



## Public Health Advisory

# 2019 Michigan Measles Outbreak Update

March 27, 2019

The Jackson County Health Department is sharing an update on the 2019 Michigan Measles Outbreak through the March 27, 2019 Update from MDHHS

Michigan public health officials are continuing to respond to an increase in confirmed measles cases in Southeast Michigan. The Michigan Department of Health and Human Services (MDHHS) announced that, to date, 22 cases of measles have been confirmed since the first case became ill on March 10, 2019. That individual arrived in Michigan after having spent time in New York City, the site of an ongoing outbreak in the Orthodox Jewish community. No deaths or hospitalizations have been associated with the Michigan outbreak. To date, all of the Michigan cases have been residents of Oakland and Wayne counties.

**Jackson County Update:** One potential case of measles was reported to the Jackson County Health Department within the past week. The case had potential exposure to a known case of measles in the SE Michigan area. Further testing was negative for measles. No other known potential cases of measles have been reported in Jackson County.

**Attached to this post, please find the MDHHS Vaccine Preventable Disease Investigation Guidelines for Measles and guidance on Measles Testing at Michigan Bureau of Laboratories**

### Measles Information:

- Measles is transmitted by airborne particles, droplets, and direct contact with the respiratory secretions of an infected person;
- Measles virus can remain infectious in the air for up to two hours after an infected person leaves an area;
- Symptoms usually appear 10 to 12 days after exposure to measles, and in some cases, symptoms can start as early as seven days or as late as 21 days following exposure;
- Early symptoms include fever, cough, runny nose, and red, watery eyes;
- Koplik spots, small, white spots (often on a reddened background) occur on the inside of the cheeks early in the course of measles.
- Rash and fever are the defining symptoms of measles and usually occur four days following the early symptoms. The rash usually starts on the face and proceeds down the body and can persist for several days;
- Infected individuals are contagious from four days before rash onset through the fourth day after rash appearance;
- Any susceptible (unvaccinated) person can contract the measles;
- People at high risk for severe illness and complications from measles include:
  - Infants and children aged younger than 5 years

- Adults aged 20 years or over
- Pregnant women
- People with compromised immune systems, such as from leukemia and HIV infection

### **Measles Prevention:**

- Promote routine vaccination with MMR vaccine. One dose of MMR vaccine is approximately 95% effective at preventing measles; two doses are approximately 97% effective;
- Recognize that there are large outbreaks of measles in Europe and Israel, as well as in countries in South America, Africa, and Asia;
  - Promote MMR vaccination for travelers to these regions.
  - Adequate vaccination of persons who travel outside the U.S. is two doses of MMR.
  - Inquire about travel history from presenting patients.
  - Infants aged 6 through 11 months should also be vaccinated with one dose of MMR prior to international travel;

### **Clinical Response to Suspect Cases:**

When a patient presents with symptoms that are clinically-compatible with measles, control measures should be implemented immediately without waiting for lab results to be available.

When patients make appointments for rash illness with fever and potential exposure to measles they should be presumed to be infected with measles (regardless of any pending laboratory confirmation). Consider:

- Meeting the patient in the car when they arrive and providing a mask;
- Advising the patient to enter the clinic through an alternate entrance and placing the patient immediately into an exam room to avoid exposing other patients. Note: Exam rooms should not be used for other patients for at least two hours after the measles suspect leaves because the measles virus can live for up to two hours in an airspace where an infected person coughed or sneezed;
- Clinicians are advised to take the following actions in assessing patients with significant fever, cough, coryza, and/or conjunctivitis and presenting with a macular/papular body rash:
  - Isolate the patient immediately - use a negative pressure room if available;
  - Avoid exposure to other patients;
  - Assess patient's immunization history
    - Only doses of vaccine with written documentation of the date of receipt should be accepted as valid. Self-reported doses or a parental report of vaccination is not considered adequate documentation.
  - Assess patient's risk factors including recent travel or recent contact with person(s) having febrile rash illness;
  - Obtain serum for measles IgM and a throat swab for measles PCR (the latter to be collected with a synthetic swab and placed in viral transport medium);
  - Infected people should be isolated for four days after they develop a rash; airborne precautions should be followed in healthcare settings;
  - Report suspect cases to the local health department immediately.

### **Laboratory Testing (see attached guidance):**

Clinicians are advised to include measles in their differential diagnosis for any patients presenting with clinically compatible symptoms with residence or history of travel to Southeast Michigan or any area experiencing active measles transmission.

**All testing must be coordinated through your local public health department (Jackson County Health Department). Our staff will work with the MDHHS to facilitate testing.**

Clinical specimen collection and transport are addressed in the attached document. As a reminder, be certain that all collection containers are appropriately sealed prior to transport to prevent leakage and the potential incidental contamination of transport vehicles and the testing laboratory. Leaking specimen containers will be disposed of with no testing.

Testing is conducted on weekdays at the MDHHS Bureau of Laboratories, but specimens must arrive before 9am to be included in that day's run. Test results are generally available by the end of the same day as the testing run.

**Vaccine Availability:**

There are no shortages of MMR vaccine. Public vaccine is available to local health departments for response to measles cases and vaccination in areas where exposures have occurred.

**Occupational Health**

Health Care Providers should have evidence of immunity to measles which includes:

- Written documentation of vaccination with 2 doses of live measles or MMR vaccine administered at least 28 days apart, or;
- Laboratory evidence of immunity, or;
- Laboratory confirmation of disease.

More information about Health Care evidence of immunity will be posted at [www.Michigan.gov/MeaslesOutbreak](http://www.Michigan.gov/MeaslesOutbreak)

Please contact the Jackson County Health Department Communicable Disease Program Office for any questions or to report cases to us at 517 768 1664.

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