

February 6, 2024

Measles Case in Ohio; Potential for Travel Exposure Recommendations for Identification and Prevention

Summary

- The Ohio Department of Health (ODH) has reported the state's first measles case of 2024. The infected child is from Montgomery County. ODH is working with Public Health – Dayton & Montgomery County and other impacted health departments to identify and notify those who may have been exposed.
- ODH is also informing individuals that they may have been exposed to measles in **Terminal A** of the **Cincinnati/Northern Kentucky International Airport** between 5 p.m. and 9 p.m. on January 27, 2024, and between 8:30 p.m. and 11:30 p.m. on January 29, 2024.
- Healthcare providers should thoroughly inquire about the travel history of their patients, especially considering recent measles exposure on the flights listed above.
- Healthcare providers should be alert for signs and symptoms of measles, particularly among persons who have not yet received MCV, including those who may have postponed or missed doses. Providers should also consider outreach to patients who are eligible for MCV to encourage routine immunization. *Delaware Public Health District (DPHD) offers MMR vaccination through our clinic. Call 740-368-1700 and select option 5 to make an appointment.*
- Measles is extremely contagious and declines in measles vaccination rates globally have increased the risk of outbreaks worldwide. Ohio had one measles case in 2023, and 90 in 2022, when an outbreak centered in central Ohio totaled 85 cases. Measles prevalence has been increasing recently internationally and there have been recent reported cases in the United States as well.
- Measles virus testing is available at the Ohio Department of Health Laboratory (ODHL) for eligible clinical specimens upon approval. Contact DPHD to assist in coordinating testing.

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 740-368-1700. If after hours, call 740-815-6518.

Background

Measles is a highly contagious viral respiratory illness. The virus is transmitted through airborne spread of droplet nuclei or direct contact with nasal or throat secretions of infected persons; droplet nuclei can remain suspended in the air for up to two hours.

Measles can cause severe health complications, including pneumonia, encephalitis (inflammation of the brain), and death. Complications from measles are more common among children younger than 5 years of age, adults older than 20 years of age, pregnant women, and people with compromised immune systems.

Globally, there is evidence of recent declines in routine immunization coverage with MCV.

Clinical Recognition

Measles is characterized by an initial prodrome that typically includes high fever, cough, coryza, and conjunctivitis, followed by the appearance of a maculopapular rash. Communicability is greatest from four days before the onset of rash until four days after the onset of rash.

Given current elevated respiratory virus activity, suspicion for measles should be heightened among patients with clinically compatible measles symptoms who have not yet received MCV, including those who may have postponed or missed doses. For additional clinical information for healthcare providers, please visit the CDC website at <https://www.cdc.gov/measles/hcp/index.html>.

Diagnostic Testing

The most common methods for confirmatory measles testing are detection of IgM antibody in serum and detection of RNA by real-time PCR (RT-PCR) in a respiratory specimen. The preferred specimens for RT-PCR or virus isolation are throat and nasopharyngeal swabs. Clinical specimens for RT-PCR and virus isolation should be collected at the same time as samples for serologic testing. *Specimens for virus isolation and RNA detection should be collected within three days of rash onset.* Detection of measles RNA and measles virus isolation are most successful when samples are collected on the first day of rash through the 3 days following onset of rash. Detection of measles RNA by RT-PCR may be successful as late as 10–14 days post rash onset.

IgM tests are often positive on the day of rash onset. However, up to 20% of tests for IgM may give false negative results in the first 72 hours of rash onset. Therefore, IgM tests that are negative in the first 72 hours after rash onset should be repeated when there is a high clinical index of suspicion for measles. IgM obtained four days after the onset of rash is the preferred laboratory diagnostic procedure. IgM is detectable for at least 28 days after rash onset. If the titer is negative at that time, it can be repeated at seven days, or paired acute and convalescent sera can be tested for an increase in IgG antibody. The acute specimen should be taken as close to rash onset as possible, and the convalescent specimen drawn two weeks after the acute. The latter method is less desirable because of the delay in definitive diagnosis.

