

Health Alert

Potential for Measles Importations Following Passover and Easter Travel

April 22, 2019

According to the Centers for Disease Control and Prevention (CDC), there have been 555 reported cases of measles in 2019, the second greatest number of cases since measles was eliminated in 2000. The majority of measles cases are in New York City and New York state, which are primarily among [unvaccinated people in Orthodox Jewish communities](#) and associated with travelers who brought measles back from Israel. Globally, there are >112,000 reported cases across 170 countries. There have not yet been any cases in Philadelphia. However, with Passover (Friday, April 19th – Saturday, April 27th) and Easter holidays, there may be opportunities for measles to spread through domestic and international travel. Increased vigilance is important to identify potential cases and ensure that patients are up to date on MMR vaccine.

Recognition, Testing, and Management

Measles is a highly contagious viral respiratory illness characterized by a prodromal phase with high fever, malaise, the three “C”s (cough, coryza, and conjunctivitis) and Koplik spots, followed by a descending maculopapular rash. Symptoms usually develop 8 to 12 days following exposure (range: 7–21 days). Infected persons can spread measles virus 4 days before until 4 days after the rash appears. Illness is often self-limited but serious complications can occur including, pneumonia, encephalitis (1 in 1,000 cases) and death (1-2 in 1,000 cases).

To prevent measles outbreaks from spreading further, providers should:

- Ensure all patients are [up-to-date on MMR vaccine](#). Persons 6 months and older should be protected with the vaccine before leaving on international trips.
- Consider measles in patients presenting with febrile rash illness and clinically compatible measles symptoms (cough, runny nose, and conjunctivitis). Patients exposed to measles while traveling for Passover or Easter could begin to develop symptoms between late April through mid-May.
- Ask about recent domestic and international travel as well as a history of measles exposures in their communities.
- **Promptly isolate suspected measles cases using airborne precautions to avoid disease spread.**
- Obtain specimens for testing from patients with suspected measles. Collect all of the following specimens from the patient:
 - Nasopharyngeal swab (preferred), nasopharyngeal aspirate or throat swab and urine for polymerase chain reaction (PCR) testing. Please contact PDPH at (215) 685-6742 for testing coordination with the state public health laboratory.
 - Serum for measles IgM and IgG testing. These tests are widely available at commercial laboratories.
- Advise patients who have suspected or confirmed measles infections to self-isolate, avoid travel, and limit close contact with others for 4 days following onset of rash.
- Notify PDPH of any patient with suspected or confirmed measles infection. To report, call (215) 685-6742 during business hours or (215) 686-4514 (after hours, ask for Division of Disease Control on-call staff).

Resources

- CDC Measles Information for Healthcare Providers: <https://www.cdc.gov/measles/hcp/index.html>
- CDC Recommendations for Measles Vaccination: <https://www.cdc.gov/vaccines/vpd/mmr/hcp/index.html>

SUMMARY POINTS

- There are multiple measles outbreaks across the U.S. and worldwide
- Passover and Easter travel increases risk for measles transmission for persons not up-to-date on MMR vaccination
- Area healthcare providers should consider measles in patients with fever and rash
- When evaluating suspected cases:
 - Isolate **immediately**
 - Collect a nasopharyngeal or throat swab and urine, and serum for measles testing
 - Notify PDPH (business hours: (215) 685-6742, after hours: (215) 686-4514)