



Philadelphia Department of Public Health
Division of Disease Control

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Health Advisory

Confirmed Measles Outbreaks in SW Pennsylvania and Maryland **April 16, 2009**

Health officials in nearby regions have reported a number of confirmed and suspected measles cases in recent weeks. State health officials in Pennsylvania have confirmed six cases in Southwest Pennsylvania and are investigating other likely cases. In retrospect, the source of the outbreak was a child (hx of one MMR) who had traveled to India. Because measles was not initially suspected, the child was not isolated when brought for medical evaluation. As a result, transmission to susceptible contacts occurred in this hospital setting. In Maryland, four measles cases have been confirmed among residents of Montgomery County (near D.C.), at least three of which were also imported from India.

In light of the highly contagious nature of the disease and the potential for exposures to occur in health care settings, health care providers in Philadelphia should be alert for patients who present with symptoms compatible with measles and follow the guidelines below for detection and protection:

- Healthcare professionals should consider the diagnosis of measles in susceptible individuals who present with fever, rash, cough, runny nose, and conjunctivitis. Given the global resurgence of measles, suspicion should be especially high for individuals who report recent international travel, or contact with persons who have traveled internationally. Measles outbreaks are currently being reported from India, Switzerland, Australia, Vietnam, and the UK.
- Persons with measles are contagious four days before onset of rash to four days after onset of rash.
To prevent transmission of measles in healthcare settings, staff should:
 - Immediately remove patients with measles-compatible rash illness from waiting areas.
 - Place these patients in a negative air-pressure room as soon as possible; if such a room is not available, patients should be placed in a room with the door closed.
 - Ask patients to wear a surgical mask (if tolerated) for source containment.
 - Follow airborne infection-control precautions stringently.
 - Allow only immune health care workers to attend suspect cases.
 - 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 and IgG should be collected after the onset of rash.
- Persons susceptible to measles include:
 - Infants who are too young to have been immunized (less than one year of age);
 - Persons who received an inactivated vaccine used from 1963-1967;
 - Persons born after 1957 who are under-immunized (received 0 or 1 dose of vaccine);
 - Persons from a part of the world where vaccination coverage is low.
- Healthcare personnel place themselves and their patients at risk if they are not protected against measles. Healthcare personnel should have documented evidence of measles immunity readily available at their work location.
- 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.