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## MEMORANDUM

To: Illinois physicians, other clinicians, infection control professionals, Emergency Departments, and other healthcare providers

Cc: Local health departments and regional office of IDPH

From: Communicable Disease Control Section  
Illinois Department of Public Health

Subject: Health Alert: Measles

Date: January 25, 2015

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Please share the following message with your healthcare providers.

Measles was documented as eliminated in the United States in 2000. However, importation of measles cases and limited local transmission continue to occur: California is currently experiencing a measles outbreak, with at least 59 confirmed cases of this airborne, highly contagious disease. Related cases have occurred in three Utah residents, two Washington residents, one Colorado resident, one Oregon resident, and one resident of Mexico. A number of additional suspect cases are under investigation.

Recently, a case of measles was diagnosed in northeastern Illinois that has not been linked to the California outbreak.

Physicians should be on the alert for measles, and suspect measles cases should be reported immediately to your local health department. Local health departments should report suspect cases of measles to the Illinois Department of Public Health's Communicable Disease Control Section (217-782-2016) within 24 hours. To report a case after normal business hours the local health department staff should contact the Illinois Department of Public Health's Duty Officer (217-782-7860).

Additional information about measles, including laboratory testing, and infection control guidance, is attached.



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To: Illinois physicians, other clinicians, infection control professionals, Emergency Departments, and other healthcare providers

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From: Communicable Disease Control Section  
Illinois Department of Public Health

Subject: Measles: Infection Control Guidance and Testing

Date: January 25, 2015

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Measles is highly contagious and is spread through the airborne route, so non-immune patients, staff, and hospital visitors are at risk of being exposed to measles. Any hospitalized patient who is suspected of having measles should be immediately placed in airborne isolation. For infection control information, please see the CDC “Guideline for Isolation Precautions” at [Centers for Disease Control and Prevention's Guideline for Isolation Precautions](http://www.cdc.gov/infectioncontrol/guidelines/isolation/).

Measles should be considered in any patient with fever, conjunctivitis, cough, coryza (cold symptoms), and malaise, as well as any patient who presents with fever and a maculopapular rash. Patients should be asked about a history of international travel, contact with foreign visitors, visiting domestic venues frequented by international travelers, or possible exposure to a measles patient in the 3 weeks prior to symptom onset. Please note that a small percentage of people born before 1957 are susceptible to measles.

Patients with measles have a prodrome of fever, conjunctivitis, cough, coryza, and malaise for 3 to 5 days before the rash appears on their face and upper body, and then spreads down over the entire body over the following 3 to 4 days. Immunocompromised patients may not exhibit rash. Unimmunized contacts of measles cases can be vaccinated within 3 days of exposure, or given immune globulin within 6 days of exposure to prevent or ameliorate the illness.

For additional information on disease, see the CDC Measles Information for Healthcare Providers (<http://www.cdc.gov/measles/hcp/index.html>) and the CDC Manual for the Surveillance of Vaccine-Preventable Disease – Measles (<http://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html>)

**Please contact your local health department immediately if you suspect that a patient may have measles.** Laboratory analysis should be completed for all suspect cases whose symptoms and clinical presentation are clinically compatible. Measles testing by RT-PCR (respiratory specimens) can be completed at the IDPH Springfield Laboratory and IgM serology can be routed through the IDPH lab for testing at the CDC Laboratory. The RT-PCR methodology has been validated by CDC and should be used in conjunction with serology testing.

All specimens submitted to the IDPH Springfield Laboratory must be facilitated by your local health department who will provide an authorization number for the specimens. Instructions for measles testing and specimen submission to the IDPH lab can be found in the [Illinois Department of Public Health's Laboratories Manual of Services](#).

If you have any questions, please contact Fredrick Echols, MD, IDPH Communicable Disease Section Chief at 217-782-2016 or [Fred.Echols@illinois.gov](mailto:Fred.Echols@illinois.gov).

# Measles Health Alert

2015

Measles outbreaks have originated from returning international travelers, and visiting domestic venues frequented by international travelers. Limited community transmission can occur. Measles is highly contagious. Please protect patients, visitors, and staff!

## ✓ Keep an eye out for measles symptoms:

### Suspect measles in patients with:

- fever and rash, and
- history of exposure to a case, or
- history of international travel, contact with international visitors or visiting venues frequented by international visitors in the past 3 weeks (21 days), or
- any patient with clinically compatible symptoms

**Note:** A history of 2 doses of MMR vaccine does not exclude a measles diagnosis.

### Prodrome

- Mild to moderate fever
- Cough
- Coryza
- Conjunctivitis

### Rash onset

- Fever spikes, often as high as 104° to 105° F
- Red, maculopapular rash that may become confluent—typically starts at hairline, then face, and spreads rapidly down body
- Koplik's spots (tiny blue/white spots on the bright red background of the buccal mucosa) may be present



## ✓ Act immediately if you suspect measles:

- Implement airborne infection control precautions immediately, mask and isolate patient—negative pressure room, if available.
- Permit only staff immune to measles to be near the patient.
- **Notify your local health department immediately!!**
- Expedite measles serologic (IgM and IgG) and PCR testing through the IDPH lab; use of commercial labs may delay definitive diagnosis.
- Safeguard other facilities: assure airborne infection control precautions before referring patients.
- Do not use any regular exam room for at least 2 hours after a suspected measles patient has left the room.