



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Divisions of Epidemiology and Immunization

Clinical Measles Alert

April 17, 2019

**Rise in measles cases reported in US and internationally in 2019
Vaccination highly recommended
Timely provider recognition and isolation of patients is critical**

From January 1 to April 11, 2019, 555* people from 20 states have been reported as having measles. This far exceeds the total number of measles cases in all of 2018 (372), and is the second-greatest number of cases reported in the U.S. since measles was eliminated in 2000. Six outbreaks (defined as 3 or more linked cases) have been reported as currently ongoing, in Rockland County, New York; New York City; Washington State; California (Butte County); and Michigan. Internationally, there are currently large measles outbreaks in many countries, including Brazil, Madagascar, the Philippines, Ukraine, France, Venezuela and Yemen.

What you can do:

Assess staff and patient immunity to measles today, and vaccinate those without evidence of immunity: When it comes to vaccinations, patients and parents trust the expertise and recommendation of their healthcare provider more than anyone or anything else. Explain to patients that measles, mumps and rubella (MMR) vaccine is the best protection against measles infection.

Evidence of immunity includes two doses of MMR vaccine beginning at age 12 months and ≥ 28 days apart; a positive measles IgG titer; lab evidence of past measles infection (e.g., a positive PCR result); and birth in the US before 1957. Year of birth is not considered evidence of immunity to measles for those who work as healthcare providers. For children travelling internationally, those 6 to 11 months of age should receive one dose of MMR. Since the immune response to doses given before 12 months of age is variable, these children must receive a normal two-dose series starting at age 12 months.

Consider measles in patients who:

- present with febrile rash illness and clinically compatible measles symptoms (cough, coryza (runny nose) or conjunctivitis)
- recently traveled internationally or were exposed to someone who recently traveled
- have not been vaccinated against measles

If you suspect measles, do the following immediately:

1. **Promptly isolate patients** to minimize disease transmission.
2. **Immediately report** a suspect measles case to your local board of health and to the MDPH Division of Epidemiology and Immunization at **617-983-6800**. Cases diagnosed in Boston should be reported to the Boston Public Health Commission at 617-534-5611.
3. **Obtain specimens** for testing from patients with suspected measles, including serum and an NP swab or throat swab. Call 617-983-6800 to arrange testing at the MA State Public Health Laboratory.

For more information about specimen collection and initial measles control steps, please see Appendices A and B (pages 15-17) of the MDPH [Measles \(2016\)](#) chapter. For CDC information about measles for healthcare professionals go to <https://www.cdc.gov/measles/hcp/index.html>.

Maintaining high coverage with MMR vaccination remains the most effective way to prevent outbreaks and limit them if they occur.