Public Health Alert: Kentucky Hospitals, Healthcare Facilities, and Healthcare Providers Should Prepare Now for Possible Measles Cases to Present for Medical Care in Kentucky

From January 1 to January 28, 2015, 84 people from 14 states were reported to have measles in the United States. This large outbreak began in western states associated with measles virus exposure at an amusement park and is advancing eastward to other states. One of those states was Illinois. It is likely that a case of measles will be reported in Kentucky in the very near future as this outbreak continues to spread. The Super Bowl in Arizona may also enable Kentucky travelers to Arizona to be exposed to measles before returning to Kentucky.

So hospitals, healthcare facilities, and healthcare providers should prepare now for the likely possibility that measles cases will present for care in Kentucky in residents from border states with cases like Illinois or from exposure of measles-susceptible Kentuckians in a border state with cases, or in the other US states or countries of the world where measles is occurring. All Kentucky hospitals and healthcare providers should also be prepared for possible measles cases as measles-susceptible visitors to Kentucky from US states where measles has been reported or from countries of the world experiencing measles outbreaks may import measles into Kentucky. Please consider Kentucky to be in a measles pre-outbreak status!

Many healthcare providers in the United States have never seen a patient with measles and may not recognize the characteristic signs, symptoms, and clinical progression of measles. Review now the photos of measles and people with measles that are available online, http://www.cdc.gov/measles/about/photos.html and http://www.immunize.org/photos/measles-photos.asp. Healthcare providers, employee health staff, and infection preventionists need to be more alert than ever to the possibility of measles and prepare now.

“Measles is one of the most contagious of all infectious diseases; approximately 9 out of 10 susceptible persons with close contact to a measles patient will develop measles. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious on surfaces and in the air for up to two hours after an infected person leaves an area,” http://www.cdc.gov/measles/hcp/index.html#isolation.

Assure that healthcare providers and healthcare personnel are aware of the isolation precautions for suspected cases of measles and presumptive evidence for measles immunity in healthcare personnel [See references below; a follow-up email message will contain more details about the presumptive evidence for measles immunity in healthcare personnel and isolation precautions for measles in healthcare settings.]

Kentucky healthcare providers should consider measles in patients who
• present with febrile rash illness and clinically compatible measles symptoms [cough, coryza (or runny nose) or conjunctivitis (pink eye)],
• recently traveled internationally, recently traveled to an US state were measles is occurring, or were exposed to someone who recently travelled internationally or to a US state where measles is occurring.
• have not been vaccinated against measles

Healthcare providers should also consider measles when evaluating patients for other febrile rash illnesses, including Dengue and Kawasaki’s Disease.

If a Kentucky healthcare provider suspects measles, they do the following immediately:

1. Promptly isolate a patient with suspected measles to avoid virus transmission.
2. Immediately telephone a report about a suspected measles case to the local health department and speak to a staff person rather than leaving a voicemail message. After hours, nights, holidays, and weekends (24/7/365), Kentucky healthcare providers should call 1-888-9REPORT (1-888-973-7678) to telephone a report about a suspected case of measles. A telephone report should be followed up with a written or electronic report about the suspected case to the local health department within one (1) business day.
3. Obtain specimens for testing from patients with suspected measles, including viral specimens. Specimens should include:
   a. A throat swab (in viral transport medium) or nasopharyngeal swab (in viral transport medium) or urine for measles virus PCR testing
   b. Serum for measles virus IgM antibody testing
4. Preferably arrange for urgent same day delivery or overnight shipment of the specimens for measles testing to the Kentucky Division of Laboratory Services [i.e., the state Public Health Laboratory] in Frankfort [502-564-4446]


For detailed additional information, please see:

• ACIP Recommendations (June 2013) for “Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP),” http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm
• MMWR publication (April 25, 2014) about the measles outbreak in California, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6316a6.htm, and
For questions, please contact your local health department or the Kentucky Immunization Program, 502-564-4478. Infection Preventionists at Kentucky healthcare facilities who have isolation or infection control questions about measles should contact the Healthcare Associated Infections Prevention Program at the Kentucky Department for Public Health, 502-564-3261.

Thanks for your assistance.

Robert L. Brawley, MD, MPH, FSHEA
Chief, Infectious Disease Branch
Division of Epidemiology and Health Planning
Kentucky Department for Public Health
275 East Main Street, MS: HS2GW-C
Frankfort, KY 40621-0001

Tel.: 502-564-3261 x4235
Fax: 502-564-9626
Secure Fax for Case Reports: 502-696-3803