



## **Health Alert: Measles (Rubeola)** **Georgia Department of Public Health Requests Reports of Suspect Measles Cases**

### **Action Steps:**

**Local health departments:** *Please forward to hospitals and clinics in your jurisdiction.*

**Hospitals and clinics:** *Please distribute to infectious disease physicians, infection preventionists, emergency department physicians, intensive care physicians, neurologists, radiologists, primary care providers, and pediatricians.*

### **Summary**

The Georgia Department of Public Health (DPH) has confirmed the fifth case of measles this year in a resident of the metro Atlanta area. DPH has worked with the healthcare facility to identify all persons in this case who may have been exposed while infectious (August 11-15, 2024), and the case will remain in isolation through the end of the infectious period on August 20, 2024. The index patient acquired the virus while traveling abroad. All susceptible contacts are being offered post exposure prophylaxis (if appropriate) and will be quarantined and enrolled into active monitoring if warranted based on CDC guidance. These persons are also instructed to call either 866-PUB-HLTH or a healthcare provider before showing up for care. DPH urges healthcare providers to maintain heightened awareness for patients with symptoms compatible with measles and any patients who indicate they were exposed.

### **Clinical Presentation**

Measles is a highly contagious illness and is spread primarily person-to-person via aerosolized droplets. The incubation period is typically 10 to 12 days but can range from 4 to 21 days. Measles typically begins with a prodrome of stepwise increasing fever (often as high as 104-105° F) accompanied by cough, coryza, and/or conjunctivitis. Koplik spots (tiny red spots with bluish-white centers on the buccal mucosa), which are diagnostic for measles, may appear 2-3 days before the rash and fade 1-2 days later. As fever peaks on days 4-5, a maculopapular rash typically appears on the face along the hairline and behind the ears and then progresses downward to the chest, back, and extremities. Within 4-5 days, the rash fades in the same order that it appeared.

### **Reporting**

Measles is a notifiable disease, and suspect cases should be reported immediately to the Georgia Department of Public Health (O.C.G.A. §31-12-2). Call your local District Health Office or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday or 1-866-PUB-HLTH (1-866-782-4584) after-hours on evenings and weekends. Do not await laboratory results before reporting.

### **Laboratory Testing**

The preferred method for confirming measles is reverse transcriptase-polymerase chain reaction testing (RT-PCR). Collection of a throat swab (or nasopharyngeal swab) and urine sample for PCR testing is recommended. Measles may also be laboratory confirmed by the presence of measles-specific IgM antibody or a significant rise in measles-specific IgG antibody

titer between acute-and convalescent-phase serum specimens. Collect serum, throat, and urine specimens simultaneously for best results (note: suspect patients should be **isolated** immediately; see **Actions** below). Detailed specimen collection and shipping guidelines are available at the DPH measles website, and DPH epidemiologists will facilitate testing at the time of notification.

To coordinate specimen collection and laboratory submission, call your District Health Office or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday or 1-866-PUB-HLTH (1-866-782-4584) after hours on evenings and weekends. **Please do not send specimens directly to the Georgia Public Health Laboratory (GPHL) or the Centers for Disease Control and Prevention (CDC) without prior authorization.**

### **Vaccination**

The measles-containing vaccine (MMR) remains the most effective prevention against the disease. Ensure that patients are up to date on their MMR vaccine. Vaccination is recommended for children at 12 to 15 months of age, with a second dose at 4 to 6 years of age. Documentation of two MMR vaccinations or proof of immunity to measles is required to attend school in Georgia.

### **Actions Requested of Healthcare Providers:**

- Consider measles in persons with febrile rash illness and clinically compatible symptoms (cough, coryza, and/or conjunctivitis) and a history of recent international or domestic travel, exposure to international travelers, or exposure to a possible measles case.
- **Isolate persons with suspected measles IMMEDIATELY (negative pressure room, if available). Patients should be managed in a manner that prevents disease spread in the healthcare setting**  
<https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>
- Obtain appropriate clinical specimens. Laboratory testing for measles is required for confirmation. This includes throat swabs and urine for measles PCR and culture, and blood for serology testing (see Laboratory Testing section above)
- Report suspected cases of measles **IMMEDIATELY** by calling your local District Health Office or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday or 1-866-PUB-HLTH (1-866-782-4584) after hours on evenings and weekends.
- Ensure patients are current on vaccinations according to the CDC's recommended schedules for children and adults.

### **Georgia DPH Contact Information**

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