

Fever and Rash?.....Consider Measles

Measles cases continue to be identified in different parts of the U.S.

From January 1 to December 29, 2018, there have been 349 cases with 17 outbreaks (defined as 3 or more linked cases). In addition, suspected clusters of disease are currently being investigated in Washington state. States with cases in 2019 include: AR, CA, CT, FL, IL, IN, KS, LA, MD, MA, MI, MO, NV, NJ, NY, NC, OK, OR, PA, SC, TN, TX, VA and WA.



Keep an eye out for measles symptoms:

Suspect measles in patients with:

- fever and rash
- history of recent travel internationally, or to other areas with measles activity

Note: A history of 2 doses of MMR vaccine does not exclude a measles diagnosis.

Prodrome

- Mild to moderate fever
- Cough
- Coryza
- Conjunctivitis

The 3 Cs

Rash onset

- Fever spikes, often as high as 104° to 105° F
- Red, **maculopapular rash** that may become confluent—typically starts at hairline, then face, and **spreads rapidly down body**
- Koplik's spots (tiny blue/white spots on the bright red background of the buccal mucosa) may be present



Contagious from 4 days before to 4 days after rash appears



Act immediately if you suspect measles:

- Implement **airborne infection control precautions** immediately, mask and isolate patient—negative pressure room, if available.
- Permit only staff immune to measles to be near the patient.
- Notify Alaska Section of Epidemiology (SOE) immediately (907-269-8000).
- SOE will assist with specimen collection and processing.
- Safeguard other facilities: assure airborne infection control precautions before referring patients.
- Do not use any regular exam room for at least 1 hour after a suspected measles patient has left the room.

NOTIFY PAMC INFECTION PREVENTION TEAM (907) 212-4829 (8a-5p M-F) or House Supervisor

Visit epi.alaska.gov/id/measles for more information