



GRAYSON COUNTY HEALTH DEPARTMENT

**515 North Walnut
Sherman, TX. 75090
Phone 903-893-0131
Fax 903-870-2023**

**205 N. Houston
Denison, TX. 75021
Phone 903-465-2878
Fax 903-465-2978**

**Amanda Ortez, R.S., M.B.A., Director
Jerry Bennett, M.D., Health Authority, Medical Authority**

February 6, 2019

Confirmed Measles in Southern Texas Counties

Measles is on the rise in Texas. There have been 6 confirmed cases in Bell, Harris, Montgomery and Galveston Counties just this week. Measles is extremely contagious and 90% of patients exposed will develop measles if they have not been vaccinated. The virus is transmitted by airborne droplets after someone sneezes, coughs or breathes in the area. The virus can remain infectious for 2 hours after the infected person leaves the area. Those who are under 5 years of age, over 20 years of age, pregnant or immunocompromised are at the highest risk.

Measles begins with fever, malaise, cough, coryza (red, watery eyes), conjunctivitis, and Koplik spots followed by a maculopapular rash. The rash begins about 14 days after a person is exposed and 3-5 days after other symptoms begin and will spread from the head, to the trunk, and then to the extremities. Patients are considered contagious from 4 days before to 4 days after the rash begins. Those experiencing these symptoms should be isolated in an airborne infection isolation room, if possible, and airborne precautions should be taken to help prevent spreading of this illness. **Do not leave these patients in the waiting rooms or in the general population to spread this disease.** Healthcare providers should consider measles in patients presenting with febrile rash illness and clinically compatible measles symptoms, especially if the person recently traveled internationally or was exposed to a person with febrile rash illness. Healthcare providers should report suspected measles cases to their local health department within 24 hours.

Laboratory confirmation is essential for all sporadic measles cases and all outbreaks. Detection of measles-specific IgM antibody and measles RNA by real-time polymerase chain reaction (RT-PCR) are the most common methods for confirming measles infection. Healthcare providers should obtain both a serum sample and a throat swab (or nasopharyngeal swab) from patients suspected to have measles at first contact with them. Urine samples may also contain virus, and when feasible to do so, collecting both respiratory and urine samples can increase the likelihood of detecting measles virus.

Measles and other diseases can be prevented through vaccination. The MMR (measles, mumps and rubella) vaccine is widely available and recommended that children receive 2 doses in order to be protected fully.

- The first dose is at 12 through 15 months of age
- The second dose is at 4 through 6 years of age

More information can be obtained from www.cdc.gov, www.dshs.texas.gov, or your local health department.