

MEASLES:

Important considerations



suspect



report



confirm



prevent

- ✓ As of January 2019, outbreaks of measles are occurring in New York and Washington states.
- ✓ In 2018, Europe experienced a large measles outbreak with over 69,000 cases of reported.
- ✓ In the U.S., 349 cases were reported from 26 states and D.C. in 2018, including 17 outbreaks.
- ✓ The last case of measles reported in Montana was in 1990.

WHO'S AT RISK → INCUBATION → SYMPTOMS

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- Babies who are too young for vaccine (<12 months)
 - Immunocompromised
 - Pregnant women
 - Unvaccinated

Average: **14 days**
(range 7-21 days)

- High fever (up to 104 F)
 - Runny nose
 - Cough
 - Red, watery eyes
 - Rash (spreads from head to toe)
 - Koplik spots (sometimes)
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Measles complications can include: pneumonia, encephalitis, and/or death

How infectious is measles? → One person can infect 12-18 susceptible people

RISK FACTORS



Travel to a place where measles is endemic



Contact with someone who has measles

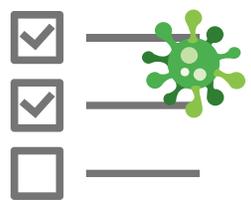


Not receiving a measles vaccine (MMR)



Visitors from areas where measles is occurring

SUSPECT



Evaluate signs and symptoms and risk factors to determine if measles is high on the suspicion list.

REPORT



Measles is **immediately reportable** to local public health. Reporting should not wait until lab results are available. If you suspect measles, report it ASAP.

CONFIRM



A diagnosis of measles is confirmed by prompt laboratory testing. **The gold standard** is PCR and can be performed as soon as possible following rash onset. Blood tests for IgM and IgG antibody production may also be helpful.

PREVENT



The measles vaccine (MMR) is extremely effective against preventing the disease in those who are >12 months of age. **Two doses of MMR are 97% effective.**

For more information, contact your local health department

