

This is an official
CDC Health Advisory

Distributed via Health Alert Network
Wednesday, June 22, 2011 12:45 EST (12:45 PM EST)
CDCHAN-00323-11-06-22-ADV-N

High Number of Reported Measles Cases in the U.S. in 2011—Linked to Outbreaks Abroad

Summary and Background

Measles is a highly contagious, acute viral illness that is transmitted by contact with an infected person through coughing and sneezing. After an infected person leaves a location, the virus remains contagious for up to 2 hours on surfaces and in the air. Measles can cause severe health complications, including pneumonia, encephalitis, and death.

Measles was declared eliminated in the United States in 2000 due to our highly effective vaccination program, but it is still endemic in many countries in Europe (including Western Europe), Africa, and Asia (including India). The increase in measles cases and outbreaks in the United States this year underscores the ongoing risk of importations, the need for high measles vaccine coverage, and prompt and appropriate public health response to measles cases and outbreaks.

From January 1 through June 10 this year, 152 confirmed cases of measles were reported to CDC. This is the highest reported number during the same period since 1996. Most cases (131) were associated with importations from measles-endemic countries involving unvaccinated U.S. residents who recently traveled abroad, unvaccinated visitors to the United States, and people linked to these imported cases. To date, 12 outbreaks (3 or more linked cases) have occurred, accounting for 48% of the 152 cases. Of the total case-patients, 130 (86%) were unvaccinated or had undocumented vaccination status. Of the 135 case-patients who were U.S. residents, 84 (62%) were unvaccinated, 29 (21%) had undocumented vaccination status, 10 (7%) had received 1 dose of measles-mumps-rubella (MMR) vaccine, 11 (8%) had received 2 doses, and 1 (1%) had received 3 (documented) doses.

Recommendations for Health Care Providers

- Ensure all patients are up to date on MMR vaccine and other vaccines.
- For those who travel abroad, CDC recommends that all residents older than 6 months be protected from measles.
 - Infants aged 6 through 11 months should receive one dose of MMR vaccine before departure.*
 - Children 12 months of age or older should have documentation of two doses of MMR vaccine (separated by at least 28 days)
 - Teenagers and adults without evidence of measles immunity** should have documentation of two appropriately spaced doses of MMR vaccine.

- Consider measles as a diagnosis in anyone with a febrile rash illness lasting 3 days or more, a temperature of 101°F (38.3°C) or higher, and clinically compatible symptoms (cough, coryza, and/or conjunctivitis) who has recently traveled abroad or who has had contact with someone with a febrile rash illness. Immunocompromised patients may not exhibit rash or may exhibit an atypical rash. The incubation period for measles from exposure to fever is usually about 10 days (range, 7–12) and from exposure to rash onset is usually 14 days (range, 7–21).
- Isolate suspect measles case-patients and immediately report cases to local health departments to ensure a prompt public health response.
- Obtain specimens for testing, including viral specimens for confirmation and genotyping.

*Infants who receive a dose of MMR vaccine before their first birthday should receive two more doses of MMR vaccine, the first of which should be administered when the child is aged 12 through 15 months and the second at least 28 days later.

**Evidence of measles immunity for international travelers = one of the following: birth before 1957, documented administration of two doses of live measles virus vaccine (MMR or measles vaccines), laboratory (serologic) proof of immunity or documentation of physician-diagnosed measles.

For more information:

- CDC. [Measles among Unvaccinated U.S. Residents Aged 6–23 Months Who Have Traveled Outside the United States, 2001–2011](#). MMWR. 2011;60:397–400.
- CDC. [Measles—United States, January–May 20, 2011](#). MMWR. 2011;60:666–8.
- CDC. [Notes from the Field: Measles Outbreak—Hennepin County, Minnesota, February–March 2011](#). MMWR. 2011;60:421.
- CDC's [Measles \(Rubeola\)](#) website
- CDC's [Measles Vaccination](#) website
- CDC's Travelers' Health: [In the News, 2011 Measles Update](#)
- Medscape Today: [CDC Expert Commentary: Measles: What You Might Not Know](#) Recognizing, diagnosing, and preventing measles (running time: 5:20 mins)

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Categories of Health Alert messages:

- Health Alert** conveys the highest level of importance; warrants immediate action or attention.
Health Advisory provides important information for a specific incident or situation; may not require immediate action.
Health Update provides updated information regarding an incident or situation; unlikely to require immediate action.
HAN InfoService provides general public health information; unlikely to require immediate action.

##This Message was distributed to **State and Local Health Officers, Public Information Officers, Epidemiologists and HAN Coordinators as well as Clinician organizations##**

=====

You have received this message based upon the information contained within our emergency notification data base. If you have a different or additional e-mail or fax address that you would like us to use please contact your State-based Health Alert Network program at your State or local health department.

=====