

Health Advisory – Measles Exposure at a Large Gathering in Kentucky — March 3, 2023

Action requested:

- Be aware of a confirmed case of measles in an unvaccinated adult who, while infectious, attended a large religious gathering at Ashbury University in Wilmore, Kentucky.
 - Attendees may have been exposed to measles on February 17–18, 2023
 - Secondary cases resulting from this case would be expected to occur during February 24–March 11, 2023
- Assess [immunization status of patients](#) at every visit and strongly recommend vaccination based on [recommended schedule](#), health condition, occupation, and other risk factors such as travel; under-vaccinated individuals may be at risk for measles infection due to outbreaks that occur [in the US](#) or [anywhere else in the world](#).
- Consider measles infection in persons who attended the Kentucky event or had contact with an attendee with compatible symptoms, including:
 - Prodrome of fever, cough, coryza and conjunctivitis for 2–4 days
 - Generalized maculopapular rash that usually begins on the face at the hairline and then spreads to the neck, trunk, and extremities
 - Koplik spots may appear on buccal mucosa 1–2 days prior to rash
- Be prepared for the possibility of patients with measles at your facility:
 - In urgent/emergency healthcare settings:
 - Suspected patients should wear a mask covering the nose and mouth and be triaged immediately away from waiting rooms
 - Room patient in airborne isolation if available
 - In outpatient clinic settings:
 - Schedule suspected patients to be seen at end of day, if possible, and keep them out of waiting rooms
 - Use standard and airborne infection control precautions
 - Only staff with documented immunity to measles should enter patient's room.
 - **After patient is discharged, do not use or have staff enter the room for 2 hours.**
- Collect specimens on patients with suspected measles for diagnostic testing:
 - For PCR and virus isolation:
 - Nasopharyngeal swab placed in viral transport media (VTM)
 - Urine, minimum 20mL, in sterile leak proof container
 - For measles IgM serology:
 - Serum, minimum 1mL, in red top or red-grey top tube
- Route specimens through Public Health to expedite testing (do not use commercial laboratory).
- **Report suspected cases of measles to Public Health at (206) 296-4774 immediately before discharging or transferring patients.**

Background

The Kentucky Department for Public Health identified a confirmed case of measles in an unvaccinated individual with a history of recent international travel. While infectious, the individual attended a large religious gathering on February 17–18, 2023, at Asbury University in Wilmore, Kentucky. An estimated 20,000 people attended the gathering from Kentucky, other U.S. states, and other countries during February 17–18, and an undetermined number of these people may have been exposed.

Healthcare providers should be vigilant for potential measles infections among persons who attended the religious event at Ashbury University in Wilmore, Kentucky, had contact with an attendee, or had recent international travel. The greatest risk of measles introduction into U.S. communities is through international travel to areas where outbreaks are occurring. With declines in measles vaccination rates globally during the COVID-19 pandemic, measles outbreaks are occurring in all World Health Organization (WHO) Regions. Large outbreaks (≥ 20 reported measles cases per million population over a period of 12 months) have been reported in the European, African, Eastern Mediterranean, and Southeast Asian Regions. The United States has seen an [increase in measles cases](#) from 49 in 2021 to 121 in 2022, all among children who weren't fully vaccinated, including outbreaks in Minnesota and Ohio.

People infected with measles are considered infectious from four days prior to rash onset through four days after rash (total of nine days). Healthcare facilities should screen patients for possible symptoms or exposure to measles either at triage or when scheduling appointments to identify potentially infectious cases and promptly implement recommended infection control measures to prevent transmission to other patients and staff.

Resources

- [Public Health – Seattle & King County Measles Resources](#)
- Washington State Department of Health:
 - [Measles Resources](#)
 - [Managing Measles Exposures in Healthcare Workers](#)
 - [Measles specimen collection and shipping guidance](#)
- [CDC Health Advisory](#)
- CDC measles information for healthcare providers:
 - [Measles information for healthcare providers](#)
 - [Infection Prevention recommendations for measles in healthcare settings](#)
 - [United States measles outbreak information](#)
 - [Global measles outbreak information](#)