



Government of the District of Columbia
Department of Health



Center for Policy, Planning and Evaluation Administration
Division of Epidemiology – Disease Surveillance and Investigation

May 22, 2017

Health Notice for District of Columbia Health Care Providers
Confirmed Measles Case in the District of Columbia

Summary

This Health Notice describes the identification of a confirmed case of measles in the District of Columbia (DC). Health departments in DC and Maryland (MD) are investigating potential measles exposures due to a patient who visited medical and social services sites in Prince George's County, MD and DC. The risk to community members and healthcare workers is extremely low, as most people are vaccinated, but some populations are at greater risk. The patient contracted measles outside of the United States (US).

Background

Measles is an acute viral respiratory illness. It was declared as eliminated in the US in 2000, however from January 1 to April 22, 2017, 61 people from 10 states were reported to have measles. The majority of cases occurred in unvaccinated people. Measles is characterized by a prodrome of fever (as high as 105°F) and malaise, cough, coryza, and conjunctivitis, a pathognomonic enanthema (Koplik spots) followed by a maculopapular rash. The rash usually appears about 14 days after a person is exposed. Patients are considered to be contagious from 4 days before to 4 days after the rash appears. Of note, sometimes immunocompromised patients do not develop the rash. Measles is one of the most contagious of all infectious diseases; approximately 9 out of 10 susceptible persons with close contact to a measles patient will develop measles. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air for up to two hours after an infected person leaves an area. The incubation period ranges from 7-21 days. Postexposure prophylaxis includes the MMR vaccine within 72 hours of exposure, or immunoglobulin within 6 days of exposure for those without documented immunity. People at high risk for severe illness and complications from measles include infants and children aged <5 years, adults aged >20 years, pregnant women, and people with compromised immune systems, such as from leukemia and HIV infection.

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.

The patient contracted measles outside of the US. Listed below are the dates, times and locations of the potential exposures:

- May 8: The Dept. of Social Services Building at 6505 Belcrest Road, #100A, Hyattsville, MD, 20782.
- May 8: The Social Security Administration Building at 6110 Allentown Road, Suitland, MD, 20746, from 10:30 a.m. to 4 p.m.
- May 9 – May 10: Prince George’s Hospital Center Emergency Department in Cheverly, MD, from 8 p.m. to May 10 at 2 a.m. The measles patient rode the #12 public transit bus to and from Prince George’s Hospital Center.
- May 11: Prince George’s Hospital Center Emergency Department from 3 p.m. to 7 p.m.
- May 12 – May 13: Prince George’s Hospital Center Emergency Department from 4:15 p.m. May 12 to 10:47 a.m. on May 13
- May 13: Children’s National Medical Center, 111 Michigan Avenue NW, Washington, DC, 20010, main atrium lobby from 8:30a.m. to 11 a.m.

Recommendations for Clinicians

The last potential date of concern for exposure is May 13. **The incubation period for exposed persons will end on June 3 (21 days).**

Identification and Reporting

- Be on high alert for patients calling in with illness and may have traveled to the locations described above.
- Patients should have their immunity documented following the criteria stated above.
- Residents who were exposed with no evidence of immunity must be **immediately** reported to DC DOH by healthcare providers by calling 202-442-5893 or submitting a Notifiable Disease and Condition Case Report Form **online**. Select “measles” as the clinical/suspected diagnosis.
 - Access the form using our online reporting system **DC Reporting and Surveillance Center (DCRC)**: <https://doh.dc.gov/service/infectious-diseases>.

Management

- Clinicians who identify an unvaccinated patient with an exposure should screen for symptoms, recommend self-isolation if necessary, and arrange for testing to document immunity.
- Patients that do not have documented immunity may have to be excluded from certain settings (i.e., daycare or school attendance); if you suspect this may be necessary, please inform DC DOH immediately.

Please contact the DC DOH Division of Epidemiology–Disease Surveillance and Investigation for more information:

Phone: 202-442-8141 (8:15am-4:45pm) | 1-844-493-2652 (after-hours calls)

Fax: 202-442-8060 | Email: doh.epi@dc.gov