

PHYSICIAN HEALTH ALERT: MEASLES

March 7, 2024

Healthcare Providers:

With the current measles outbreak in southeast Michigan, the Grand Traverse County Health Department (GTCHD) wants to remind healthcare providers to maintain a high index of suspicion for measles in cases of febrile rash illness, especially individuals who may have traveled to southeast Michigan or another outbreak area of the United States.

As of March 6th, 2024, three cases of measles have been reported in Michigan, specifically in Oakland County, Wayne County, and Washtenaw County. Across the nation, there have been more than 40 cases of measles reported in 16 different states. These cases are mostly connected to international travel.

We have included a checklist to guide you through preventing measles transmission and preparing your facility for a potential measles case. It is crucial to be familiar with the screening, testing, and **mandatory reporting procedures** for this highly contagious airborne virus. It can remain in the air for up to two hours and live on surfaces. The vaccine is highly effective and provides lifelong immunity to prevent the spread of measles.

Key Points:

- Measles cases are on the rise globally, within the United States, and Michigan.
- Gather complete travel history from any patient presenting symptoms consistent with measles including fever, the 3 Cs (cough, coryza, conjunctivitis), Koplik spots, and maculopapular rash.
- Obtain measles, mumps, and rubella (MMR) vaccination status for all patients. If the patient does not have a complete record, ask the patient about MMR vaccination status. Documentation of evidence of immunity will be needed in cases of exclusion/precautions if found to meet contact criteria for a confirmed case.
- To reduce exposure in a healthcare setting, proper precautions like wearing masks and isolation in a dedicated room are necessary.
- **Report all suspected, probable, and confirmed** cases of measles within 24 hours to the local health department of the patients' residence address.

Thank you for your continued commitment. If you have any questions or concerns, please call the GTCHD Communicable Diseases line at 231-995-6125 or fax 231-995-6126.

Sincerely,



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Health Officer



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Medical Director

Guidance for Preparing Your Facility to Handle a Measles Case

Measles Signs and Symptoms:

- ❑ Measles is a highly contagious, vaccine-preventable disease that is spread by direct person-to-person contact, and through the air.
- ❑ Symptoms of measles usually begin 7-14 days after exposure, but can appear up to 21 days after exposure and may include:
 - High fever (may spike to over 104°F).
 - Cough, runny nose, red, watery eyes (conjunctivitis).
 - Tiny white spots on the inner cheeks, gums, and roof of the mouth (Koplik Spots) two to three days after symptoms begin.
 - A rash that is red, raised, and blotchy; usually starts on the face, and spreads to the trunk, arms, and legs three to five days after symptoms begin.

Reception, Waiting Room, and Office Precautions:

- ❑ It is crucial to quickly screen patients for travel history including exposure to measles or recent visits to outbreak areas.
 - Current U.S. outbreaks are listed at [Measles Cases and Outbreaks | CDC](#).
 - Current international outbreaks and travel health notices can be found at [Global Measles Outbreaks \(cdc.gov\)](#).
- ❑ If measles is suspected, all patients and staff should be masked and immediately taken to a clinic room to prevent exposure. Utilize an airborne infection isolation room (AIIR) if available, and it should not be used for at least two hours after the patient leaves.
 - Other infection prevention and control measures can be found here: [Interim Measles Infection Prevention Recommendations in Healthcare Settings | CDC](#).

Patient Isolation:

- ❑ When a patient is suspected to have measles, they need to be isolated for the whole infectious period, which includes four days before the onset of the rash and four days after onset, considering the first day of the rash as day zero.
 - If a patient is leaving the office with measles as a suspected diagnosis, they must receive this education from a provider.

Staff Immunity:

- ❑ All healthcare workers are required to provide proof of immunity against measles, mumps, and rubella (MMR) either by a positive rubeola titer or documentation of two MMR vaccines. The Local Health Department (LHD) may request this proof during the follow-up of any suspected, probable, or confirmed measles cases. Those unable to provide proof of immunity may be quarantined for up to 21 days and will be excluded from work during that period.
- ❑ Individuals are considered immune if there are:
 - Documentation of age-appropriate measles vaccination.
 - Preschool-age children >12 months of age: one dose.
 - School-age children, adolescents, and adults: two doses.
 - Laboratory confirmation of a measles disease diagnosis.
 - Serologic evidence of immunity to measles or born before 1957 (considered immune by age).

Laboratory Testing Referrals:

- Measles PCR testing is performed at the Michigan Department of Health and Human Services laboratory. Approval for testing must be obtained from the LHD before submission. **Please contact the LHD if you have a suspected measles case that needs testing.** See attached guidance for specimen collection: [MDHHS Vaccine-Preventable Disease Investigation Guidelines – Lab test summary \(michigan.gov\)](#)
- It is best practice to obtain the needed lab specimens at the office. If you do not have the proper supplies to obtain the confirmatory labs, now would be a good time to order them. If you do not do blood draws at your office, please send the patient and anyone accompanying them with a mask. It is essential you call ahead to inform the lab they are coming, their potential diagnosis, and the precautions the lab needs to take.
- IgM serology testing in conjunction with PCR (OP/NP) is recommended. Serology alone can result in false positives in low-prevalence areas. Urine may also be obtained for PCR.
- GTCHD does **not** test for Measles. If labs cannot be obtained at your office or an outside lab, please plan and call one of the numbers below ahead of time so staff can be assured of taking proper precautions for your patient.
 - Munson Urgent Care West at 231-929-1234
 - Foster Family Community Health Center at 231-935-8686
 - Munson Medical Center Emergency Room at 231-935-6333.

**(routine ER/Urgent care charges will apply to your patient).*

Reporting Suspect Measles Cases:

- Physicians and mid-level providers **must report ALL suspected, probable, and confirmed measles cases to the LHD of the patient's residence within 24 hours.** Reporting potential cases as soon as possible allows us to initiate case investigation promptly, reducing the likelihood of the disease spreading to others. This is crucial in preventing further spread. If you suspect a case, please call the following numbers to report it.
 - Grand Traverse County - 231-995-6125
 - Benzie County - 231-882-4409
 - Leelanau County - 231-256-0200
 - Kalkaska County - 231-258-8669
 - Wexford County - 231-775-9942
 - Antrim County – 800-432-4121

Susceptible Close Contacts (unimmunized, same household, same room contact during infectious period):

- Need to remain in quarantine 21 days after the last contact with the contagious individual.
- Those who are unimmunized and receive their first dose of MMR need to remain in quarantine for 21 days. Those who have proof of one MMR and receive a second within 72 hours no longer need quarantine.

Prophylaxis is Recommended for Susceptible Close Contact with the Following:

- The MMR vaccine is most effective if given ASAP within 72 hours of exposure.
- For infants under six months of age, pregnant women, and severely immunocompromised persons, immune globulin (IG) should be given within six days of exposure.
- IG dosage guidelines can be found at:
 - http://www.michigan.gov/documents/mdch/Measles_388976_7.pdf
 - <http://www.cdc.gov/measles/hcp/index.html>