



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

April 1, 2014

ALERT # 8: Update on Measles in New York City

- 1) **Twenty-five cases of measles have occurred in children and adults since February 5, 2014.**
- 2) **All unvaccinated children 12 months and older who live in zip codes listed below should be offered measles-mumps-rubella (MMR) vaccine.**
- 3) **Immediately institute airborne precautions for patients with fever and rash to prevent nosocomial exposures.**
- 4) **If you suspect measles, even if you do not have laboratory confirmation, obtain specimens and report the case immediately to the Health Department.**

Distribute to All Primary Care, Infectious Disease, Emergency Medicine, Internal Medicine, Pediatrics, Family Medicine, Laboratory Medicine, and Infection Control Staff

Dear Colleagues,

This is an update to Health Alert #7 on measles sent on March 7, 2014. The number of confirmed measles cases has increased from 16 to 25. Transmission remains centered in Northern Manhattan but also includes a recent cluster of 3 cases who reside in the Lower East Side of Manhattan. The median age of cases is 21 years (range 3 months to 63 years). Cases include 12 children and 13 adults. Among the children, 4 were aged <1 year and, therefore, too young to have been vaccinated, 4 were aged 12 to 15 months, one was aged 2 years and had received 1 dose of MMR before exposure, one had unknown vaccination status, and two were unvaccinated due to parental refusal. Among the adults, 9 did not have vaccination records for documentation, and 4 cases had previously received MMR vaccine. Six cases have been hospitalized.

Given the increased incidence of measles in certain zip codes, the Health Department recommends the following two action items **for pediatric-care providers with patients who reside in the following zip codes** of Northern Manhattan/Bronx (10034, 10040, 10033, 10032, 10451, 10453, [these zip codes are unchanged]) and the Lower East Side (10002):

- 1) Contact all children in your practice who are aged 12 months and older, who reside in these zip codes, and who have not received their first dose of MMR and instruct them to come in for vaccination now.
- 2) For children who have already received their first dose of MMR who present to your facility for routine health care services, administer the second dose now. Do not wait until age 4 years, as long as 28 days has passed since the last live virus vaccine was administered. This second dose will be valid for school entry and the child will not need an additional MMR at/after their age 4 visit. The child can be vaccinated if they have a minor illness such as

diarrhea or respiratory tract illness (including otitis media) with or without a fever or on current antimicrobial therapy. Defer vaccination only if the child has a moderate or serious illness based on the clinician's judgment.

Since the first measles alert was sent, the Health Department has received many reports of suspect measles cases that are not consistent with the clinical features of measles. As measles is uncommon in the United States, many clinicians are unfamiliar with measles. Resources are available on-line, including photos of children with measles, at <http://www.nyc.gov/html/doh/html/diseases/immmea-hcp.shtml>. Key clinical features include fever $\geq 101^{\circ}\text{F}$, ill appearance, and a maculopapular rash that begins on the face then spreads to the rest of the body. The rash generally lasts for 5–6 days.

Exposures in health care facilities continue to occur. Clinics, emergency departments, and urgent care centers should ensure that all security, front office, registration, and triage staff ask every person entering the facility about generalized rash with fever and immediately place such patients into an airborne isolation (negative pressure) room. If an airborne isolation room is not available, place the patient in a closed exam room with a mask, and do not use that room for 2 hours after the patient has left. Place highly visible signs instructing patients with fever and rash to immediately notify facility staff. You can download posters at <http://www.nyc.gov/html/doh/html/diseases/immmea-hcp.shtml>.

To ensure rapid identification of cases, providers must report suspect cases to the health department immediately at the time of clinical suspicion. Serologic and PCR diagnostic testing is available through the Public Health Laboratory. Do not send measles specimens to commercial laboratories as this will cause delays in confirming the diagnosis. Please refer to the February 24th alert for additional details on laboratory testing and post-exposure prophylaxis at <http://www.nyc.gov/html/doh/html/diseases/immmea-hcp.shtml>.

High population-level immunity has helped to limit transmission of measles during this outbreak. During an outbreak, when population-level immunity is high, the relative proportion of cases who are previously vaccinated will increase. MMR vaccine is 90% to 95% effective in preventing measles. The best way to protect your patients from measles is to ensure that children receive their first dose of MMR routinely at age 12 months and their second dose at age 4 to 6 years. Adult patients without documentation of prior measles vaccination or immunity to measles, can have measles IgG titers drawn, or they can be vaccinated without obtaining serology. There is no harm from administering additional doses of MMR vaccine.

Please call the Health Department at 866-692-3641 if you have questions or to request posters. To report a suspect measles case as part of this outbreak, call 347-396-2402 during regular business hours; after hours, call 866-692-3641. As always, your cooperation is appreciated.

Sincerely,

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