Multi-State Measles Outbreak Continues to Spread: These Resources Can Help You

The U.S. is experiencing a large multi-state measles outbreak linked to Disneyland (California). Two other unrelated measles outbreaks are also occurring in Illinois and Nevada. From January 1–February 20, the U.S. measles outbreaks have grown to include 154 people in 17 states and Washington, DC, according to the Centers for Disease Control and Prevention (CDC). According to the CDC, the majority of the people who contracted measles were unvaccinated. Please refer to the following information and resources as we all work together to help stop the spread of measles during this multi-state outbreak. In addition, this issue of Needle Tips features several “Ask the Experts” Q&As about measles and MMR vaccine (see pages 1, 26–27), as well as two popular handouts that can help you with vaccine-hesitant parents (see pages 22–23).

CDC Guidance for Healthcare Providers (HCP)

• Be vigilant about measles.
• Ensure all patients are up to date on measles-mumps-rubella (MMR) vaccine.
• Suspect measles in patients presenting with febrile rash illness and clinically compatible measles symptoms (cough, coryza, and conjunctivitis).
• Ask patients about their recent travel history, as well as a history of exposure to measles in their community.
• Promptly isolate patients with suspected measles to avoid disease transmission and immediately report the suspect measles case to the health department.
• Obtain specimens for testing from patients with suspected measles, including viral specimens for genotyping, which can help determine the source of the virus; contact your local or state health department with questions about submitting specimens for testing.

Resources About Measles for HCP

• Healthcare provider guidance from CDC: www.cdc.gov/measles/hcp/index.html
• Updates on the U.S. measles cases and outbreak: www.cdc.gov/measles/cases-outbreaks.html
• Ask the Experts: Measles, Mumps, and Rubella: www.immunize.org/askexperts/experts_mmr.asp
• Measles images from IAC’s Image Library: www.immunize.org/photos/measles-photos.asp
• Standing Orders for Administering Measles, Mumps & Rubella Vaccine to Children & Teens: www.immunize.org/catg.d/p3079a.pdf

Multi-State Measles Outbreak…continued on page 5

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MMR vaccine

What are the signs and symptoms healthcare providers should look for in diagnosing measles?

Healthcare providers should suspect measles in patients with a febrile rash illness and the clinically compatible symptoms of cough, coryza (runny nose), and/or conjunctivitis (red, watery eyes). A clinical case of measles is defined as an illness characterized by:

• a generalized rash lasting 3 or more days, and
• a temperature of 101°F or higher (38.3°C or higher), and
• cough, coryza, and/or conjunctivitis.

Koplik spots, a rash present on mucous membranes, are considered pathognomonic for measles. Koplik spots occur from 1–2 days before the measles rash appears to 1–2 days afterward. They appear as punctate blue-white spots on the bright red background of the buccal mucosa (inside lining of cheek).

Providers should be especially aware of the possibility of measles in people with fever and rash who have recently traveled abroad, who have had contact with international travelers, or who have visited or had contact with someone who has visited an area affected by the current measles outbreak (such as Disneyland in California). Providers should immediately isolate and report suspected measles cases to their local health department and obtain specimens for measles testing, including viral specimens for confirmation and genotyping. Providers should also collect blood for serologic testing during the first clinical encounter with a person who has suspected or probable measles.

Ask the Experts…continued on page 26

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Immunization questions?

► Email nipinfo@cdc.gov
► Call your state health department (phone numbers at www.immunize.org/ coordinators)