



DALLAS COUNTY  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

*Dr. Philip Huang*  
Director/Health Authority

*Dr. Christopher Perkins*  
Medical Director

**From:** David Jung, MPH, Folasuyi Richardson, MPH, Kyoo Shim, MPH, Marc Williamson, RN, Dorothy Jackson, RN, Wendy Chung, MD  
Acute Communicable Disease Epidemiology Division

**To:** Dallas County Medical Providers

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### HEALTH ADVISORY: Measles

Dallas County Health and Human Services (DCHHS) has identified its first confirmed case of measles in a Dallas County resident since 2017. This adult had been exposed to another confirmed measles case from Tarrant County at their mutual workplace in Dallas County on March 13, 2019, and subsequently developed measles symptoms on March 28, 2019. DCHHS and the workplace employer had advised all exposed workplace contacts of the Tarrant County measles case without documentation of vaccination or serologic evidence of immunity to self-isolate and avoid public areas through the 21-day incubation period from last exposure. Dallas County's confirmed case therefore did not result in any additional public or workplace exposures. No other secondary cases of measles from the workplace have been reported.

**Healthcare providers are 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 between 7 and 21 days. 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. (<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.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.** (<http://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  $\geq 3$  days, and (2) fever  $\geq 101^{\circ}\text{F}$  ( $38.3^{\circ}\text{C}$ ), and (3) cough, coryza or conjunctivitis. (<https://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>.