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## Maine Health Alert Network (HAN) System

### PUBLIC HEALTH ADVISORY

**To:** All HAN recipients  
**From:** Dr. Siiri Bennett, State Epidemiologist  
**Subject:** Measles Exposure in Two Healthcare Offices in Maine  
**Date / Time:** Tuesday, April 02, 2019 at 3:45pm  
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#### Abstract:

On April 1, 2019 Maine CDC was notified of a confirmed case of measles in an out of state resident who visited two businesses in Maine while traveling in the state on Wednesday, March 27, 2019. Individuals who have been exposed are asked to check their immunization status and monitor for symptoms. Maine clinicians are asked to increase surveillance for rash illness suggestive of measles to identify early potential cases and prevent the spread of disease. The best protection against measles is vaccination.

## Measles Exposure in Two Healthcare Offices in Maine

### Summary

On April 1, 2019 the Massachusetts Department of Public Health notified Maine CDC of a confirmed case of measles in an out of state resident who visited two businesses in Maine while traveling in the state on Wednesday, March 27, 2019. Individuals potentially exposed are asked to check their immunization status and monitor for symptoms. Those who have not been immunized or do not know their measles immunization status should get vaccinated with at least one dose of measles, mumps, and rubella, or MMR, vaccine to protect from subsequent exposures. Maine clinicians are asked to increase surveillance for rash illness suggestive of measles to identify early potential cases and prevent the spread of disease. The best protection against measles is vaccination. Providers who suspect measles in a patient should contact Maine CDC immediately at 1-800-821-5821 for consultation and expedited transportation and testing of appropriate samples.

### Measles Background

Measles is a highly contagious, acute viral illness characterized by fever (as high as 105°F) and malaise, cough, coryza, and conjunctivitis followed by a maculopapular rash. The incubation period—the time it takes symptoms to appear after acquiring the virus—is typically 10-14 days but can be as long as 21 days. The rash usually appears about 14 days after a person is exposed. The rash spreads from the head to the trunk to the lower extremities. Measles can cause severe health complications including pneumonia, encephalitis, and death.

Measles spreads to others when an infected person coughs or sneezes. After an infected person leaves a location, the virus can live for up to two (2) hours in an airspace or on surfaces where the infected person coughed or sneezed. Measles is so contagious that if one person has it, 90% of the people close to that person who are not immune will become infected. Infected individuals can spread measles to others from four (4) days before through four (4) days after the rash appears.

### Exposure Details

Maine CDC notified the facilities where the exposure occurred and is working with them to provide information and guidance for themselves and their clients.

Individuals were potentially exposed to measles if they were at any of the locations below during the defined time periods:

Location	Date	Time
Skin Clinic, Falmouth, Maine	Wednesday March 27 <sup>th</sup>	10:55am -1:05pm
Maine Centers for Healthcare Endoscopy, Westbrook, Maine	Wednesday March 27 <sup>th</sup>	11am – 2pm

Individuals potentially exposed (as defined by the table above) should:

- Review their vaccine history to determine if they are immune to measles. Individuals born before 1957 are considered immune to Measles.
  - Individuals not immune to Measles should contact their healthcare provider to discuss vaccination and symptoms
- Monitor for symptoms of measles
  - Individuals who were exposed and begin to develop symptoms should contact their healthcare provider for instructions before arriving at their providers' office or hospital

and let them know of their potential measles exposure. If symptoms are consistent with the disease, testing may be performed. Individuals without symptoms should not be tested.

## Prevention Recommendations

The best protection against measles is vaccination. MMR (measles, mumps and rubella) vaccine provides long-lasting protection. Vaccination recommendations are below:

- **Children.** All children should receive two doses of MMR. The first dose should be given at 12 through 15 months of age and the second at 4 through 6 years of age. Children who are 6 through 11 months of age who will be traveling internationally should receive 1 dose of MMR vaccine. Every effort should be made to identify and vaccinate children who are not up-to date.
- **Adults.** All adults should have acceptable proof of immunity to measles. For adults with no evidence of immunity to measles, 1 dose of MMR vaccine is recommended, unless the adult is in a high-risk group (e.g., international travelers, health care workers, and college students), in which case 2 doses of MMR vaccine are recommended. Women are advised to not receive any live virus vaccine during pregnancy, including MMR.

## Key points:

- Acceptable presumptive evidence of immunity against measles includes at least one of the following:
  - written documentation of adequate vaccination:
    - one or more doses of a measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high risk
    - two doses of measles-containing vaccine for school-age children and adults at high risk, including college students, healthcare personnel, and international travelers
  - laboratory evidence of immunity
  - laboratory confirmation of measles
  - birth before 1957
- Consider measles as a diagnosis in anyone with a febrile rash illness and clinically compatible symptoms (cough, coryza, and/or conjunctivitis) who has recently traveled abroad or who has had contact with someone with a febrile rash illness.
- Asymptomatic patients should not be tested.
- Isolate suspect measles cases. Airborne precautions should be used until measles can be ruled out (surgical mask for patient, N-95 for provider, and negative pressure room, if available).
- Obtain specimens for testing and submit to Maine's Health and Environmental Testing Laboratory (HETL). The public health department prefers measles specimens are submitted to HETL so results can be better tracked but they can be submitted to other laboratories. Specimen collection should include:
  - Oropharyngeal, nasopharyngeal, or nasal swab for polymerase chain reaction (PCR)
  - Serum for IgM serology
  - See Laboratory Submission Information Sheet:  
[http://www.maine.gov/dhhs/mecdc/public-health-systems/health-and-environmental-testing/micro/submitting\\_samples.htm](http://www.maine.gov/dhhs/mecdc/public-health-systems/health-and-environmental-testing/micro/submitting_samples.htm)

**Reporting requirements:**

- All suspect cases of measles should be reported immediately by phone to 1-800-821-5821.

**For More Information:**

- Maine CDC's measles webpage: <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/vaccine/measles.shtml>
- Federal CDC's measles webpage for healthcare professionals: <https://www.cdc.gov/measles/hcp/index.html>
- HETL's webpage [www.mainepublichealth.gov/lab](http://www.mainepublichealth.gov/lab)
- Maine Immunization Program webpage: <https://www1.maine.gov/dhhs/mecdc/infectious-disease/immunization/>
- Please follow your facility's procedures for environmental cleaning