Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Vision: To be the **Healthiest State** in the Nation

Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

April 16, 2015

Dear Colleague:

After seeing several measles cases in visitors, we now have the first confirmed locally acquired measles case in a Florida resident. It is imperative to review what we know about this highly infectious but vaccine-preventable disease and remain vigilant, as new cases may be a possibility.

Measles is a highly contagious disease, transmitted by respiratory aerosols when an infected person coughs or sneezes. The virus can live for up to two hours on surfaces or in an airspace where the infected person coughed or sneezed. The incubation period ranges from 7-21 (average 10-12) days and an individual can pass the virus to others before feeling ill.

Could this be measles? Look for

- Fever (up to 105°F)
- Cough, coryza, and conjunctivitis
- Erythematous maculopapular rash typically appears behind the ears and forehead with cephalocaudal progression (neck to arms to trunk to legs)
- Rash peaks 3-4 days and starts fading by day 5 in the same order as lesions appeared
- Koplik spots—on the oral mucosa (usually opposite to 2nd molar) These spots are pathognomonic but not always visible

Remember to Identify, Isolate, and Inform

Identify: Suspect measles if you observe any of the signs and symptoms above.
Isolate: Immediately isolate individuals you suspect of measles; consider what rooms can be used in your facility for this purpose and have surgical masks of appropriate sizes available to place on individual.
Inform: ***Report suspect measles cases to the county health department immediately*** (www.floridahealth.gov/DiseaseReporting). Local health department staff will conduct a contact investigation and provide guidance as needed.

The best way to prevent the spread of measles is to ensure full MMR vaccine coverage in our community. Identify and offer vaccine to patients that have not received the full series (www.cdc.gov/measles). Thank you for your help in keeping our community safe and healthy.

Sincerely,

Anna M Likos, MD, MPH

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State Epidemiologist and Director,
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Measles Practical Guide

Remember

Measles is a highly contagious disease, transmitted by respiratory aerosols when an infected person coughs or sneezes. The virus can live up to two hours on surfaces or in an airspace where the infected person coughed or sneezed. The incubation period ranges from 7-21 (average 10-12) days and an individual can pass the virus to others before feeling ill.

Prodromal phase with fever and the 3 Cs: Cough, Coryza, and Conjunctivitis. Symptoms are present 3-4 days prior to the rash onset. Fever can be as high as **105°F.** Cough, coryza and conjunctivitis tend to worsen until rash peaks.

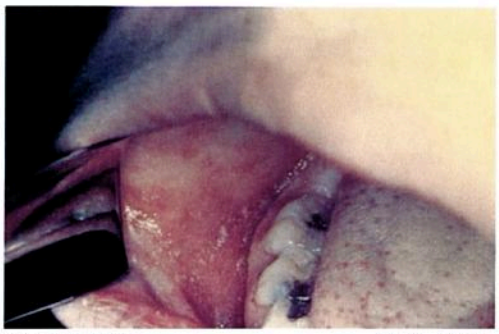
Koplik spots may develop 2-3 days after onset of symptoms, before the exanthem appears. Koplik spots are small with-bluish specks usually located on the buccal mucosa opposite to the 2nd molar. These are pathognomonic, but rarely seen.

An erythematous maculopapular rash typically appears ~3 days after onset of illness and the ill person continues to be infectious for about 4 days after rash appears. The rash initially appears behind the ears and on the forehead, spreading down the neck, upper extremities, trunks, and lower extremities (including palms and soles). Rash may last for 5-7 days before fading. Complications from measles may include: otitis media, bronchopneumonia, laryngotracheobronchitis, diarrhea, acute encephalitis, and death. The attached document and following link provide an overview of what a patient infected with measles looks like, www.cdc.gov/measles/about/photos.html.

Please isolate and report suspect measles cases to the county health department immediately (www.floridahealth.gov/DiseaseReporting). For patients presenting with fever, rash, and other symptoms, consider measles in your differential and inquire about MMR vaccine status, recent international travel, and exposure to a person with febrile rash illness.

Laboratory testing guideline. Collect serum, nasopharyngeal swab, and clean catch urine samples for IgM or RNA from suspect patients and isolate them until four days after the onset of rash while awaiting laboratory results. Local health department staff will conduct a contact investigation and provide guidance as needed.

Remember, the best way to prevent the spread of measles is to ensure full MMR vaccine coverage in our community. Identify and offer vaccine to patients that have not received the full series (www.cdc.gov/measles).



Koplik spots **CDC-PHIL**

Infant with measles - **CDC- PHIL**