

Record High US Measles Cases: Patient Vaccination, Clinical Assessment and Management

This program is presented by the Centers for Disease Control and Prevention.

The United States is experiencing a record number of measles cases in 2014. From January the first to June 20th, there've been 514 confirmed measles cases. This is the highest number of reported cases year-to-date in the United States in 20 years. Ninety percent of these cases occurred in people who were not vaccinated or whose vaccination status was unknown. Most of the cases occurred after unvaccinated United States citizens were infected while traveling abroad and brought the disease back to this country causing additional cases and outbreaks.

Many measles cases are misdiagnosed during the initial clinical evaluation, leading to spread of the disease. You should know the signs and symptoms of measles, so that you can detect cases accurately and early and respond quickly.

The measles prodrome starts three to four days before the rash and is characterized by a high fever, and the "3 Cs": cough; coryza, or runny nose; and conjunctivitis. Towards the end of the prodrome, Koplik's spots may appear on the mucous membranes inside the mouth. These are small, white spots, often on a reddened background. Following the prodrome, a maculopapular rash begins on the forehead and spreads downward to the trunk and then to the extremities.

The measles rash gradually recedes in the same order it appeared. The patient may recover completely or may suffer from complications that can be severe, including pneumonia and encephalitis.

You should consider measles in patients who present with a febrile rash illness and clinically compatible measles symptoms, especially if they haven't been vaccinated against measles and recently traveled abroad, were exposed to someone who recently traveled abroad, or if they live in a community where measles is currently occurring.

If you suspect that a patient has measles, act quickly. Promptly isolate the patient to avoid disease transmission and offer post exposure prophylaxis, with MMR vaccine or immune globulin to exposed household contacts who lack evidence of measles immunity. Patients with measles are infectious from four days before through four days after rash onset.

All suspected measles cases should immediately be reported to the state health department. Obtain specimens from the patient for testing, including viral specimens for genotyping, which can help determine the source of the virus.

Measles is preventable through use of a safe, highly effective vaccine. Use every patient encounter to ensure that all your patients are up-to-date on routine vaccinations and be aware of vaccine recommendations for international travelers, including vaccinating infants with MMR vaccine at six to 11 months.

For more information about measles assessment and management, and vaccination recommendations for children, adults, international travelers, and healthcare professionals, please visit cdc.gov/measles.

For the most accurate health information, visit www.cdc.gov or call 1-800-CDC-INFO.