

Michigan Health Alert Network Message: March 3, 2024
Subject: Measles Cases: Important Updates

Dear Immunization Partners,

Please share the following information with providers in your jurisdiction.

The Centers for Disease Control and Prevention (CDC) has issued an official Health Advisory regarding the potential for measles cases related to international travel. MDHHS in collaboration with local health departments has confirmed 3 cases of measles, all associated with international travel. As we continue to see cases trend upward we want to remind clinicians and public health officials to provide guidance for measles prevention to international travelers and to be on alert for any suspected cases of [measles](#).

Key Points

- Measles cases are on the rise globally and within the United States.
- It is essential to obtain complete travel history from any patient presenting with symptoms consistent with measles (high fever, cough, coryza, rash).
- Providers should use the Michigan Care Improvement Registry (MCIR) and obtain MMR vaccination status for all patients. If the patient does not have a complete MCIR record ask the patient about MMR vaccination status. Documentation of evidence of immunity will be needed in cases of exclusion/precautions if found to meet contact criteria to a confirmed case.
- To reduce exposure in the healthcare setting, [proper precautions](#) should be taken.
- Appropriate specimen collection is key to rapid laboratory confirmation.
- **Never miss an opportunity to offer vaccine.** Ensure that all patients without other evidence of immunity, especially those planning international travel, are up to date on [MMR vaccine](#) and [other recommended vaccines](#) before their international travel.

Background

Globally, measles cases are increasing, and measles is one of the most highly contagious airborne diseases seen among children and adolescents.

Europe experienced a rise in measles cases in 2023 with over 30,000 cases reported by 40 of the 53 countries, including 21,000 hospitalizations.

As of February 29, 2024, a total of [41 measles cases](#) were reported by 16 states in the United States.

In the post-elimination era (2001-present), over 40% of measles cases in the United States are imported. An internationally imported case is defined as a case in which measles results from exposure to measles virus outside the United States as evidenced by:

- at least some of the exposure period (7–21 days before rash onset) occurring outside the United States and
- rash onset occurring within 21 days of entering the United States and
- no known exposure to measles in the United States during that time.

All other cases are considered United States-acquired.

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Confirmed Measles Cases in MI

MDHHS in collaboration with local health departments has confirmed 3 cases of measles, all associated with international travel. MDHHS was first notified of a suspect measles case on February 21, with laboratory confirmation on February 22. MDHHS was then notified of two additional suspect cases on March 1 with laboratory confirmation on March 2. None of these cases was epidemiologically linked to each other.

In each of the three cases, rapid laboratory confirmation was possible because clinic or local health department staff correctly collected both respiratory and serology specimens for testing.

Both cases confirmed on March 2 (Wayne, Washtenaw) resulted in household exposures and some public setting exposures (urgent cares and emergency departments).

Case Investigation Guidelines

Key pieces of epidemiologic data to collect, include (but are not limited to):

- Vaccination status, including number of doses and dates of administration.
- Transmission setting (e.g., household, school, health care setting, event).
- Source of infection (e.g., age, vaccination status, relationship to case, contact with probable or confirmed case, or contact with immigrants or travelers, or international travel).
- Import status (indigenous/endemic, international import, or out-of-state import, linked or traceable to an international importation).
- Travel history in the three weeks prior to symptom onset, including flight or maritime information.
- Date of return to the United States.
- Number of contacts.

Appropriate Specimen Collection

- For suspect or probable cases of measles, it is important to pursue both [serologic and virologic testing](#). Specimens should be collected at the same time.
 - Collect a throat swab (nasopharyngeal swab is an acceptable alternate) for PCR up to 7 days after rash onset and ideally within 3 days.
 - Collect a serum specimen for antibody testing 3-30 days after rash onset.
- PCR specimen is being run at MDHHS Bureau of Laboratories (BOL); any positive PCR specimen tested at commercial labs should be forwarded to BOL for additional genotyping.
- BOL is currently encouraging IgM serum specimen to be sent to commercial labs, or BOL will forward them to the CDC for testing. IgG is being run at BOL.
- All specimens sent to MDHHS BOL for testing must be labeled with the patient's first name, last name, date of birth, date of specimen collection, and specimen source. In addition, they must be sent in on cold packs and received by the laboratory within 48 hours of collection unless frozen.
- Detailed information regarding the collection and submission of specimens for measles or mumps testing at the BOL can be found within the [A-Z Test Listing \(michigan.gov\)](#).

Control in Healthcare Settings

- Encourage patients to call ahead if they have symptoms consistent with measles, so that [proper precautions](#) can be taken.
- Use airborne precautions including isolation in a negative air pressure isolation room, also known as airborne infection isolation (AII) or airborne infection isolation room (AIIR). In clinic settings where a negative air pressure isolation room may not be available, a single room with the door closed and away from susceptible contacts may be used when evaluating persons in whom measles is suspected.
- In addition, suspect or confirmed measles patients should be asked to wear a high-quality [facemask](#) (N95 masks are preferred when available, surgical and procedure masks that cover the mouth and nose are acceptable).
- Immediate review of evidence of measles immunity in all exposed staff (see “Presumptive evidence of immunity for health care personnel”).
- Vaccination of healthcare personnel (HCP) without presumptive evidence of immunity.
- Exclusion of HCP with active measles illness for four days after the rash appears.
- HCP without presumptive evidence of immunity should be offered the first dose of MMR vaccine and excluded from work from day 5 after the first exposure to day 21 after their last exposure.

Presumptive evidence of immunity to measles for HCP includes any of the following:

- Written documentation of vaccination with 2 doses of live measles or MMR vaccine administered at least 28 days apart.
- Laboratory evidence of immunity.
- Laboratory confirmation of disease.
- Birth before 1957.

Travel Precautions

- Travelers are at risk of measles if they have not been fully vaccinated two weeks prior to departure or have not had measles in the past and travel to areas where measles is spreading.
- All international travelers, including infants 6–11 months of age and preschool-aged children, should be fully vaccinated against measles with the measles-mumps-rubella (MMR) vaccine according to [CDC’s measles recommendations for international travel](#).
- Vaccination services can typically be received at the primary care provider office, local health department, certain pharmacies, or travel health clinics. It is important for travelers to call ahead to ensure the provider has age-appropriate vaccination services.
- Travelers should seek medical care if they develop a [rash, high fever, cough, runny nose, or red, watery eyes](#). Measles is highly contagious. Travelers with suspected measles should notify the healthcare facility before visiting so staff can implement precautions to prevent spread within the facility.

For More Information

- International Travelers
 - [Plan for Travel - Measles | CDC](#)
 - [Safety Information for Measles, Mumps, Rubella \(MMR\) Vaccines | Vaccine Safety | CDC](#)
- Healthcare and Public Health Professionals

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- [For Healthcare Professionals - Diagnosing and Treating Measles | CDC](#)
- [Interim Measles Infection Prevention Recommendations in Healthcare Settings | CDC](#)
- [Measles - Vaccine Preventable Diseases Surveillance Manual | CDC](#)
- [Rubeola / Measles | CDC Yellow Book 2024](#)
- [Measles Investigation Guidelines \(michigan.gov\)](#)

Thank you for your continued work to protect Michiganders from vaccine-preventable diseases.

Sincerely,
MDHHS Division of Immunization