



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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MEASLES HEALTH ALERT

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Measles outbreaks have recently been reported in several parts of the country. Kansas has recently reported several cases in Wichita and Kansas City (with cases also on the Missouri side of the city). The Kansas Department of Health and Environment (KDHE) contacted the Texas Department of State Health Services (DSHS) about Texas residents potentially exposed to measles in Kansas. KDHE believes several Texas residents may have been exposed to measles cases at a softball event on July 4th in Wichita, KS. There is the potential that exposures occurred throughout the July 4th holiday weekend. The measles investigation is ongoing by KDHE and DSHS.

The incubation period of measles ranges from 5-21 days, so any unvaccinated individuals exposed over the July 4th weekend may be developing symptoms now through July 27. Measles usually starts with cough, coryza, conjunctivitis and fever. After 2-4 days, the measles rash begins and the fever may spike to as high as 104°F. The rash is a maculopapular eruption that begins at the hairline and gradually proceeds to face and upper neck and from there downward and outward. The maculopapular lesions are generally discrete but may become confluent. Other symptoms of measles include anorexia, diarrhea (especially in infants), and generalized lymphadenopathy. Complications can include otitis media, pneumonia, encephalitis, seizures, and death.

Any patients presenting with these symptoms should be immediately isolated under airborne precautions. Patients are contagious from 4 days before onset of rash to 4 days after appearance of rash (day of rash onset is day 0). Patients that report exposure to measles or recent travel to Kansas or Missouri and have any of the symptoms above should be evaluated for measles, even if the rash is not yet present (i.e., fever and respiratory symptoms).

While it is rare that vaccinated individuals develop measles, it can happen. Vaccinated individuals may have an atypical clinical presentation—typically shorter rash duration or atypical rash presentation, and possible lack of fever, cough, coryza or conjunctivitis. They are still considered to be infectious and can spread the virus.

Several Texas laws ([Health & Safety Code, Chapters 81, 84, and 87](#)) require specific information regarding notifiable conditions be provided to DSHS. Health care providers, hospitals, laboratories, schools, childcare facilities and others are required to report patients who are suspected of having measles ([Chapter 97, Title 25, Texas Administrative Code](#)).

**In Texas, *suspicion* of measles is required to be reported *immediately*.
Do not wait for laboratory confirmation to report measles suspects.
Measles reports should be made to your local health department
or by calling 800-705-8868.**

Measles Testing, Prophylaxis, and Exclusion Criteria

Lab Confirmation Tests:

- Testing for measles should be done in patients meeting clinical case definition: a generalized rash lasting >3 days, and (2) fever >101F (38.3C), and (3) cough, coryza or conjunctivitis.
- A blood specimen for serology and throat swab for viral culture or PCR should be collected at the **first contact** with a suspected measles case.
- Testing should also be considered in persons who have been exposed or travelled to an area where measles is endemic and who have a rash-fever illness.

Post-exposure Prophylaxis (PEP) Recommendations:

MMR vaccine is recommended for exposed persons (6 months and older) without evidence of immunity to measles –**administer MMR within 3 days of exposure**. If a child <12 months old is vaccinated for a potential exposure, he should be revaccinated with 2 additional doses of MMR according to schedule.

Immune Globulin

IGIM 0.5 mL/kg of body weight (maximum dose = 15 mL) is recommended for the following potentially exposed groups:

- Infants aged 0-6 months
- Any susceptible exposed individual if the window for MMR PEP has passed (more than 3 days since exposure) but within 6 days of exposure

IGIV 400 mg/kg is recommended for the following potentially exposed groups:

- Severely immunocompromised persons
- Pregnant women without evidence of measles immunity who are exposed to measles

Exclusion Guidelines:

People suspected of having measles should be told to stay home from work, school, daycare, and any public outings (e.g., church, grocery store) until four days after rash onset have passed. People that have been exposed to measles and are not immune and did not receive PEP should be advised to stay home from day 5-21 after exposure.

Vaccination:

All patients should be kept current with measles vaccination. Check the vaccination history of all patients and offer vaccine to anyone that is not up-to-date with the vaccine schedule. Maintaining high two-dose community coverage with MMR vaccination remains the most effective way to prevent outbreaks.

Healthcare Worker Immunity:

All healthcare facilities should ensure that they have current documentation of measles immunity status for all staff—not just healthcare providers. Documentation of immunity includes birth prior to 1957, written record of receipt of two doses of MMR vaccine, or positive serological titers. Exposed staff that does not have documented immunity should be excluded from work from days 5-21 after exposure.