



**TO:** West Virginia Healthcare Providers, Hospitals and other Healthcare Facilities

**FROM:** Catherine C. Slemp, MD, MPH, Commissioner and State Health Officer  
West Virginia Department of Health and Human Resources, Bureau for Public Health

**DATE:** April 15, 2019

**LOCAL HEALTH DEPARTMENTS:** PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, AND OTHER APPLICABLE PARTNERS

**OTHER RECIPIENTS:** PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

The Centers for Disease Control and Prevention (CDC) has identified an increased number of measles cases and outbreaks in the United States since January 1, 2019. The last case of measles reported in West Virginia was in 2009 following international travel. Clinicians are encouraged to continue vigilance for cases of measles among all age groups and to report suspected cases of measles immediately to their local health department (LHD) as per the West Virginia Reportable Disease Rule (64 CSR 7). Additionally, clinicians should take this opportunity to ensure patients are up-to-date on measles vaccination (MMR). MMR information can be found at <https://www.cdc.gov/vaccines/vpd/measles/index.html>.

Measles is a highly transmissible acute viral illness spread through the air by coughing and sneezing. Measles typically begins with high fever followed by cough, coryza, and conjunctivitis. Koplik spots may appear inside the mouth 2-3 days after symptom onset. The measles rash breaks out 3-5 days after symptom onset and is characterized by flat red spots that appear on the face/hairline and spread downward to the neck, trunk, arms, legs, and feet. Small raised bumps may also appear on top of the flat red spots and fever may spike above 104° at rash onset. Measles can be prevented with MMR vaccine (two doses are about 97% effective at preventing measles; one dose is about 93% effective). Suspect measles cases should be placed in isolation with airborne transmission precautions for 4 days after the onset of rash or for the duration of illness in immunocompromised patients. Since measles is highly contagious and the virus can live on surfaces or in an airspace for up to 2 hours where the infected person coughed or sneezed, exposed persons should immediately be evaluated for post-exposure prophylaxis.

**CASE REPORTING:** Clinicians should report suspect cases of measles to their LHD immediately via telephone and be prepared to provide detailed clinical information as well as travel/exposure details.

**LABORATORY TESTING:** Clinicians should collect nasopharyngeal or throat swabs and urine specimens from patients suspected of having measles as soon as possible and should not wait for any other pending laboratory confirmation to be obtained. If a case of measles is suspected, the LHD should coordinate specimen collection and submission with the Bureau for Public Health, Office of Epidemiology and Prevention Services, Division of Infectious Disease Epidemiology (DIDE).

Information about measles, including virus isolation instructions (collection, storage and shipment) can be found at <https://oeps.wv.gov/measles/pages/default.aspx>. For more information, contact your LHD or DIDE at 1 (800) 423-1271, ext. 1; (304) 558-5358, ext. 1; or the 24/7 answering service at (304) 347-0843.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

**Categories of Health Alert messages:**

**Health Alert:** Conveys the highest level of importance. Warrants immediate action or attention.

**Health Advisory:** Provides important information for a specific incident or situation. May not require immediate action.

**Health Update:** Provides updated information regarding an incident or situation. Unlikely to require immediate action.