



MARYLAND

Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

June 12, 2019

Dear Colleagues:

We are writing to provide an update on measles in Maryland. This year, there have been 5 measles cases identified in Maryland, all localized to a small geographic area within zip codes 21208, 21209, and 21215. To date, more than two incubation periods have passed since the last day of the infectious period for the most recent case patient. Therefore, there is no evidence of ongoing transmission of measles within the state of Maryland at this time. The Maryland Department of Health (MDH) has updated several measles-related recommendations, which are detailed below.

However, please keep in mind that the number of measles cases in the U.S. continues to rise, and travel-related cases among Maryland residents remains a significant concern. We urge you to continue to be vigilant for measles, and to continue to ensure that your staff and facilities are prepared.

Measles Vaccination

- MDH continues to recommend that healthcare providers consider modifications to the routine MMR vaccine schedule ([detailed in my April 23, 2019 letter](#)) for patients who might be at increased risk of measles exposure through either travel to areas outside of Maryland with [measles outbreaks](#) or contact with visitors from these areas.
- MDH no longer considers living, working, or attending activities in Maryland zip codes 21208, 21209, or 21215 to lead to increased risk of measles exposure. Therefore, MDH no longer recommends that healthcare providers consider modifications to the routine MMR vaccine schedule for those who live, work, or attend activities in Maryland zip codes 21208, 21209, and 21215 (unless they have increased risk for measles exposure through travel to an areas outside of Maryland with [measles outbreaks](#) or contact with visitors from these areas).

Measles Testing

- As a reminder, measles is an acute viral respiratory illness characterized by a prodrome of fever, cough, coryza, conjunctivitis lasting for 2-4 days, followed by a maculopapular rash that appears about 14 days after exposure and spreads progressively from the hairline to the face, then torso and extremities.
- MDH continues to recommend that measles testing, when indicated, be performed at the MDH Laboratories Administration. This requires prior approval through your local health department. Specimens sent to MDH without prior approval will not be tested.
- The decision to test for measles is complex, and requires consideration of clinical presentation, exposure history, and vaccination status. With this in mind, MDH's general recommendations for measles testing are as follows:

- Test for measles in a patient who presents with clinical symptoms highly consistent with measles, regardless of exposure history.
- Consider testing for measles in a patient with known possible exposure to measles, even if symptoms are atypical. For example, vaccinated patients are more likely to have atypical clinical presentations with milder illness.
- Do **NOT** test for measles in a patient with no known possible exposure to measles and whose clinical presentation is atypical for measles (e.g. afebrile, vesicular rash, etc.).
- Do **NOT** test for measles in a patient for whom an alternative diagnosis is more likely (e.g. allergic reaction to a new medication, varicella, etc.).

- These are general recommendations only, and we recognize that you might encounter scenarios that will require further discussion. If you have questions regarding whether or not measles testing should be pursued, please call your local health department.

Thank you for your efforts to identify measles cases, and to prevent additional infections in Maryland. We ask that you continue to remain vigilant. We will update you if there are changes to MDH's recommendations regarding measles, or if new cases are identified.

Sincerely,



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