



ENHANCED SURVEILLANCE ALERT

Maricopa County Department of Public Health (MCDPH)
Public Health Measles Surveillance Alert for Healthcare Providers: 09/01/2022

Measles in Arizona - Suspect, Isolate, and Report

Maricopa County Department of Public Health has identified 3 confirmed cases of measles in one adult and two children who reside in Maricopa County. One case was associated with international travel and all three were unvaccinated. One individual required hospitalization and all three are recovering. Healthcare providers should be aware that measles may be circulating in Maricopa County and should consider measles in the differential of unvaccinated individuals who present with fever and a rash.

It is recommended that Maricopa County providers:

- Consider measles in the differential of unvaccinated individuals who present with fever and a rash.
- Minimize exposures of patients and staff utilizing the below infection control guidance.
- Make sure that all patients and clinical staff are adequately vaccinated.

Immediately report suspect cases of measles to Maricopa County Department of Public Health by calling (602) 506-3747

Measles Laboratory Testing:

- For suspect measles cases, call (602) 506-3747 to coordinate with MCDPH for confirmatory testing through Arizona State Public Health Laboratory (ASPHL).
- Collect the following two specimens for polymerase chain reaction (PCR) testing through ASPHL:
 - Urine collection
 - Nasopharyngeal swab
- Detection of measles RNA is most successful when specimens are collected on the first day of rash through the 3 days following onset of rash. Detection of measles RNA by rRT-PCR may be successful as late as 10-14 days after rash onset.

Clinical Presentation of Measles:

Measles typically presents in adults and children as an acute viral illness characterized by a prodrome with high fever (>101 °F), cough, coryza, and conjunctivitis followed several days later by a generalized maculopapular rash. The rash usually starts on the face (starting at the hairline), proceeds down the body and may include the palms and soles, appears discrete but may become confluent, and lasts several days. The rash fades in the same order that it appears. Koplik spots are occasionally seen.

Signs and symptoms typically appear 7 to 21 days after exposure. Symptoms may be mild, absent, or atypical in persons who had some degree of immunity to measles virus before infection (e.g., in previously vaccinated persons who had waning immunity or children aged > 1 year who passively acquired maternal antibodies). Those who received vaccination between 1963-1967 and immunocompromised individuals may present with an atypical rash (atypical rash typically begins on the extremities). Complications may include diarrhea, otitis media, pneumonia, hepatitis, encephalitis and death.

Transmission:

Measles is highly contagious. Approximately 90% of persons lacking immunity who are exposed to measles virus will develop the disease. The virus is transmitted by airborne particles or direct contact with respiratory secretions of an infected person. It can live for up to 2 hours in an airspace where an infected person has coughed or sneezed. **Individuals with measles are infectious from 4 days before rash onset though 4 days after rash onset (9 days total).**

Infection Control at Health Care Facilities:

The following steps are recommended to prevent measles transmission in health care facilities:

- **Do not allow suspect measles patients to remain in the waiting area or other common areas.**
 - Immediately isolate them in an **airborne isolation, negative pressure room** – if available – otherwise, utilize a private room with a closed door
 - If a potential measles patient is evaluated in a room that is not a negative pressure, do not use that room for the next 2 hours.
- Post signage outside your facility and have surgical masks available.
- When possible, ask the suspect measles patient or their guardian to call the facility when they arrive outside, so staff can meet them before they enter the facility.
- Immediately place a surgical mask on the patient.
- When possible, have the suspect measles patient use an alternative entrance into the facility, like a back door that will minimize exposure to other patients.

Evidence of Immunity for Healthcare Providers:

- **Ensure your healthcare staff is fully immunized**
 - Review immunity to measles for all healthcare workers.
 - This includes ancillary staff such as office staff, dietary staff, housekeeping, maintenance, etc. – anyone that shares airspace in your facility with a patient.
 - Health care workers should have documented evidence of immunity to measles.
 - Healthcare workers should receive two doses of MMR, at least 28 days apart, regardless of year of birth, unless they have documentation of previous immunity.

Resources:

- [CDC Measles for Healthcare Providers](#) website
- [CDC Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#)
- [Arizona Department of Health Services Health Professionals](#) website
- [Maricopa County Department of Public Health Measles](#) website

Thank you for your continued collaboration and partnership.

Maricopa County Department of Public Health