Testing for measles virus is available through Ohio Department of Health Laboratory (ODHL) for eligible clinical specimens. To request approval for testing at ODHL, healthcare providers should contact Delaware Public Health District at 740-368-1700 and ask for a member of the Disease Control and Response Unit. If after hours, call 740-815-6518.

Infection Prevention and Control

Measles is a vaccine preventable disease. The measles vaccine is highly protective; one dose of measles mumps-rubella (MMR) vaccine provides 93% protection against measles and two doses provide 97% protection. Children are eligible for routine MMR vaccination beginning at 12 months of age or earlier if traveling internationally.

Persons with probable or confirmed measles infection should be isolated, including exclusion from school or childcare center, for four days following the onset of rash. Contacts who might be susceptible should be immunized with measles vaccine as soon as possible after exposure. Measles vaccine given within 72 hours after exposure may prevent or reduce the severity of disease. Immune globulin (IG) can prevent or modify measles in a susceptible person if given within six days of exposure. IG may be especially indicated for susceptible household contacts <1 year of age, pregnant women, or immunocompromised persons, for whom the risk of complications is increased.

Disease Control and Response Unit

For general questions related to measles, healthcare providers and facilities should contact the DCRU team at **740-368-1700**.

DPHD maintains an emergency line for reporting measles, reporting other Class A communicable diseases and emergencies, and for answering communicable disease questions after hours. DPHD staff monitor this line 24/7; contact our emergency line at **740-815-6518**.

Infection Control in Healthcare Settings

To minimize the risk of measles transmission in healthcare settings, healthcare personnel should do the following:

1. Query patients with a febrile rash illness about a history of international travel, contact with foreign visitors, transit through an international airport, or possible exposure to a person with measles in the 3 weeks prior to symptom onset. Possibility of measles should be considered for patients with such a history and symptoms consistent with measles.
2. Patients with suspected measles should immediately be provided a face mask to wear, if tolerated. Encourage respiratory etiquette.
3. Do not allow patients with suspected measles to remain in the waiting room or other common areas; *isolate patients with suspected measles immediately in an airborne infection isolation room if one is available*. If such a room is not available, place the patient in a private room with the door closed. For additional infection control information, please refer to the CDC's control measures for measles.
4. If possible, allow only healthcare personnel with documentation of two doses of MMR vaccine or laboratory evidence of immunity to measles (i.e., measles IgG positive) to enter the patient's room.
5. Healthcare personnel should wear an N95 or higher-level respirator regardless of presumptive evidence of immunity. (A user seal check should be performed each time the respirator is donned.)
6. If possible, do not allow susceptible visitors in the patient room.
7. Do not use the examination room for **at least two hours** after the possibly infectious patient leaves.
8. If possible, schedule patients with suspected measles at the end of the day.
9. **Notify the Delaware Public Health District immediately by telephone at 740-815-6518 about any patients with suspected measles.**
10. Notify any location where the patient is being referred for additional clinical evaluation or laboratory testing about the patient's suspected measles status, and do not refer patients with suspected measles to other locations unless appropriate infection control measures can be implemented at those locations. The patient must wear a mask, if feasible.
11. Instruct patients with suspected measles and exposed persons to inform all healthcare providers of the possibility of measles prior to entering a healthcare facility so appropriate infection control precautions can be implemented.
12. Make note of the staff and other patients or visitors who were in the area during the time the patient with suspected measles was in the facility and for two hours after they left. If measles is confirmed, exposed people will need to be assessed for measles immunity. The Delaware Public Health District's Disease Control and Response Unit will assist with contact tracing and will be responsible for assessment of immunity and notifying contacts of their exposure.

References

This Health Alert adapted from the HAN released by the CDC and ODH on February 5, 2024.

1. <https://odh.ohio.gov/media-center/ODH-News-Releases>
2. <https://www.cdc.gov/measles/index.html>
3. <https://www.cdc.gov/measles/symptoms/signs-symptoms.html>
4. <https://www.cdc.gov/measles/hcp/index.html>