

ATTENTION

Public Health Alert

George Latimer
County Executive

Sherlita Amler, M.D.
Commissioner of Health

DATE: 27 February 2024

SUBJECT: **Multiple U.S. Measles Cases in Unvaccinated Persons Without International Travel**

PLEASE DISTRIBUTE TO PEDIATRIC, FAMILY PRACTICE, PRIMARY CARE, EMERGENCY ROOM, INTERNAL MEDICINE, INFECTIOUS DISEASE, AMBULATORY CARE AND LABORATORY STAFF

- **Prioritize efforts to ensure all patients are up to date on MMR and all other vaccines**
- **Consider measles in patients without MMR documentation or proof of immunity, with fever and rash, regardless of international travel; but ask about recent international travel, exposure to international travelers, or people with measles**

See attached NYSDOH and CDC alerts

- **Promptly isolate patients suspected of having measles in an Airborne Infection Isolation Room [AIIR] at your practice or facility, if possible, and in a private household until cleared by WCDH. Do not return such patients to a congregate residential setting.**
- **Contact WCDH while the patient is still at your facility at:**

914-813-5159 M-F 8:30-4:30 or 914-813-5000 24/7

- **Collect appropriate specimens (see below) for laboratory testing and hold these in your office or facility**
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As per the attached NYSDOH and CDC Alerts, a number of measles cases have recently been identified in U.S. residents who are unvaccinated or under vaccinated and without a history of international travel. No cases have been identified in Westchester residents to date. Outbreaks in the U.S. have resulted from exposures in schools, childcares, and health care settings. Almost all of the cases are in unvaccinated individuals. There also are a number of measles outbreaks globally, including in European countries, to and from which there are a high volume of travelers. Being un- or under-vaccinated, the current global measles outbreaks, and international travel is increasing the risk of measles in U.S. residents. A concern is that the vaccination rates in the U.S. are no longer high enough to prevent highly infectious diseases, such as measles, in the general

population. Thus the medical and health communities are being reminded to prioritize efforts to ensure that all patients are up to date on MMR and other vaccines and to be on the alert for measles, particularly in those without appropriate documentation of MMR vaccination or evidence of measles immunity as per <https://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html#evidence>

➤ **Lab Testing –**

- Ensure that all of your locations have the following laboratory supplies and that staff are familiar with where these are located:
 - Dacron or other synthetic swabs, viral transport media and sterile urine cups to collect NP swabs and urine for measles PCR
 - Serum separator blood collection tubes for measles serologies (IgM and IgG)
 - Refrigerate and hold all specimens for measles testing at your facility for WCDH pick up and testing at Westchester Public Health Labs on the next working day free of charge and provide WCDH with the name and contact information for a staff member who can locate the specimen for WCDH at the time of pick up. Do NOT send these samples to your routine diagnostic testing lab.
- **Fax the complete medical record** for the patient visit of a suspected measles case to 914-813-5182 as soon as available and no later than 8:30 AM of the following working day if the visit is off hours.
- Make every effort to **prevent a potentially infectious measles patient from entering your practice or facility**: Additional guidance for the triage and management of potentially infectious measles patients is available at [Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings \(cdc.gov\)](#)
- Have patients with rash and fever call prior to arriving at your practice or facility to permit optimal triage
 - If a patient determined to have measles enters your facility, a contact investigation requiring that all staff and all individuals sharing the same air supply while such a patient was in your facility and for 2 hours after the patient leaves your facility, be identified and contacted to establish proof of immunity or get appropriate post-exposure prophylaxis (PEP). A list of all such individuals – patients, any individuals accompanying such individuals and their contact information MUST be compiled to facilitate contacting these individuals.
- **All healthcare staff should have documented measles immunity**

Please review the attached NYSDOH and CDC guidance and resources and visit the physician measles section of the WCDH website at <https://health.westchestergov.com/physician-corner> for the materials included in this communication and additional information.

As always, your assistance and co-operation in addressing important public health issues is greatly appreciated.



