

This is an official  
**DHEC Health Alert**

Distributed via Health Alert Network  
November 7, 2018; 4:00 PM  
10425-DAL-11-07-2018-MEAS

## **New Confirmed Measles Cases in Upstate Region**

### **Summary**

DHEC has identified two additional cases of measles in residents of Spartanburg county related to the outbreak in the Upstate region, bringing the current number of cases to five. All identified individuals have been linked to subsequent transmission from an imported case. DHEC is continuing its investigation to identify all individuals who may have been exposed to these new cases. Individuals who sought care at AFC Urgent Care at 1667 East Main Street in Duncan on October 26, 2018 between 11:30 AM to 3:30 PM or Greer Memorial Hospital Emergency Department on October 27, 2018 between 10:00 AM to 5:00 PM may have been exposed.

Clinicians should consider the possibility of measles in any patient presenting with fever and rash or fever associated with cough, coryza or conjunctivitis.

### **Guidance for Clinicians**

**See previous DHEC Health Alert dated October 30, 2018 for additional information**

#### **Patient care:**

- If possible, encourage patients to call providers or healthcare facilities prior to seeking care for a febrile rash illness.
- If providers determine in-person care is necessary, the patient should be handled under isolation precautions. Emergency departments, urgent care facilities and other practice settings are recommended to establish a protocol for immediately placing patients that report a febrile rash illness or a fever with symptoms of cough, coryza, and/or conjunctivitis in an isolated room away from other patients.
  - If an airborne isolation room is not available, place a surgical mask on the patient and place the patient into an exam room with a closed door.
  - All healthcare personnel working with the suspect case should have documented immunity to measles through:
    - Documentation of two (2) live measles vaccines or MMR at least 28 days apart
    - Laboratory evidence of immunity or confirmation of disease
    - Birth before 1957
- If the case is clinically consistent with measles but in-person medical care is not necessary, counsel them to remain isolated at home and restrict outside visitors. Report the suspect case to the DHEC county health department at the contact information below.

**Reporting:**

- **Immediately report** any clinically suspected case of measles to DHEC by phone 24/7 (see contact information below).

**Testing:**

- Consult with DHEC before testing suspect cases. Clinicians should consider the pre-test likelihood of measles based on the clinical assessment guide provided below. DHEC medical consultants are available 24/7 to assist with this process.
  - **Clinical:** Measles typically presents as high fever that includes one or more of the “3 C’s” (cough, conjunctivitis, and coryza). This prodromal phase precedes rash onset by 2-4 days. The rash usually begins on the face before spreading to the rest of the body. Illnesses not fitting this presentation are unlikely to be measles.
  - **Risk:** Endemic transmission of measles has been eliminated in the United States. The majority of cases are associated with importations and subsequent transmission. A history or recent travel should be taken during the evaluation of anyone with a febrile illness as well as a history of possible sick contacts. Receipt of 2 doses of MMR vaccine provides protection in 97% of individuals, but documentation of the vaccines is needed to be considered protected.
  - **Specimen:** Collection of a nasopharyngeal or throat swab as close to the onset of rash as possible is preferred for PCR testing. Serologic testing using IgM as a marker for acute infection is prone to false positive results. Many other viruses causing rash illnesses also cross-react with the measles IgM. These false positives create unnecessary anxiety for individuals and the community and waste healthcare resources.

**Vaccination:**

- **Routine:** Continue to encourage age-appropriate vaccinations for patients in all age groups. Discuss vaccine concerns with parents explaining the ongoing risk of vaccine preventable diseases and risks and benefits of vaccines. Measles is an extremely infectious virus. Greater than 95% vaccine coverage is required for herd immunity and to prevent ongoing transmission from imported cases. Infants under a year old are at increased risk for severe complications from measles infection but are not routinely recommended to receive vaccination until after their first year. These infants along with immunocompromised individuals rely on herd immunity for protection.
- **Pregnancy:** Pregnant individuals, or those intending to become pregnant within a month, should not receive MMR vaccine. Pregnant individuals identified as contacts may require post-exposure prophylaxis with immunoglobulin if they do not have documented immunity. Verify immunity or encourage vaccination in young women considering pregnancy.
- **International traveler:** Review not only recommended travel vaccines, but routine vaccines with patients planning to travel abroad. Additional information about disease outbreaks in international settings can be found at: <https://wwwnc.cdc.gov/travel/>
  - Infants between 6 and 11 months old that will be traveling abroad should receive a dose of MMR for protection, but that dose will not count toward their two (2) recommended doses.

- Any patient born after 1956 without documented immunity to measles, should receive two doses of MMR. The second dose should be provided no sooner than 28 days after the first.
- **Contraindication:** MMR should not be given to any individual who has had serious allergic reaction to neomycin or other vaccine component, is pregnant, or has a compromised immune system. More information, including further precautions is available at <https://www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html>

### Resources for Additional Information

- Additional guidance about measles can be found at: <http://www.cdc.gov/measles/hcp>.
- For photos of measles: <http://www.cdc.gov/measles/about/photos.html>.
- Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007: <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>
- CDC. Measles–United States, January 1–May 23, 2014. MMWR. 2014;63:496-499 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6322a4.htm>
- CDC’s Measles (Rubeola) website. <http://www.cdc.gov/measles/index.html>
- CDC’s Measles Vaccination website. <http://www.cdc.gov/measles/vaccination.html>
- DHEC Health Alerts and Notifications: <https://www.scdhec.gov/health-professionals/south-carolina-health-alert-network>

## MEASLES CLINICAL ASSESSMENT GUIDE

Assess for measles in susceptible individuals considering the classic presentation and/or epidemiologic links that would strongly suggest evidence of measles. Because measles is no longer endemic in the U.S. this Guide may assist providers who are unfamiliar with the distinctive presentation and clinical course of measles when considering it in the differential diagnosis of individuals presenting with rash illness.

