

Update to Health Advisory Issued October 12, 2023

Summary and Action Items

- 1.) Provide awareness about confirmed **measles** cases identified in Illinois and a declared outbreak in Cook County.
- 2.) Review current vaccine guidance for children, adults, and healthcare personnel.
- 3.) Review vaccination records prior to international travel due to global measles outbreaks and provide needed vaccinations as per recommendations.
- 4.) Recommend that healthcare providers and facilities take steps to ensure that their patient populations are up to date on their vaccines.
- 5.) Remind providers to **immediately report to public health** any suspect measles cases at the time it is first suspected and prior to clinical testing, and to take appropriate steps for diagnosis and infection control and isolation.
- 6.) Remind health-care facilities that all persons who work in their facilities should have [presumptive evidence of immunity to measles](#).

Background

An outbreak of measles has been declared in northern Illinois (suburban Cook County). PCR testing for measles virus performed by the IDPH public health laboratory is positive for measles virus in four individuals; another individual is being evaluated who is showing signs compatible with early measles who is also epi-linked to a PCR positive case. All five of these individuals were unvaccinated. Heightened clinical suspicion by ED providers allowed for expedited diagnoses of these cases. The latest case was identified yesterday, on October 31st. The Cook County Department of Public Health is investigating the newest two cases to determine all potential exposure locations. The other two cases were known close contacts to the index case, so quarantine limited exposures to the household. Prior to these cases, the last measles case in Illinois was identified in 2019.

Diagnosis and Treatment

Healthcare providers and facilities should be alert for possible measles cases. The measles prodrome usually lasts for two to four days but may persist for as long as eight days. Symptoms typically include fever, malaise, and anorexia, followed by conjunctivitis, coryza, and cough. The prodromal symptoms typically intensify a few days before the rash appears. The measles rash is typically maculopapular and starts on the head or hairline and spreads down the body. Providers should also be suspicious in those that are ill and had recent travel to countries where there are [measles outbreaks](#). **If you suspect measles, immediately place the patient in airborne isolation, and notify infection control.** Unimmunized contacts of measles cases can be vaccinated within 3 days of exposure, or in some special situations given immune globulin within 6 days of exposure to prevent or ameliorate the illness. Providers should consider administering a second MMR to contacts over 12 months of age who were previously vaccinated with one dose, as long as there are 28 or more days since the last dose of live vaccine.

Reporting

Healthcare providers and facilities need to immediately report suspect measles cases to their [local health department](#), or to IDPH. If unable to reach their local health department after-hours, providers can call IEMA at 800-782-7860 to reach someone at IDPH.

Prevention

[Vaccination](#) is the best protection against measles. Those traveling internationally, especially to countries where there are known [measles outbreaks](#), should ensure they are up to date on all of their vaccinations. MMR is a measles containing vaccine that is highly effective in providing measles immunity. It is recommended that facilities keep records of their employee's vaccinations to facilitate a prompt response to a measles exposure, should one occur.

Health care providers should ensure all patients are up to date on MMR vaccine.

- 1) **Children:** Continue to give MMR vaccine at 12-15 months of age, and 4-6 years of age.
- 2) **Adults (non-high risk):** Adults born during or after 1957 should have at least one dose of the MMR vaccine, or presumptive evidence of immunity. At this time, booster doses are not recommended for the general adult population, and there is **no** recommendation to give 2nd doses for adults born before 1989.

There are additional recommendations for certain high-risk populations:

- 1) Students at post-high school educational institutions: Should have two doses of MMR, spaced out by at least 28 days, or evidence of immunity.
- 2) For individuals who are traveling internationally:
 - a) Infants 6 through 11 months of age should be given one dose of MMR vaccine. These children will still need their regularly scheduled MMR doses.
 - b) Individuals 12 months of age or older should have two doses of MMR, separated by at least 28 days.
- 3) Healthcare personnel (HCP) (all paid and unpaid persons working in health-care settings): Should have presumptive evidence of immunity to measles. Presumptive evidence of immunity is defined as:
 - a) written documentation of vaccination with 2 doses of live measles or MMR vaccine administered at least 28 days apart,
 - b) laboratory evidence of immunity (positive serum IgG),
 - c) laboratory confirmation of disease, or
 - d) birth before 1957. *(According to CDC, although birth before 1957 is considered as presumptive evidence of immunity, for unvaccinated HCP born before 1957 that lack laboratory evidence of measles immunity or laboratory confirmation of disease, health care facilities should consider vaccinating personnel with two doses of MMR vaccine at the appropriate interval.)*

Schools and daycares should ensure immunization records on staff and students are well documented and accessible to avoid delays in identifying those with immunity and ultimately, missed work and school days. (Those exposed without documented immunity are excluded for 21 days from date of last exposure.)

Testing

IDPH laboratory provides PCR testing for measles at no cost to the patient or provider. It is recommended that testing of suspect measles cases be conducted at the state lab as testing at commercial laboratories can delay results which then delays a response if the case is positive. Providers who suspect measles should promptly contact their local health department, or IDPH, to report suspect cases and to arrange pre-approval for measles testing at the state laboratory.

Additional Resources & References:

- [CDC: Measles](#)
- [CDC: Measles Vaccination Information](#)
- [IDPH: Measles Testing Instructions](#)
- [CDC: Plan for Travel](#)

Target Audience: Healthcare Providers, Hospital Infection Preventionists, Emergency Departments, Local Health Departments, Schools, Daycares

Date Issued

November 1, 2023