



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-8016; Fax (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Dr. Siiri Bennett, State Epidemiologist
Subject: Measles Recommendations and Current Situation in Maine
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Abstract:

The purpose of this advisory is to provide health care providers with the most current information on measles prevention and assessment of suspect cases, should they arise. Several outbreaks of measles have been reported in the U.S. since January 2019. These outbreaks started with travelers who brought measles back after travelling overseas where large measles outbreaks are occurring. The majority of people who have come down with measles were unvaccinated.

To date, there are zero (0) cases of measles in Maine. The last reported case in Maine was in 2017 in an individual who had acquired it while overseas.

The best protection against measles is vaccination. Most people who get measles are unvaccinated. Prompt reporting of suspect cases from health care providers is essential to identify cases early and prevent the spread of disease in Maine.

Measles Recommendations and Current Situation in Maine

Summary

The purpose of this advisory is to provide health care providers with the most current information on measles prevention and assessment of suspect cases, should they arise. Several states are reporting outbreaks of measles in the U.S. since January 2019. These outbreaks started with travelers who brought measles back after travelling overseas where large measles outbreaks are occurring. The majority of people who have come down with measles were unvaccinated.

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Measles Background

Measles is a highly contagious, acute viral illness characterized by fever (as high as 105°F) and malaise, cough, coryza, and conjunctivitis followed by a maculopapular rash. The rash usually appears about 14 days after a person is exposed. The rash spreads from the head to the trunk to the lower extremities. Measles can cause severe health complications including pneumonia, encephalitis, and death.

Measles spreads to others when an infected person coughs or sneezes. After an infected person leaves a location, the virus can live for up to two (2) hours in an airspace or on surfaces where the infected person coughed or sneezed. Measles is so contagious that if one person has it, 90% of the people close to that person who are not immune will become infected. Infected individuals can spread measles to others from four (4) days before through four (4) days after the rash appears. The incubation period—the time it takes symptoms to appear after acquiring the virus—is typically 10-14 days but can be as long as 21 days.

Measles is still common in many parts of the world, including countries in Europe, Asia, the Pacific, and Africa. People who are not vaccinated can pick up measles while traveling, then bring it back to the U.S. and infect people who are unvaccinated.

Current prevention recommendations

For patients: The best protection against measles is vaccination. Most people who get measles are unvaccinated. MMR (measles, mumps and rubella) vaccine provides long-lasting protection against all strains of measles. The MMR vaccine is very safe and effective. Two doses of MMR vaccine are about 97% effective at preventing measles; one dose is about 93% effective.

If you think you have been exposed to someone with measles:

Immediately call your doctor and let him or her know that you have been exposed to someone who has measles. Your doctor can:

- Determine if you are immune to measles based on your vaccination record, age, or laboratory evidence. Adults who are not vaccinated or who have not had the disease should get at least one dose of MMR vaccine.

- If you have symptoms, call your provider for instructions before arriving at the provider's offices or the hospital or clinic. If symptoms are consistent with the disease, testing may be performed to determine whether the individual is infected.
- Individuals without symptoms should not be tested.

If you are traveling outside of the U.S., make sure you are vaccinated against measles before you travel.

For healthcare providers: During this time of increased measles activity across the country, make sure that all patients are up-to-date on MMR vaccine:

- **Children.** All children should receive two doses of MMR vaccine. The first dose should be given at 12-15 months of age and the second dose at 4-6 years of age. Children who are 6-11 months of age who will be traveling internationally should receive one dose of MMR vaccine prior to traveling. Infants and children <5 are at high risk for severe illness and complications from measles, therefore every effort should be made to identify and vaccinate children who are not up-to-date.
- **Adults.** All adults should have evidence of immunity to measles. Adults are considered immune to measles if they meet one of the following criteria:
 - Written documentation of vaccination
 - Laboratory evidence of immunity to measles
 - Laboratory confirmation of measles
 - Birth before 1957

For adults with no evidence of immunity to measles, at least one dose of MMR vaccine is recommended, unless the adult is in a high-risk group (e.g., international travelers, health care workers, and college students), in which case two doses of MMR vaccine are recommended. Women are advised to not receive any live virus vaccine during pregnancy, including MMR vaccine.

- Evidence of immunity to measles is especially recommended for:
 - Healthcare personnel
 - anyone with international travel plans
 - anyone with travel to an area with current cases
 - immune compromised individuals

Recommendations for healthcare providers when measles is suspected

- Consider measles as a diagnosis in anyone with a febrile rash illness and clinically compatible symptoms (cough, coryza, and/or conjunctivitis) with recent travel history or who has had contact with someone with a febrile rash illness.
- Asymptomatic patients should not be tested.
- Isolate suspect measles cases. Airborne precautions should be used until measles can be ruled out (use a surgical mask for the patient, N-95 for providers, and a negative pressure room, if available).
- Obtain specimens for testing and submit to Maine's Health and Environmental Testing Laboratory (HETL). The public health department prefers measles specimens are submitted to HETL so results can be better tracked but they can be submitted to other laboratories. Specimen collection should include:
 - Throat or nasopharyngeal swab for polymerase chain reaction (PCR)
 - Serum for IgM serology (If sent to HETL this is forwarded on to Federal CDC)
 - See HETL Laboratory Submission Information Sheet:
http://www.maine.gov/dhhs/mecdc/public-health-systems/health-and-environmental-testing/micro/submitting_samples.htm

- Acceptable presumptive evidence of immunity against measles includes at least one of the following:
 - written documentation of adequate vaccination:
 - one or more doses of a measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high risk
 - two doses of measles-containing vaccine for school-age children and adults at high risk, including college students, healthcare personnel, and international travelers
 - laboratory evidence of immunity
 - laboratory confirmation of measles
 - birth before 1957
- Measles vaccine may be given to prevent disease if given to an exposed individual within 72 hours of exposure.

Reporting requirements:

- **Measles is a notifiable disease in Maine. All suspect cases of measles should be reported immediately by phone to 1-800-821-5821.**

For More Information:

- Maine CDC's measles webpage: <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/vaccine/measles.shtml>
- Federal CDC's measles webpage for healthcare professionals: <https://www.cdc.gov/measles/hcp/index.html>
- HETL's webpage www.mainepublichealth.gov/lab
- Maine Immunization Program webpage: <https://www1.maine.gov/dhhs/mecdc/infectious-disease/immunization/>
- Please follow the environmental cleaning procedures for your facility.