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

DATE: February 15, 2024

TO: Hospitals, Local Health Departments, Laboratories, Emergency Rooms, Family Medicine, Pediatrics, Adolescent Medicine, Internal Medicine, Infectious Disease, Infection Control Practitioners, and Primary Care Providers

FROM: New York State Department of Health Division of Vaccine Excellence

UPDATED HEALTH ADVISORY: BE VIGILANT FOR MEASLES CASES

The New York State Department of Health is forwarding a communication issued by the Centers for Disease Control and Prevention to share information about the following:

- Outbreaks have occurred globally, and there have been [recently reported](#) cases in New York City and neighboring states (Pennsylvania and New Jersey).
- Despite the United States having declared measles “eliminated” in 2000, outbreaks have continued to occur, including one involving hundreds of cases in New York State as recently as 2019.
- Providers should be on alert for patients who have: (1) febrile rash illness and [symptoms consistent with measles](#) (e.g., cough, coryza, or conjunctivitis), and (2) have recently traveled abroad, especially to countries with ongoing measles [outbreaks](#).
- Measles is one of the most contagious infections and individuals are contagious from four days before to four days after rash onset.
- Report patients with suspected measles immediately to the [local health department](#) of the patient’s residence. If in New York City, report persons with suspected measles immediately to the New York City Department of Health and Mental Hygiene at 866-692-3641. Do not wait for laboratory confirmation to report.
 - If you have urgent questions regarding measles during evenings, weekends, or holidays, call 866-881-2809.
- Educate patients about measles-containing [vaccines](#). This is especially important [before international travel](#).

Clinical Signs and Symptoms

Measles typically [presents](#) in adults and children as an acute viral illness characterized by fever and generalized maculopapular rash (Figure 1). Signs and symptoms appear 7 to 21 days after initial exposure. The prodrome may include cough, coryza, and conjunctivitis. The rash usually starts on the face, proceeds down the body, and may include the palms and soles. The rash initially appears discrete but may become confluent and lasts several days (Figure 2,3).

Symptoms may be mild, absent, or atypical in persons who have some degree of immunity to measles virus before infection (e.g., in previously vaccinated persons). Serious side effects of measles can include pneumonia, encephalitis, hospitalization, and death.

Figure 1 (Source CDC/PHIL)



Figure 2 (Source CDC/PHIL)



Figure 3 (Source CDC/PHIL)



Transmission and Infection Control

- To promptly identify suspected cases of measles and prevent exposures, consider screening patients for rash with fever at the point of entry of a healthcare facility and inquire about recent international or domestic travel and possible exposure to measles.
- Immediately [institute standard and airborne precautions](#) for patients with known or suspected measles and call ahead for patients being referred to other healthcare facilities to prevent healthcare-associated exposures.
- Place the patient in a single-patient airborne infection isolation room.
 - If a single-patient airborne infection isolation room is unavailable, place the patient in a private exam room with the door closed and have them wear a mask. After the patient leaves, it should remain vacant for at least two hours.

Reporting

Suspected measles cases must be reported immediately to the [local health department](#) of the patient's residence. The local health department in New York State (outside of New York City) can assist in arranging testing at the Wadsworth Center Laboratory, and for specimens to arrive at the lab within 24-hours of collection, when feasible.

Specimen Collection (Updated)

Follow Wadsworth Center Laboratory's [tip sheet](#) and collect either a nasopharyngeal swab or throat swab for reverse transcription polymerase chain reaction (RT-PCR), as well as a blood specimen for serology, from patients with suspected measles for testing at the lab. Urine may also contain virus so collect a urine sample in addition when feasible. Follow the packaging and shipping instructions on the tip sheet. However, **if sending serology only**, address to: Diagnostic Immunology Laboratory at David Axelrod Institute Wadsworth, 120 New Scotland Ave, Albany, NY 12208.

Public Health Action

Those who are infected should be isolated for four days after they develop a rash; standard and airborne precautions should be followed in [healthcare settings](#). People who are suspected to be exposed to measles who cannot readily show that they have evidence of immunity against measles should be offered post-exposure prophylaxis (PEP).

