



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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### **\*\*MEASLES HEALTH ALERT\*\***

As of August 16, 2013, Tarrant County Public Health has identified four laboratory-confirmed cases of measles and is monitoring multiple associated suspect cases. Laboratory testing is pending for the additional suspect cases. There are potentially hundreds of people exposed in the North Texas area. Prior to this outbreak, there were five cases of measles diagnosed in Texas in 2013, all import-associated. Of the five earlier cases, two were in Denton County and two were in Dallas County. The index case in Tarrant County is believed to have been exposed while traveling to a country where measles is endemic.

The public health investigation and response is currently ongoing. All healthcare providers are requested to consider measles in the initial differential diagnosis of patients with compatible symptoms (febrile rash illness), particularly those who have traveled abroad or come into contact with known measles cases.

Providers should also take appropriate infection control precautions and immediately report any suspected cases to the local health department or call 800-705-8868. If possible, contact the health department while the patient is present in the clinical setting in order to facilitate testing and initiation of the public health investigation, including follow-up of potential exposures.

Measles is highly contagious and is transmitted primarily from person to person by respiratory droplets and airborne spread. The incubation period is about two weeks (range of 7 - 18 days) from exposure to onset of fever. Persons are contagious from four days before onset of rash to four days after appearance of rash. The rash is described as maculopapular and usually begins on the face and spreads to the trunk. Other clinical symptoms include fever  $\geq 101^{\circ}\text{F}$  ( $38.3^{\circ}\text{C}$ ), cough, coryza and conjunctivitis. Any person suspected of having measles should be instructed to self-isolate at home until four days after rash onset have passed.

Testing for measles should be done in patients meeting clinical case definition which includes a generalized rash, fever  $\geq 101^{\circ}\text{F}$  ( $38.3^{\circ}\text{C}$ ), and cough, coryza or conjunctivitis. Patients suspected to have measles should have blood drawn to detect IgM antibody and specimens collected for viral isolation (pharyngeal swab preferred) at the time of the initial medical visit.

All healthcare personnel should have documented evidence of measles immunity on file at their work location ([www.immunize.org/catg.d/p2017.pdf](http://www.immunize.org/catg.d/p2017.pdf)). Healthcare facilities are reminded to review the immune status of all employees.

In the urgent/emergency healthcare settings, suspected cases should be triaged quickly from waiting areas, with airborne isolation precautions recommended. In other outpatient settings, suspected cases should be scheduled at the end of the day, if feasible. Healthcare workers caring for patients suspected of having measles should use airborne infection control precautions. ([www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html](http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html)).

Two doses of measles, mumps and rubella (MMR) vaccine are recommended for everyone born after 1957. The first dose should be administered at 12 months of age and the second at four to six years of age. Children as young as six months of age can be vaccinated with MMR if exposure to measles is likely to occur. Find printable versions in various formats and recommendations for all ages at <http://www.cdc.gov/vaccines/schedules/>.