Measles is unlikely in individuals who either: meet the criteria for immunity, do not have the classic prodromal illness, typical, progressive maculopapular rash, or do not manifest with the illness progression described below. Conduct a clinical assessment for measles as follows:

	Yes	No
<b>Evidence of Immunity</b>		
Documentation of age-appropriate vaccination with a live measles virus-containing vaccine:		
○ One previous dose of MMR? < 5% remain susceptible		
○ Two previous doses of MMR? < 1% remain susceptible		
Laboratory evidence of immunity		
Laboratory confirmation of disease		
Birth before 1957		
<b>Clinical Presentation</b>		
Prodrome present?		
● Fever (>101° F or 38.3°C)		
● Cough		
● Coryza		
● Conjunctivitis		

<b><i>Measles is unlikely if “No” responses to the above signs/symptoms in individuals with a rash.</i></b>		
• Koplik’s spots (bluish gray specks on a red base on the buccal mucosa) most often on the mucosa adjacent to the 2 <sup>nd</sup> molars.		
• Malaise, anorexia, diarrhea, other?		
Prodrome of at least several days?		
<b>Rash Characteristics</b>		
Did rash follow prodrome after several days?		
Did rash begin on the face?		
Did rash progress over the course of days from the face, down the body involving the extremities last?		
Is the rash maculopapular and becoming confluent?		
<b><i>Measles is unlikely if “No” responses to the above rash characteristics</i></b>		
Is the individual moderately to severely ill with fever?		
<b>Epidemiologic Link</b>		
Possible contact with measles case or measles transmission area in the past 10 – 14 days?		

### **DHEC contact information for reportable diseases and reporting requirements**

Reporting of **measles** is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2018 List of Reportable Conditions available at:

<http://www.scdhec.gov/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

## Regional Public Health Offices – 2018

Mail or call reports to the Epidemiology Office in each Public Health Region

### MAIL TO:

<p><b>Lowcountry</b> 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051</p>	<p><b>Midlands</b> 2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993</p>	<p><b>Pee Dee</b> 145 E. Cheves Street Florence, SC 29506 Fax: (843) 661-4859</p>	<p><b>Upstate</b> 200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373</p>
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### CALL TO:

<p><b>Lowcountry</b> <b>Berkeley, Charleston, Dorchester</b> Phone: (843) 953-0043 Nights/Weekends: (843) 441-1091</p> <p><b>Beaufort, Colleton, Hampton, Jasper</b> Phone: (843) 549-1516 ext. 218 Nights/Weekends: (843) 441-1091</p> <p><b>Allendale, Bamberg, Calhoun, Orangeburg</b> Phone: (803) 268-5833 Nights/Weekends: (843) 441-1091</p>	<p><b>Midlands</b> <b>Kershaw, Lexington, Newberry, Richland</b> Phone: (803) 576-2749 Nights/Weekends: (888) 801-1046</p> <p><b>Chester, Fairfield, Lancaster, York</b> Phone: (803) 286-9948 Nights/Weekends: (888) 801-1046</p> <p><b>Aiken, Barnwell, Edgefield, Saluda</b> Phone: (803) 642-1618 Nights/Weekends: (888) 801-1046</p>	<p><b>Pee Dee</b> <b>Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion</b> Phone: (843) 661-4830 Nights/Weekends: (843) 915-8845</p> <p><b>Clarendon, Lee, Sumter</b> Phone: (803) 773-5511 Nights/Weekends: (843) 915-8845</p> <p><b>Georgetown, Horry, Williamsburg</b> Phone: (843) 915-8804 Nights/Weekends: (843) 915-8845</p>	<p><b>Upstate</b> <b>Anderson, Oconee</b> Phone: (864) 260-5581 Nights/Weekends: (866) 298-4442</p> <p><b>Abbeville, Greenwood, McCormick</b> Phone: (864) 260-5581 Nights/Weekends: (866) 298-4442</p> <p><b>Cherokee, Greenville, Laurens, Pickens, Spartanburg, Union</b> Phone: (864) 372-3133 Nights/Weekends: (866) 298-4442</p>
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For information on reportable conditions, see  
<https://www.scdhec.gov/health-professionals/report-diseases-adverse-events/south-carolina-list-reportable-conditions>

**DHEC Bureau of Disease Control**  
**Division of Acute Disease Epidemiology**  
 2100 Bull St • Columbia, SC 29201  
 Phone: (803) 898-0861 • Fax: (803) 898-0897  
 Nights / Weekends: 1-888-847-0902

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.
- Info Service** Provides general information that is not necessarily considered to be of an emergent nature.