

March 23, 2019

MEMORANDUM

TO: Ingham County Providers
FR: Sugandha Lowhim M.D., M.P.H., Medical Director
Re: 2019 Michigan Measles Outbreak

This update is to advise all providers of Michigan's outbreak of measles. See the Oakland County Health Division News Releases at <https://www.oakgov.com/health/news/> for a list of measles exposure locations, dates, and times. To date, there have been 8 confirmed measles cases (1 index case, 7 secondary cases) associated with this outbreak.

Measles is highly contagious. Clinicians should be vigilant for additional measles cases in southeast Michigan and statewide for people with exposures to venues on the dates described in the Oakland County News Releases. The average incubation period for measles is 10-12 days to initial symptoms, and typically 14 days to the start of the rash. The incubation period may range up to 21 days. Please consider measles in your differential diagnosis when seeing patients who present with febrile rash illness, particularly if they have not received two doses of MMR vaccine.

When patients make appointments for rash illness with fever and potential exposure to measles, please 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
 - The exam room 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 and risk factors including recent travel or recent contact with person(s) having febrile rash illness; Obtain serum and a throat swab (the latter to be collected with a synthetic swab and placed in viral transport medium); Report suspect cases to the local health department.

Clinical staff and office workers should have immunity to measles. Measles vaccination is a part of routine childhood immunization in the U.S. In addition to vaccination of children, any adult born in 1957 or later is advised to be vaccinated against measles if they are uncertain of their measles immunity status.

Measles is a vaccine-preventable disease. Most cases occur in unprotected individuals. Cases are very rare in vaccinated persons and they are not considered to be at risk of infection.

Measles is a rare occurrence in the U.S. Indigenous ongoing transmission of the measles virus has been eliminated since 2000 but cases are imported from other parts of the world where the disease remains endemic. Measles can spread readily in insufficiently vaccinated communities.

For more information about clinical presentation and laboratory specimen collection, see the link to the Measles chapter for the Vaccine Preventable Disease Guidelines. https://www.michigan.gov/documents/mdch/Measles_388976_7.pdf

Additional Michigan guidance (Key Facts about Measles) is available at http://www.michigan.gov/documents/mdch/KeyFacts_Measles_392862_7.pdf

To promptly report suspect cases and arrange testing, contact Ingham County Health Department immediately at (517) 887-4308 for after hours (517) 342-9987. MDHHS contact (517) 335-8165 or after hours at (517) 335-9030.