



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

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Dear Colleagues:

We are writing to ensure you are aware of one case of measles recently identified in a Baltimore metro area resident who traveled internationally. Information about potential public exposures is available in the [press release](#).

We urge you to **ensure your patients are up to date on measles and other recommended vaccinations**. In addition to routine recommendations, especially as travel activity increases, be aware of the [American Academy of Pediatrics \(AAP\) recommendations](#) that before any international travel, infants 6 through 11 months of age should receive 1 dose of MMR vaccine; additionally, health care clinicians should follow vaccination recommendations issued by the state, local, tribal, or territorial health departments for areas experiencing sustained, community-wide measles transmission and an ongoing risk of exposure. There are ongoing measles outbreaks in several states, and elevated measles activity throughout North America and many areas around the world. Information on measles activity is available through resources including [AAP](#), [Centers for Disease Control and Prevention](#), [World Health Organization](#).

We also encourage you to have heightened awareness for measles in patients presenting with clinically compatible symptoms, particularly those who are unvaccinated or with travel to areas with sustained measles transmission. Report any suspected measles cases and testing results to your [local health department](#) immediately.

Measles Background

- Measles is an acute viral respiratory illness. It is characterized by a prodrome of fever, malaise, and cough, coryza, and conjunctivitis; sometimes pathognomonic [Koplik spots](#); followed by a maculopapular rash. The rash usually appears about 14 days after a person is exposed, and typically spreads from the head to the trunk to the lower extremities.
- Measles is highly contagious, and is transmitted by direct contact with infectious droplet or airborne spread when an infected person breathes, coughs, or sneezes. Patients are considered to be contagious from 4 days before through 4 days after the rash appears.
- Measles virus can remain infectious in the air for up to 2 hours after an infected person leaves an enclosed area.

Measles Vaccination

Vaccination is the most effective way to prevent measles infection.

- Children should routinely get two doses of MMR vaccine: one at age 12-15 months and a second at 4-6 years.

- Adults and teens should be up to date on MMR vaccinations with either one or two doses (depending on risk factors) unless they have presumptive evidence of immunity (see below).
 - Certain adults should receive 2 doses, including: students at post-high school education institutions, healthcare personnel (HCP), international travelers, close contacts of immunocompromised people, people with HIV infection.
- **Before any international travel, infants 6 through 11 months of age should receive 1 dose of MMR vaccine.** Infants who get one dose of MMR vaccine before their first birthday should get 2 more doses according to the routinely recommended schedule. People 12 months of age and older who will be traveling internationally should receive 2 doses of measles-containing vaccine. Health care clinicians should follow vaccination recommendations issued by the state, local, tribal, or territorial health departments for areas experiencing sustained, community-wide measles transmission and an ongoing risk of exposure.

Measles Testing

- Individuals for whom measles is suspected due to clinical presentation and exposure history should be tested for measles.
- PCR and IgM serology are the preferred testing methods for measles diagnosis.
- **To request testing at MDH Laboratory, call your [local health department](#). Specimens will not be accepted for testing without prior approval.**
- If testing at MDH Laboratory is approved, collect a NP/OP specimen on Dacron™ swab in viral transport media, and 5 mL of whole blood or 4 mL of serum in red-top or gold-top vacutainer.
- Ideally, upper respiratory specimens should be collected within 3 days of rash onset, but specimens collected after that time may still be tested. IgM is most sensitive 3+ days after rash onset and may not be detected in specimens collected earlier in the illness.
- Testing asymptomatic persons, including those identified as close contacts of a case, should be avoided as it increases the likelihood of obtaining false positive results.

Other Healthcare Facility Preparation for Suspected Measles Cases

- Healthcare facilities should ensure that all healthcare personnel (HCP) have [presumptive evidence of immunity to measles](#), and that this information is documented and readily available.
- Advise your patients to CALL prior to coming to your facility if they have symptoms of measles. This will allow you to take steps to minimize the risk of exposure to other people in your facility. If you must refer a patient with suspected measles to another healthcare facility, call the facility before advising the patient to go to that facility.
- Develop a facility-specific plan with your staff to assist with the rapid identification and isolation of a symptomatic patient with suspected measles.
- Patients with suspected measles should preferably be placed in airborne precautions in a single-patient airborne infection isolation room. All staff entering the room should use respiratory protection consistent with airborne infection control precautions (e.g. N95

respirator). If an AIIR is not available, place the masked patient in a private room with the door closed. If feasible, the patient should continue to wear the mask for the duration of time spent in the non-AIIR room.


- If measles is suspected after initial evaluation, inform your [local health department](#) immediately.

For questions, contact your [local health department](#) or the Maryland Department of Health Infectious Disease Epidemiology and Outbreak Response Bureau at 410-767-6700. Thank you for your assistance with preventing measles in Maryland.

Sincerely,



Monique Duwell, MD, MPH
Chief, Center for Infectious Disease Surveillance and Outbreak Response



Meg Sullivan, MD, MPH
Deputy Secretary, Public Health Services