



FAQs: Pediatric Measles Outbreak in Ohio

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Measles Outbreak in Ohio

An ongoing outbreak of measles in Ohio continues to grow. As of early January 2023, more than 110 cases of measles have been documented in children and more than 30% of identified cases have been hospitalized. More than 90% of cases have occurred in unvaccinated individuals. While cases do not yet appear to have spread outside Ohio, the risk is significant. Measles is highly contagious and exposure events can be extremely impactful in terms of both disease consequences in children and disruption of operations for healthcare facilities. Inpatient and ambulatory healthcare facilities should review their processes for identifying patients who potentially have measles.

What are the best ways to minimize a measles exposure in your healthcare facility?

Persons with signs or symptoms of measles should be identified promptly, provided a facemask to wear (or if unable to mask, such as an infant, temporarily cover with a lightweight blanket until they can be isolated), and separated from other patients *prior to or as soon as possible after entry into a facility*. Airborne precautions are needed to prevent exposures. If an airborne isolation room is not available, the patient and family should be moved to a private examination room with the door closed. [Additional details can be found at Interim Measles Infection Prevention Recommendations in Healthcare Settings | CDC](#)

Which patients should I be concerned about having measles?

Measles typically presents with cough, coryza, conjunctivitis, and a maculopapular rash that starts on the head and expands downward to the trunk and lower extremities. 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](#) for this purpose.

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 clinic or 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** administer MMR vaccine and IG simultaneously, 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