



## FAQs: Measles Exposure in Kentucky

Date updated: Mar. 6, 2023

### Measles Exposure in Kentucky

The Centers for Disease Control and Prevention (CDC) issued a Health Alert Network (HAN) advisory on March 3, 2023, notifying the public of a confirmed measles case at a very large gathering. Public health officials recently confirmed a case of measles in an unvaccinated individual with a history of 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 to measles. Secondary cases resulting from this event would be expected to occur during February 24–March 11, 2023. As of March 3, 2023, no secondary cases have been identified.

For more details: <https://emergency.cdc.gov/han/2023/han00488.asp>

### Which patients should I be concerned about having measles?

Patients with compatible symptoms/signs of illness AND known exposure, relevant travel, or unvaccinated status should be evaluated carefully. Washington State developed a useful screening tool [348-490-MeaslesAssessmentQuicksheetProviders.docx \(live.com\)](#) for this purpose.

### What are the best ways to minimize measles exposure in your organization?

Persons with signs or symptoms of measles should be identified, provided a facemask to wear, and separated from other patients *prior to or as soon as possible after entry into a facility*. Place the patient in an airborne isolation room if available. If not available, use a private room and close the door. [Interim Measles Infection Prevention Recommendations in Healthcare Settings | CDC](#)

### How is measles diagnosed?

For more on the clinical presentation of measles, diagnosis, and treatment: [For Healthcare Professionals - Diagnosing and Treating Measles | CDC](#)

### I had an exposure event in my hospital; now what?

Per the CDC ([For Healthcare Professionals - Diagnosing and Treating Measles | CDC](#)), people exposed to measles who cannot readily show that they have evidence of immunity against measles should be offered post-exposure prophylaxis (PEP). To potentially provide protection or modify the clinical course of disease among susceptible persons, either administer MMR vaccine within 72 hours of initial measles exposure or immunoglobulin (IG) within six days of exposure. Do not simultaneously administer the MMR vaccine and IG, as this practice invalidates the vaccine.

### The following references have additional information on post-exposure prophylaxis:

- [Red Book Online Outbreaks: Measles | Red Book Online | American Academy of Pediatrics \(aap.org\)](#). January 4, 2023
- [Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)](#). June 14, 2013.
- [General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)](#). January 28, 2011