

**PUBLIC HEALTH INVESTIGATING POTENTIAL EXPOSURES FROM A MEASLES CASE  
IN THE DC REGION**

10 March 2025

Dear Colleague:

As you may know, both Maryland and Virginia health officials are investigating potential measles exposures in Northern Virginia and Howard County, Maryland. Persons may have been exposed to the measles virus<sup>1</sup> if they were at the following locations at the specified dates and times:

- **Washington Dulles International Airport (IAD) on March 5th, 4:00 pm - 9:00 pm** at the following locations:
  - Terminal A
  - Aerotrain public transport from Terminal A Gates to the Main Terminal
  - Baggage Claim area
- **Johns Hopkins Howard County Medical Center Pediatric Emergency Department on March 7th, 3:30 pm - 7:30 pm**

*\*\*\*Maintain a high index of suspicion for measles in patients with exposures in the specific locations at the dates and times noted above. \*\*\**

This case is not related to the recent larger measles outbreaks occurring in Texas and New Mexico.

Given the recent increases in measles cases and exposures, this is an important reminder to you and your staff to review the following guidance to identify a suspected measles case and how to prepare your practice to protect patients and staff from possible measles exposures, including keeping patients and staff up to date on measles/mumps/rubella (MMR) vaccine schedules.

Please review the following sections with all staff:

- **WHAT TO DO IF YOU SUSPECT MEASLES IN A PATIENT ALREADY IN YOUR OFFICE**
- **HOW TO PROTECT YOUR PATIENTS AND STAFF FROM POSSIBLE FUTURE MEASLES EXPOSURES**

**WHAT TO DO IF YOU SUSPECT MEASLES IN A PATIENT ALREADY IN YOUR OFFICE:**

- Do not allow such patients to remain in your waiting area. Immediately provide a surgical mask to the patient. Place the masked person in a private room with negative pressure if available, or a room with a closed door.

**NOTE: Any shared airspace (including the exam room and waiting area) that has been occupied by the patient should not be used for the next 2 hours.**

- Use standard and airborne precautions and only allow staff with documented evidence of measles immunity to work with the patient.
- Call Arlington County Public Health Division (ACPHD) staff immediately to report your suspicion and for guidance on appropriate testing and control measures. You can reach ACPHD staff 24/7 to report suspect

**MEASLES 101****(Att 1. Think Measles)**

Measles is a highly infectious viral disease spread through breathing, coughing, sneezing, and contact with aerosolized droplets or secretions from the nose, mouth, and throat of an infected person.

Measles is characterized by high fever (over 101°F), cough, coryza, and conjunctivitis.

After 3-7 days of illness, a maculopapular rash begins on the face, generalizing to the rest of the body.

**NOTE: Patients with measles are contagious 4 days prior to rash onset until 4 days after.**

<sup>1</sup> <https://downloads.aap.org/AAP/PDF/ThinkMeasles-final.pdf>

cases of measles and/or to discuss these recommendations and other questions you may have about measles:

- Monday to Friday, from 8 AM to 4:30 PM, call 703-228-5200, option #1.
- Nights and weekends, call 703-558-2222 and ask for the Public Health Duty Officer.

**NOTE: You may be asked to collect up to three specimens to confirm measles: 1) serum, 2) nasopharyngeal swab, and 3) oropharyngeal swab.**

- For patients needing transport by EMS from your office to the hospital:
  - Notify EMS that you suspect measles, so EMS personnel can take appropriate precautions before arriving at your office to protect themselves from exposure during transport.
  - Notify the receiving hospital that you suspect measles, so hospital personnel can take appropriate precautions to protect themselves when they receive the patient from EMS and protect the other patients from exposure by directing the masked patient to an appropriate exam room.

## HOW TO PROTECT YOUR PATIENTS AND STAFF FROM POSSIBLE FUTURE MEASLES EXPOSURES

The most effective protection against measles infection is getting adequately vaccinated.

MMR VACCINATION GUIDANCE FOR:			
Infants	Children	Students, Travelers, Healthcare Personnel	All Other Adults
If traveling internationally, infants 6 through 11 months old should receive 1 dose of MMR vaccine before departure. Infants who receive a dose of MMR vaccine before their first birthday should receive 2 more doses of MMR vaccine at the recommended ages and at least 28 days apart.	Children should receive 2 doses of MMR vaccine—the first dose at 12 through 15 months of age and the second dose 4 through 6 years of age. Giving the second dose of the vaccine earlier is allowed if it is at least 28 days after the first dose.	Unless they have evidence of measles immunity, college and other students, health care personnel, and international travelers need 2 MMR doses that have been given on or after age 1 and at least 28 days apart.	All other adults born in or after 1957 should have documentation of at least 1 dose of MMR or other evidence of measles immunity.