To potentially provide protection or modify the clinical course of disease among susceptible persons, either administer MMR vaccine within 72 hours of initial measles exposure, **or** immunoglobulin (IG) within six days of exposure. Do **not** administer MMR vaccine and IG simultaneously, as this practice invalidates the vaccine.



January 25, 2024

Stay Alert for Measles Cases

Between December 1, 2023 and January 23, 2024, the Centers for Disease Control and Prevention (CDC) was notified of 23 confirmed U.S. cases of measles, including seven direct importations of measles by international travelers and two outbreaks with more than five cases each. Most of these cases were among children and adolescents who had not received a measles-containing vaccine (MMR or MMRV), even if age eligible.

Due to the recent cases, healthcare providers should be on alert for patients who have: (1) febrile rash illness and symptoms consistent with measles (*e.g.*, cough, coryza, or conjunctivitis), and (2) have recently traveled abroad, especially to countries with ongoing measles outbreaks. Infected people are contagious from 4 days before the rash starts through 4 days afterwards.

Measles cases often originate from unvaccinated or undervaccinated U.S. residents who travel internationally and then transmit the disease to people who are not vaccinated against measles. The increased number of measles importations seen in recent weeks is reflective of a rise in global measles cases and a growing global threat from the disease.

Recommendations for Healthcare Providers

1. **Isolate:** Do not allow patients with suspected measles to remain in the waiting room or other common areas of the healthcare facility; isolate patients with suspected measles immediately, ideally in a single-patient airborne infection isolation room (AIIR) if available, or in a private room with a closed door until an AIIR is available. Healthcare providers should be adequately protected against measles and should adhere to standard and airborne precautions when evaluating suspect cases regardless of their vaccination status.
2. **Notify:** Immediately notify local or state health departments about any suspected case of measles to ensure rapid testing and investigation. Measles cases are reported by states to CDC through the National Notifiable Diseases Surveillance System (NNDSS) and can also be reported directly to CDC at measlesreport@cdc.gov.
3. **Test:** Follow [CDC's testing recommendations and collect](#) either a nasopharyngeal swab or throat swab for reverse transcription polymerase chain reaction (RT-PCR), as well as a blood specimen for serology from all patients with clinical features compatible with measles. RT-PCR is available at CDC, at many state public health

laboratories, and through the [APHL/CDC Vaccine Preventable Disease Reference Centers](#).

4. **Manage:** In coordination with local or state health departments, provide appropriate measles post-exposure prophylaxis (PEP) to close contacts without evidence of immunity, either MMR or immunoglobulin. The [choice of PEP](#) is based on elapsed time from exposure or medical contraindications to vaccination.
5. **Vaccinate:** Make sure all your patients are up-to-date on measles vaccine, especially before international travel. People 6 months of age or older who will be [traveling internationally](#) should be protected against measles.

For More Information:

- [For Healthcare Professionals – Diagnosing and Treating Measles | CDC](#)
- [Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings | CDC](#)
- [Measles – Vaccine Preventable Diseases Surveillance Manual | CDC](#)
- [Plan for Travel – Measles | CDC](#)
- [Measles Lab Tools | CDC](#)
- [Measles Serology | CDC](#)
- [Measles Specimen Collection, Storage, and Shipment | CDC](#)
- [CDC Measles Toolkit for Health Departments](#)

The Office of Emergency Risk Communication in the Office of Communications is responsible for the management of all COCA Products.

For information about this update or other clinical issues, or to send your feedback, please contact us at coca@cdc.gov

[Clinician Outreach and Communication Activity](#)—resources for healthcare providers

[COCA RSS Feed](#)—subscribe to be notified of conference calls, updates, and CDC guidance for health providers

[Crisis & Emergency Risk Communication Training](#)—training program that draws from lessons learned during public health emergencies, and incorporates best practices from the fields of risk and crisis communication

[Health Alert Network](#)—CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories



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