MEMORANDUM

To: Local Health Departments, Regional Offices of Illinois Department of Public Health, Hospital Emergency Departments, Infection Control Preventionists and Infectious Disease Physicians

From: Communicable Disease Control Section

Subject: Measles Case in Illinois

Date: February 24, 2014

A recent case of measles has been reported in Illinois. The case is in a child who traveled along with family to the United States arriving in Macomb, Illinois on February 5. The case developed fever, cough, running nose and conjunctivitis on February 16 and a rash on February 18 or 19. A serum specimens collected on February 20 was IgM positive.

The period of communicability for this case would have been from February 14 to February 23. During this time period the case was seen at a physician’s office in Macomb on February 16, the emergency room of McDonough District Hospital in Macomb on February 18, and in the emergency room and as an in-patient at OSF in Peoria from February 20 to February 23. The case also visited a restaurant in Macomb on February 18. Actions are being taken to identify contacts to this case to determine immunization status and provide recommendations for vaccination or immune globulin.

Healthcare providers and facilities should be alert for possible measles cases. Measles should be considered in any patient with fever, conjunctivitis, cough, coryza (cold symptoms), and malaise, as well as any patient who presents with fever and a maculopapular rash. Measles is highly contagious and is spread through the airborne route, so non-immune patients, staff, and hospital visitors are at risk of being exposed to measles. Any hospitalized patient who is suspected of having measles should be immediately placed in airborne isolation. For infection control information, please see the CDC “Guideline for Isolation Precautions” at http://www.cdc.gov/hicpac/2007IP/2007ip_part4.html.

Patients with measles have a prodrome of fever, conjunctivitis, cough, coryza, and malaise for 3 to 5 days before the rash appears on their face and upper body, and then spreads down over the entire body over the following 3 to 4 days. Immunocompromised patients may not exhibit rash. Unimmunized contacts of measles cases can be vaccinated within 3 days of exposure, or given immune globulin within 6 days of exposure to prevent or ameliorate the illness. Please note that a small percentage of people born before 1957 are susceptible to measles. See the Measles Summary
Please contact your local health department immediately if you suspect that a patient may have measles. Physicians and other providers should contact their local health department to report a suspected measles case as soon as possible but within 24 hours. In highly suspicious cases, health care providers should not wait for laboratory results before contacting their local health department.

Laboratories should also report to their local health department positive lab tests for measles within 24 hours. In turn, local health departments should report cases to the IDPH CD Section within the same time period. Prompt recognition, reporting and investigation of measles cases are important since transmission can be limited with early case identification and vaccination of susceptible contacts.

Laboratory analysis should be completed on all suspect cases. Measles testing by RT-PCR (respiratory specimens) can be completed at the IDPH Springfield Laboratory and IgM serology can be routed through the IDPH lab for testing at the CDC Laboratory. The RT-PCR methodology has been validated by CDC and should be used in conjunction with serology testing. All specimens submitted to the IDPH Springfield Laboratory must be facilitated by your local health department who will provide an authorization number for the specimens.

If you have any questions pertaining to this memo, please contact the Communicable Disease Control Section at 217-782-2016.