- Ensure all eligible patients are adequately vaccinated against measles (see vaccination table above)
- Ensure all office staff, from direct care to administrative staff, have evidence of immunity to measles:
  - 1) documentation of two doses of measles vaccine or
  - 2) documentation of laboratory evidence of immunity.
- Proactively ask your patients NOT to walk in unannounced when they have fever and rash. Advise patients to report fever and rash symptoms when they contact you to request an appointment.
- Instruct staff to ask patients about fever and rash symptoms when they request an appointment.
- Schedule appointments for patients with suspected measles at the end of the day or when other patients are not present and will not arrive within 2 hours of the scheduled visit for the suspected measles patient.

FOR MORE INFORMATION, VISIT:

- VDH Measles website - [www.vdh.virginia.gov/measles](http://www.vdh.virginia.gov/measles)
- Arlington Public Health Measles for Health Providers website - [www.arlingtonva.us/Government/Programs/Health/Measles/Measles-for-healthcare-providers](http://www.arlingtonva.us/Government/Programs/Health/Measles/Measles-for-healthcare-providers)

Thank you for all you do to control and prevent the spread of communicable diseases in our community.

Sincerely,



Kim Brunette, MPH

Public Health Assistant Division Director

## Think Measles

Consider measles in any patient presenting with a febrile rash illness, especially if **unvaccinated for measles** or **traveled internationally** in the last 21 days.

### 1 Measles Symptoms

- High Fever
- Cough
- Coryza (runny nose)
- Conjunctivitis (red, watery eyes)
- Maculopapular Rash
  - Typically appears 2-4 days after symptoms begin.
  - Begins at hairline, spreads downward, to face, neck, and trunk.
  - Rash appears red on light complexions, but may be harder to see or appear as purple or darker than surrounding skin on dark complexions.

### 2 Pre-Visit Telephone Triage

- For those reporting measles symptoms, assess the risk of exposure:
  - Are measles cases present in your community?
  - Did the patient spend time out of the country in the 21 days before symptom onset?
  - Has the patient ever received the MMR vaccine?
- Triage should only be completed by a clinically trained person.
- If patient will be seen in the office, provide instructions on face masks for patient (2 years of age and older) and family.
- Instruct to arrive to a side or back entrance instead of the main entrance.

### 3 Patients Presenting with Suspected Measles

- Provide face masks to patients (2 years of age and older) and family before they enter the facility. Patients unable to wear a mask should be "tent" with a blanket or towel when entering the facility.
- Immediately move patient and family to an isolated location, ideally an airborne infection isolation room (AIIR) if available. If unavailable, use a private room with the door closed.
- No other children should accompany a child with suspected measles.
- Patients (2 years of age and older) and family should leave face masks on if feasible.

### 4 Infection Prevention Precautions

Only health care providers with immunity to measles should provide care to the patient and family. Standard and airborne precautions should be followed, including:

- Use of a fit tested NIOSH-approved N95 or higher-level respirator.
- Use of additional PPE if needed for task (e.g., gloves for blood draws).
- Cleaning hands before and after seeing the patient.
- Limiting transport or movement of patients outside of room unless medically necessary.

### 5 Public Health Notification

**Contact Arlington Public Health (for weekdays 8:00am-4:30pm, call 703-228-5200; for nights/weekends, call 703-558-2222, ask for Public Health Duty Officer)**

- To ensure rapid investigation and testing with contact tracing, notification should occur immediately upon suspicion of measles. Public health departments will be able to help confirm vaccination history for U.S. residents, provide guidance on specimen collection and submission, and manage contacts of confirmed cases.
- Acute care facilities should immediately notify the hospital epidemiologist or infection prevention department.
- Outpatient settings should immediately notify local or state health departments.
- Visit CSTE for reporting contact information: <https://www.cste.org/page/EpiOnCall>

### 6 Clinical Care

- People with confirmed measles should isolate for four days after they develop a rash.
- If an AIIR was not used, the room should remain vacant for the appropriate time (up to 2 hours) after the patient leaves the room.
- Standard cleaning and disinfection procedures are adequate for measles virus environmental control.



**Maculopapular Rash**  
Source: [CDC PHIL](https://www.cdc.gov/media/releases/2019/s0911-measles.html)



#### Resources:

- [Measles Red Book Online Outbreaks Page](#)
- [CDC Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings](#)