

Health Advisory

Update Regarding Measles in Philadelphia

May 22, 2024

SUMMARY POINTS

- A travel associated measles case was identified in an adult in the Philadelphia region.
- Providers should continue to maintain a high index of suspicion for measles in unvaccinated individuals who present with a fever and a typical rash.
- An increase in global cases of measles continues. Ask patients about upcoming travel plans. Ensure MMR vaccination of all children at 12-15 months and give an early dose at 6-11 months for children traveling internationally.
- If older children or adults have plans to travel internationally, check vaccine records and ensure MMR vaccination for anyone who hasn't completed their series.

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 2 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 7-21 days. Measles can cause severe health complications, including pneumonia, encephalitis, and death.

One travel-related case of measles has been recently identified in an adult in the region. The Philadelphia Department of Public Health (PDPH), Pennsylvania Department of Health (PADOH), and other local health departments are conducting interviews with contacts.

People present at the following locations may have been exposed:

- CVS Pharmacy
 - 10901C Bustleton Ave, Philadelphia, PA 19116
 - Wednesday, May 15, 2024, 11:00 a.m. to 4:00 p.m.
- Holy Redeemer Hospital Emergency Department
 - 1648 Huntingdon Pike, Strauss Emergency Pavilion, Meadowbrook, PA 19046
 - Thursday, May 16 11:30 am - Friday, May 17 12:30 a.m.
- Holy Redeemer Hospital Medical- Surgical Unit (2nd floor)
 - 1648 Huntingdon Pike, Meadowbrook, PA 19046
 - Thursday, May 16 10:30 p.m. to Friday, May 17th 12:30 p.m.

Infection Control

- Maintain a high suspicion for measles in individuals who are not immune and present with measles symptoms. Many countries, including travel destinations, are experiencing [measles outbreaks](#), so the potential for travel-related measles cases and subsequent outbreaks in the United States has increased.
- 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, goggles or face shield, gown, and gloves.
- 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 aged 2 years and over should be told to mask when presenting to the ER.

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/OP swab and urine specimen for measles PCR.
- PCR is sent through the PADOH Bureau of Laboratories. While PCR testing is available commercially, results will not be received in a timely manner. IgM should never be sent without PCR testing. IgM can be sent in addition to PCR, especially if rash started several days before specimen collection. IgM should never be sent without concurrently sending a PCR.
- Consider sending measles IgG serology through commercial labs for individuals who don't have documentation of measles immune status and are potential contacts. This may help avoid a quarantine but must be done in the first 6 days after exposure before an individual could be potentially infectious. PDPH may be able to help coordinate a home blood draw after day 6 post exposure if necessary.

Vaccination

- Administer routine and catch-up vaccination with measles, mumps, and rubella (MMR) vaccine.
- Primary care offices could consider nurse only clinics or other strategies to bring children in quickly for their first MMR vaccine.
- Individuals 12 months and older who have received only 1 MMR greater than 28 days ago and are exposed should receive a 2nd dose within 72 hours of exposure.
- MMR is also recommended for infants 6-11 months of age [before international travel](#).