June 22, 2023

Guidance on Measles during the Summer Travel Season

Summary
As the summer travel season begins, the Delaware Public Health District (DPHD) is issuing this Health Advisory to remind clinicians to provide guidance for measles prevention to international travelers and to be on alert for cases of measles. Guidance is also provided for people planning international travel. Measles (rubeola) is extremely contagious; one person infected by measles can infect 9 out of 10 of their unvaccinated close contacts. As of June 8, 2023, the Centers for Disease Control and Prevention (CDC) has been notified of 16 confirmed U.S. cases of measles across 11 jurisdictions, with 14 (88%) linked to international travel. Based on current estimates, twice as many Americans are planning to travel internationally in 2023 compared with 2022. Many countries and popular travel destinations, such as London, England, have experienced measles outbreaks in recent years. The United States has seen an increase in measles cases during the first 5 months of 2023, with 16 reported cases compared with 3 in 2022 during the same period. Most of these cases were among children who had not received measles-mumps-rubella (MMR) vaccine. To prevent measles infection and spread from importation, all U.S. residents should be up to date on their MMR vaccinations, especially prior to international travel regardless of the destination.

Background
Measles is transmitted by contact with an infected person through coughing and sneezing. Infected people are contagious from 4 days before the rash starts through 4 days afterward. The incubation period for measles from exposure to fever is usually about 10 days (range 7 to 12 days), and from exposure to rash onset is usually about 14 days (range 7 to 21 days). Declines in measles vaccination rates globally during the COVID-19 pandemic have increased the risk of larger measles outbreaks worldwide, including in the United States.

Measles outbreaks are occurring in all World Health Organization (WHO) regions. Large and disruptive outbreaks ≥20 reported measles cases per million population during a 12-month period have been reported in the European, African, Eastern Mediterranean, Western Pacific, and Southeast Asian regions during 2023. In the United States, measles is commonly associated with unvaccinated U.S. travelers returning from other countries where measles is actively circulating. International visitors and returning U.S. travelers can expose U.S. residents in transit and after arrival, leading to additional cases and the possibility for larger outbreaks.

Measles is a Class A reportable disease. If measles is suspected, facilities should implement appropriate infection prevention and control measures and report any case, suspected case, or positive laboratory result immediately to Delaware Public Health District via telephone at 740-815-6518.
Recommendations for Healthcare Professionals

- Ensure that all patients without other evidence of immunity, especially those planning international travel, are up to date on MMR vaccine and other recommended vaccines before their international travel.
- CDC recommends that all U.S. residents older than age 6 months who will travel internationally, without evidence of immunity, receive MMR vaccine prior to departure.
  - Infants 6 through 11 months of age should receive one dose of MMR vaccine before departure. Infants who receive a dose of MMR vaccine before their first birthday should receive two more doses of MMR vaccine, the first of which should be administered when the child is 12 through 15 months of age and the second at least 28 days later.
  - Children 12 months of age or older should receive two doses of MMR vaccine, separated by at least 28 days.
  - Teenagers and adults without evidence of measles immunity should have documentation of two doses of MMR vaccine separated by at least 28 days.
- At least one of the following is considered evidence of measles immunity for international travelers:
  1) birth before 1957,
  2) documented administration of two doses of live measles virus vaccine (MMR, MMRV, or other measles-containing vaccine), or
  3) laboratory (serologic) proof of immunity or laboratory confirmation of disease.
- Consider measles as a diagnosis in anyone with fever (≥101°F or 38.3°C) and a generalized maculopapular rash with cough, coryza, or conjunctivitis who has recently been abroad, especially in countries with ongoing outbreaks (e.g., India, Somalia, and Yemen).
- Be aware that some patients may develop a mild rash reaction in the three weeks following MMR vaccination, which does not typically require testing or public health intervention.
- Travelers should plan to be fully vaccinated (two doses) at least 2 weeks before they depart.
- Consult with patients who are prospective travelers several weeks before the plan to travel abroad, regardless of their destination, to determine the need MMR vaccine. Travelers should be up-to-date on all routine vaccines, such as measles-mumps-rubella (MMR), tetanus, and flu. Depending on the destination, other vaccines may be recommended.

For More Information

*DPHD provides multiple international travel vaccines* to protect against illnesses such as Diphtheria, Hepatitis A, Hepatitis B, Influenza, Japanese encephalitis, Measles, Meningococcal disease, Mumps, Pertussis, Polio, Rabies, Rubella, Tetanus, Typhoid, and Varicella. *Prospective travelers may contact DPHD and staff will prepare the necessary information needed prior to travelling internationally.* Health recommendations for international travel may be complex and additional time may be needed to acquire certain vaccines; prospective travelers should plan ahead and call to schedule an appointment by dialing 740-203-2040.

References

This Health Alert adapted from the CDCHAN-00493 released by the CDC on June 21, 2023.