



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

In reply, please refer to:  
File:

April 24, 2023

**MEDICAL ADVISORY UPDATE – SECOND OAHU MEASLES CASE LINKED TO PREVIOUSLY IDENTIFIED CASE IN TRAVELER**

Clinicians are advised to:

**Identify, isolate and report** cases of **suspected** measles, and **assess** MMR status to offer measles vaccine to those who are unvaccinated.

1. **Ask** any patient with fever and rash about known exposure to a case of measles, recent international travel, and exposure to persons recently returned from international travel.
2. **Isolate patients immediately** if measles is suspected. Provide patient and all those who accompany them with a face mask, place in isolation room immediately, and avoid having patient walk through or wait in areas where he or she may come in contact with others.
3. **While in isolation room, collect nasopharyngeal swab** for Measles PCR to be performed at the State Laboratories Division. If possible, also collect urine for PCR and serology specimen for measles IgM and IgG.
4. **Report suspect cases** to the Hawaii Department of Health (HDOH) to coordinate diagnostic testing and enable tracing of contacts to offer post-exposure prophylaxis. **Do not wait for serologic testing results** to contact the Disease Outbreak Control Division (DOCD) or to obtain PCR specimens.
5. **Assess MMR status of your patients** and recall susceptible children to receive MMR vaccination according to routine MMR recommendations.

Dear Healthcare Provider:

The Hawaii Department of Health (HDOH) is investigating a second case of measles (rubeola) in an Oahu resident who was exposed to the previously confirmed case in an international traveler reported two weeks ago. HDOH has identified and reaching out to persons who may have been exposed to this case to assess vaccination status or evidence of immunity and recommend post-exposure prophylaxis and quarantine if indicated.

An unrelated case has also been confirmed in American Samoa. No cases have been identified in Hawaii at this time related to the case in American Samoa.

Healthcare providers should continue to remain vigilant for possible cases of measles.

**To avoid exposures in an office setting:**

1. **Ask patients with fever and rash about exposure to a known measles case, travel history, and exposure to individuals who traveled out of state.** If possible, screen patients before they arrive at the office so that appropriate precautions can be taken upon their arrival. Remind triage staff to identify and request assistance for patients with fever and rash and for whom measles has been identified as a possible concern.
2. **If measles is suspected, isolate the patient immediately and implement airborne precautions.** Measles virus can remain infectious in the air for up to 2 hours after an infected person leaves the area. Persons with measles are contagious from 4 days before through 4 days after rash onset. Patients should be given a surgical mask to wear at all times and should be placed in a private negative air pressure room. If an airborne isolation room is not available, the patient should be placed in a private room with the door closed.
3. If a patient with **suspected** measles is accompanied by a guardian or chaperone, **provide a surgical mask to each accompanying person** and limit their movement in the clinic.
4. **Avoid having patients with suspected measles pass through or wait in areas where they may come in contact** with other patients, healthcare providers not directly involved in their care, or members of the public.
5. **Perform specimen collection in the isolation exam room** whenever possible to avoid causing exposures in another clinical setting. If patient must be sent to a separate laboratory location for blood and/or urine specimen collection, consider scheduling an end-of-day visit and mask the patient to avoid exposure to others.

**Obtain diagnostic specimens and report suspected cases to HDOH**

In any patient with **suspected** measles, nasopharyngeal (preferred) or throat swab should be collected for analysis by PCR at the State Laboratories Division (SLD). If possible, also collect a urine specimen for measles PCR testing at SLD. A serology specimen should be collected for measles IgM and IgG, available through clinical laboratories. Contact the Disease Outbreak Control Division (DOCD) for authorization prior to submission of specimens to the SLD for measles PCR.

Providers should **notify HDOH as soon as measles is suspected**. In a patient with clinically compatible symptoms (fever  $\geq 101^{\circ}\text{F}$ , cough, coryza, conjunctivitis, generalized maculopapular or morbilliform rash), **don't wait for serology results. Contact DOCD right away to coordinate simultaneous PCR testing**. Additional specimen collections details are described in the [Medical Advisory issued on April 10, 2023](#).

Measles has a very characteristic clinical presentation. Many providers have not seen cases of measles. Additional information and photographs can be found on the [CDC Measles website](#).

**Measles vaccination in unexposed, asymptomatic individuals**

Keeping our community up to date on all recommended measles vaccines is critical for maintaining population immunity to prevent measles outbreaks. Healthcare providers can help:

1. **Vaccinate unvaccinated children.** Clinicians should conduct an assessment of MMR status in both younger and school age children and recall those that remain unvaccinated or inadequately vaccinated.

MEDICAL ADVISORY UPDATE – SECOND OAHU MEASLES CASE LINKED TO PREVIOUSLY IDENTIFIED CASE IN TRAVELER

April 24, 2023

Page 3

2. **Ensure all healthcare staff are immune.** Work with employee health to review and ensure documentation of vaccination histories and/or [evidence of immunity](#) for all staff who may come into contact with patients.
3. **For adult patients, assess immunity** in the course of routine healthcare visits, and recommend vaccination if appropriate.

HDOH recommends that all children one year of age and above, and adults **without presumptive evidence of immunity be vaccinated according to current *Advisory Committee on Immunization Practices* guidelines ([MMR VACCINATION](#))**.

Note: Healthcare workers without evidence of immunity must be excluded from day 5 after first exposure through day 21 following last exposure, ***regardless of receipt of post-exposure prophylaxis***.

Measles is an URGENT CATEGORY NOTIFIABLE CONDITION. Please report any suspected cases of measles to DOCD. Do NOT wait for laboratory confirmation:

Oahu (Disease Reporting Line) .....(808) 586-4586  
Maui District Health Office .....(808) 984-8213  
Kauai District Health Office .....(808) 241-3563  
Big Island District Health Office (Hilo) .....(808) 933-0912  
Big Island District Health Office (Kona) .....(808) 322-4877  
After hours on Oahu .....(808) 600-3625  
After hours on neighbor islands .....(800) 360-2575 (toll free)

We appreciate your assistance in protecting the health of Hawaii’s residents and visitors.

Sincerely,



Sarah K. Kemble, MD  
State Epidemiologist

Additional resources:

CDC measles signs and symptoms: <https://www.cdc.gov/measles/symptoms/signs-symptoms.html>

CDC measles for healthcare providers (includes criteria for presumptive evidence of immunity): <https://www.cdc.gov/measles/hcp/index.html#>

CDC/ACIP measles vaccine recommendations:

<https://www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html>