first MMR vaccine.
- Individuals who have received only 1 MMR greater than 28 days ago and are exposed should receive a 2<sup>nd</sup> dose within 72 hours of exposure.
- MMR is also recommended for infants 6-11 months of age [before international travel](#).