



DALLAS COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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To: Dallas County Medical Providers

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HEALTH ADVISORY: Measles Exposures

Dallas County Health and Human Services is investigating possible exposures to a confirmed measles case who visited Dallas County from August 14-17. The case patient was not a resident of Dallas County. The individual spent time at six venues in Irving during this period—a hotel and 5 restaurants: Courtyard by Marriott DFW North Airport, Mattito's, India 101, Jersey Mike's Subs, In-Fretta Pizza Wings Bar, and Whiskey Cake Las Colinas. We know of no other public locations within Dallas County where persons may have been exposed. DCHHS is working to contact persons known to have been exposed at private locations. To date, no secondary cases have been identified. Contacts are being advised to watch for symptoms of measles for 21 days after exposure, and to seek diagnostic medical care when needed by first calling ahead to the healthcare facility, to avoid exposing other patients in waiting rooms.

Healthcare providers are therefore reminded to consider measles in the initial differential diagnosis of patients with acute rash illness with fever, particularly those who have come into contact with known measles cases, traveled abroad or to areas with known outbreaks, or have known non-immune status to measles.

Measles is highly contagious and transmitted by respiratory droplets and airborne spread. The incubation period for this febrile rash illness is about 2 weeks. Patients are contagious from 4 days before rash to 4 days after onset of rash. Please be aware of the following recommendations:

- In the healthcare settings, suspected cases should be triaged quickly from waiting areas, with **airborne isolation precautions** recommended. **In outpatient settings, such patients should be scheduled at the end of the day, if feasible.** (www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html)
- Persons with measles commonly present to physician's offices or emergency rooms and pose a risk of transmission in these settings. **All healthcare personnel should have documented evidence of measles immunity on file at their work location.** (www.immunize.org/catg.d/p2017.pdf)
- **Testing for measles should be done in patients meeting clinical case definition**, which includes: (1) a generalized rash lasting ≥ 3 days, **and** (2) fever $\geq 101^{\circ}\text{F}$ (38.3°C), **and** (3) cough, coryza or conjunctivitis. (www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html)
- **Immediately report any suspected measles cases to DCHHS at (214) 819-2004.** Contact DCHHS while the patient is present in the clinical setting, to facilitate testing and follow-up of potential exposures. A serum specimen for measles IgM and throat swab for measles PCR should be collected at the time of first evaluation of a patient with possible symptoms of measles.

Two doses of MMR vaccine are 97% effective against measles, and are recommended for all children, with the first routine dose at 12-15 months, and the second dose at 4-6 years. Adults born after 1956 should receive at least 1 dose of MMR vaccine, unless they have other evidence of immunity (<https://www.cdc.gov/measles/hcp/index.html#immunity>). Two doses of MMR vaccine are recommended for international travelers, college students, and healthcare personnel. Adults without documentation of prior measles vaccination or immunity to measles can have measles IgG titers drawn, or they can be vaccinated without obtaining serology. There is no harm from administering additional doses of MMR vaccine. Detailed guidelines related to measles vaccination are available at: <https://www.cdc.gov/vaccines/vpd/mmr/hcp/index.html>.