



Subject: HEALTH ALERT: Measles Case Reported in a Montgomery County, Ohio Resident

ID #24-02

Date/Time Sent: 02/03/2024 (1:30 PM)

Urgency Level: * Health Alert Health Advisory Health Update

Sent To: GDAHA (Hospitals), Family Practice, Pediatrics, Urgent Cares & OBGYN

From: Public Health – Dayton & Montgomery County

MESSAGE: A case of measles has been identified in a Montgomery County resident who was evaluated at Dayton Children’s Hospital in the Emergency Department and in Medical Imaging on January 29, 2024 and January 31, 2024. Individuals in these areas may have been exposed to measles between January 29th at 11 pm and January 30th at 7 am and on January 31st between 10:30 am and 6 pm.

Contacts of the individual are being notified by Public Health to assess their measles vaccination status, and to provide information regarding signs and symptoms of measles, and appropriate quarantine measures. Individuals who were at Dayton Children’s Hospital Emergency Department or Medical Imaging during the dates and times listed who have not been contacted by Public Health, are advised to call 937-225-4508 so that their level of exposure can be determined, and next steps can be recommended.

Contacts who are not fully vaccinated for measles should be immunized with measles vaccine as soon as possible after exposure. Measles vaccine given within 72 hours after exposure may prevent or reduce the severity of disease. Measles immune globulin (IG) can prevent or modify measles in a susceptible person if given within six days of exposure. IG may be especially indicated for susceptible household contacts <1 year of age, pregnant women, or immunocompromised persons, for whom the risk of complications is increased.

Given currently elevated respiratory virus activity, suspicion for measles should be heightened among patients with clinically compatible measles symptoms who have not yet received MMR, including those who may have postponed or missed doses. Measles is characterized by an initial prodrome that typically includes high fever, cough, coryza, and conjunctivitis, followed by the appearance of a maculopapular rash. Communicability is greatest from four days before the onset of rash until four days after the onset of rash. For additional clinical information for healthcare providers, please visit the [CDC website](#).

Measles is a highly contagious viral respiratory illness. The virus is transmitted through airborne spread of droplet nuclei or direct contact with nasal or throat secretions of infected persons; droplet nuclei can remain suspended in the air for up to two hours. The average incubation period for measles is 14 days, with a range of 7-21 days.

The preferred specimens for RT-PCR or virus isolation are throat and nasopharyngeal swabs. Clinical specimens for RT-PCR and virus isolation should be collected at the same time as samples for serologic testing. *Specimens for virus isolation and RNA detection should be collected within three days of rash onset.* Detection of measles RNA and measles virus isolation are most successful when samples are

collected on the first day of rash through the 3 days following onset of rash. Detection of measles RNA by RT–PCR may be successful as late as 10–14 days post rash onset. Laboratories receiving specimens for measles PCR testing should contact the local health department (937-225-4508 for Montgomery County) for approval to ship to the ODH lab.

Measles is a [Class A reportable disease](#). If measles is suspected, facilities should implement appropriate infection prevention and control measures and report any case, suspected case, or positive laboratory result [immediately via telephone](#) to 937-225-4508 for residents of Montgomery County or to the [local public health department](#) in which the patient resides.

To minimize the risk of measles transmission in healthcare settings, healthcare personnel should do the following:

1. Instruct patients with suspected measles and exposed persons to inform all healthcare providers of the possibility of measles prior to entering a healthcare facility so appropriate infection control precautions can be implemented.
2. Ask patients with a febrile rash illness about a history of international travel, contact with foreign visitors, transit through an international airport, or possible exposure to a person with measles in the 3 weeks prior to symptom onset. The possibility of measles should be considered for patients with such a history and symptoms consistent with measles.
3. Patients with suspected measles should immediately be provided a face mask to wear, if tolerated.
4. Do not allow patients with suspected measles to remain in the waiting room or other common areas; isolate patients with suspected measles immediately in an airborne infection isolation room if one is available. If such a room is not available, place the patient in a private room with the door closed. For additional infection control information, please refer to the [CDC's control measures for measles](#).
5. If possible, allow only healthcare personnel with documentation of two doses of MMR vaccine or laboratory evidence of immunity to measles to enter the patient's room.
6. Healthcare personnel should wear an N95 or higher-level respirator regardless of presumptive evidence of immunity.
7. Do not use the examination room for at least two hours after the possibly infectious patient leaves.
8. Instruct patients with suspected measles and exposed persons to inform all healthcare providers of the possibility of measles prior to entering a healthcare facility so appropriate infection control precautions can be implemented.
9. Make note of the staff and other patients who were in the area during the time the patient with suspected measles was in the facility and for two hours after they left. If measles is confirmed, exposed people will need to be assessed for measles immunity.

For More Information: Please contact **Communicable Disease** at (937)225-4508 to report a suspected case or have questions about exposure management.

***Categories of urgency levels:**

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.