

Measles

information for healthcare providers



Measles is one of the most contagious of all infectious diseases; approximately 9 out of 10 susceptible persons with close contact to a measles patient will develop measles. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious on surfaces and in the air for up to two hours after an infected person leaves an area.

Measles begins with a high fever (can be as high as 105°F) lasting a few days, followed by a cough, runny nose, conjunctivitis (pink eye), and a rash. The rash typically appears first on the face, along the hairline, and behind the ears and then affects the rest of the body.

The rash usually appears about 14 days after a person is exposed; however, the incubation period ranges from 7 to 21 days. Infected people are usually contagious from about 4 days before their rash starts to 4 days afterwards.

Evidence of Immunity¹

Acceptable presumptive evidence of immunity against measles includes at least one of the following:

- Written documentation of adequate vaccination:
 - One or more doses of a measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high risk
 - Two doses of measles-containing vaccine for school-age children and adults at high risk, including college students, healthcare personnel, and international travelers
- Laboratory evidence of immunity (titer)
- Laboratory confirmation of measles
- Birth in the United States before 1957

Healthcare providers should not accept verbal reports of vaccination without written documentation as presumptive evidence of immunity.

Healthcare providers should consider measles in patients presenting with febrile rash illness and clinically compatible measles symptoms, especially if the person recently traveled internationally or was exposed to a person with febrile rash illness. Healthcare providers should report suspected measles cases to their local health department within 24 hours.

Measles

information for healthcare workers page 2 of 2

Specimen collection from suspected patients with measles during first contact visit:

- Blood for serology
- Throat swab
- Nasopharyngeal swab
- Urine (optional)

Prevention and Control^{2,3}

- One dose of the MMR vaccine is recommended for infants ages 6-11 months who will be traveling internationally to countries with endemic measles
- Vaccination with MMR at 12 mos or older
 - Booster between 4 – 6 yrs
 - After two doses, lifetime immunity
 - Vaccine has found to be extremely high effectiveness (CDC estimates are around 95%)
 - If contraindication to MMR, consider use of immune globulin (Ig)
- Measles vaccine can be given to those exposed
 - Most effective if given within 72 hours

- ! If you suspect that you or your child has measles, it is important to call the place where you will receive care (ER, Doctor's office, etc.) **before** you go. Because measles is a highly contagious respiratory virus, you or your child will be asked to wear a facemask before entering the clinic and you and/or child will be asked to enter at a different entrance to the building to minimize contact with other people.⁴

Sources

1. McClean PhD, HQ; Fiebelkorn MSN, A; Temte, MD, J, et al. Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR June 14, 2013/62 (RR04);1-34.
2. www.cdc.gov/measles
3. www.vaccineinformation.org
4. www.immunize.org/vaccine-summaries

