**Sample HAN alert to local providers**

Dear Local Health Department Colleagues,

Please share the following message with your healthcare providers.

~~- - ­- ­- ­- - - - ­- ­- ­- - - - ­- ­- ­- - - - ­- ­- ­- -~~

This year, the United States is having more reported cases of measles than usual. Many healthcare providers in the United States have never seen a patient with measles and may not recognize the signs and symptoms.

They should consider measles in patients who

* present with febrile rash illness and clinically compatible measles symptoms [cough, coryza (or runny nose) or conjunctivitis (pink eye)],
* recently traveled internationally or were exposed to someone who recently travelled
* have not been vaccinated against measles

Healthcare providers should also consider measles when evaluating patients for other febrile rash illnesses, including [Dengue](http://www.cdc.gov/dengue/) and [Kawasaki’s Disease](http://www.cdc.gov/kawasaki/).

If you suspect measles, do the following immediately:

1. Promptly mask and isolate patients to avoid disease transmission.
2. Immediately report the suspect measles case to their health department.
3. Obtain specimens for testing from patients with suspected measles, including viral specimens.

For persons who plan to travel internationally, healthcare providers should encourage timely vaccination of all persons aged >6 months, without evidence of measles immunity. One dose of MMR vaccine is recommended for infants aged 6-11 months traveling internationally, and 2 doses for persons aged >12 months, with a minimum interval between doses of 28 days.

Routine MMR vaccination is recommended for all children, with the first dose given at age 12-15 months, and a second dose at age 4-6 years. Unless they have other evidence of immunity\*, adults born after 1956 should get at least one dose of MMR vaccine, and two appropriately spaced doses of MMR vaccine are recommended for healthcare personnel, college students, and international travelers.

\*Presumptive evidence of measles immunity is defined as:

(1) Documentation of age-appropriate vaccination with a live measles virus-containing vaccine:

* preschool-age children: 1 dose
* school-age children (grades K-12): 2 doses
* adults not at high risk: 1 dose, or

(2) Laboratory evidence of immunity, or

(3) Laboratory confirmation of disease

Measles was documented as eliminated in the United States in 2000; however, importation of measles cases and limited local transmission continue to occur.

Additional guidance for healthcare providers can be found at: <http://www.cdc.gov/measles/hcp/index.html> and https://public.health.oregon.gov/DiseasesConditions/DiseasesAZ/Pages/disease.aspx?did=52

For questions, please contact your local health department.