

**Mission:**

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



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

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

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August 10, 2018

TO: All Physicians

SUBJECT: Locally-acquired Measles (Rubeola) Case in Pinellas County

Dear Colleague,

This letter is to notify you that a case of locally-acquired measles has recently been diagnosed and laboratory confirmed in a Pinellas County resident. The source of this infection has not yet been determined. You are being notified because **enhanced surveillance for reports of rash illnesses is advised until August 30, 2018.**

Measles is transmitted person to person through the air by infectious droplets or direct contact with nasopharyngeal secretions and is one of the most highly communicable infectious diseases. Measles is a reportable disease in Florida (as required by Chapter 64D-3, Florida Administrative Code), and **cases should be reported immediately 24/7 upon initial suspicion by telephone to Florida Department of Health in Pinellas County (DOH-Pinellas) as soon as the diagnosis is suspected, without waiting for confirmation at (727) 824-6932.**

If a measles case is suspected or diagnosed, the following information is provided to help reduce the possibility of transmission.

- 1) Clinicians seeing a patient with fever and other symptoms of measles should ask about vaccination history and any recent international travel. Due to the severity of measles infected persons are very likely to seek medical care.
- 2) Notify DOH-Pinellas immediately 24/7 of any suspect measles diagnosis.
- 3) Review files of all health care workers to determine evidence of measles immunity (e.g. physician-diagnosed natural measles infection, evidence of measles immunity, or receipt of 2 doses of measles vaccine).
- 4) To prevent transmission of measles in healthcare settings:
  - Any suspect measles case should be asked to wear a surgical or procedure mask to prevent the spread of particles and reduce the likelihood of airborne transmission while in the healthcare facility.
  - Escort any suspect case with rash illness or with other potential airborne diseases to a separate waiting area or private room.
  - Airborne infection control precautions should be followed stringently or, if negative air-pressure rooms are not available, cases should be placed in a room with the door closed.
  - Susceptible healthcare workers should not enter the room if immune healthcare providers are available. If an immune healthcare provider is not available, the susceptible healthcare worker should wear an N95 or higher level respirator (use masks if respirators unavailable) to filter airborne particles and reduce the likelihood of airborne transmission. Further information on precautions can be found at <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>
  - Do not place susceptible individuals in a room that has been occupied by a suspect case for 2 hours following the case's exit.

- If a case is hospitalized while infectious, maintain airborne precautions (in addition to standard precautions) in a negative pressure room. (Cases are considered infectious for 4 days before through 4 days after rash onset, counting the day of rash onset as day zero).
  - If not admitted, maintain respiratory isolation until the case has exited the facility. (e.g., mask, separate exit). Cases should remain in isolation at home through the 4 days after rash onset, counting the day of rash onset as day zero. Cases may resume normal activities on the 5th day.
- 5) Identify all persons coming in contact with any suspected case. This includes patients and families in the waiting and examination rooms up to 2 hours after the suspected case was present and all healthcare workers both with and without direct patient contact. Due to airborne route of transmission, those exposed may include everyone in the entire facility.
  - 6) Determine which persons coming into contact with a suspected case are susceptible to measles (particularly those at high risk for disease) and offer MMR vaccine within 72 hours of exposure, or for high-risk susceptible contacts and those ineligible for vaccination, immune globulin within 6 days after exposure. A susceptible contact was born in 1957 or after, and has no written record showing dates of receipt of at least 2 doses of measles-containing vaccine received on or after the 1st birthday or no record of measles immunity confirmed by serology. Vaccination even shortly before or after exposure may prevent disease or lessen the symptoms in people who are infected with measles. Immune globulin is indicated for susceptible household or other close contacts of patients with measles, particularly contacts < 1 year of age, pregnant women, and immunocompromised people for whom the risk of complications is highest or others for whom vaccine is contraindicated.
  - 7) Exclusion of susceptible individuals:
    - All healthcare workers born in or after 1957, who have not received the second dose of measles vaccine before being exposed to a measles case must receive a second dose of measles vaccine within 72 hours of the exposure or they must be excluded from 5 days after their earliest exposure through 21 days after their last exposure to the case during his/her potential infectious period.
    - Healthcare workers who contract measles should be excluded for 4 days after their first day of rash onset.
    - In special high-risk healthcare settings such as transplant, oncology, neonatal units, etc., exclusion criteria should be even more rigorous. Infection control personnel may wish to exclude all susceptible personnel even if they have been immunized within 72 hours.
  - 8) Healthcare clinicians should remain vigilant regarding the possibility of measles, especially in persons who travel abroad and unvaccinated individuals.

If you have questions, please contact the DOH-Pinellas at (727) 824-6932.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Ulyee Choe', with a long horizontal stroke extending to the right.

Ulyee Choe, D.O.  
County Health Department Director