



Confirmed Case of Measles, Somerset County, NJ

Date: June 5, 2024

Public Health Message Type: Alert Advisory Update Information

Intended Audience: All public health partners Healthcare providers Infection preventionists
 Local health departments Schools/childcare centers ACOs
 Animal health professionals Other

Summary:

- A confirmed case of measles has been identified in Somerset County, New Jersey. The individual developed symptoms after international travel to a country known to be experiencing a measles outbreak.
- Providers should remain vigilant and consider [measles](#) in patients with a febrile rash illness lasting three days or more, a fever of 101°F (38.3°C) or higher, and clinically compatible symptoms (cough, coryza and/or conjunctivitis), particularly if the patient was potentially exposed to a case of measles or has recently traveled [internationally](#) to an area with an on-going measles.
- Providers who are ordering measles testing should obtain samples from the following sites: oropharyngeal/nasopharyngeal swab (rRT-PCR), urine (rRT-PCR), and serum (measles IgM and IgG).
- Providers should [implement measles prevention measures](#) by ensuring they and their staff are up-to-date with immunizations, use appropriate precautions, and have access to and are trained to use appropriate personal protective equipment (PPE) when interacting with patients.
- Providers should ensure their patients are up to date on recommended immunizations including MMR, especially prior to international travel.
- Measles is an **IMMEDIATELY** reportable condition, and providers should immediately report suspected cases of measles to [local public health](#) authorities where the patient resides, or if not available, to the NJDOH at (609) 826-5964 during regular business hours or (609) 392-2020 after business hours or on the weekend.

Background

The New Jersey Department of Health (NJDOH) Communicable Disease Service would like to make you aware of a confirmed measles case identified in a New Jersey (NJ) resident following international travel. This is the second confirmed case of measles reported in NJ in 2024, with the first identified in January.

A Somerset County resident developed measles following travel from a country that is currently experiencing an ongoing outbreak of measles. As of June 5, no additional associated cases have been identified. The individual arrived home on May 30, developed rash on June 1, and was subsequently



confirmed to have measles via positive measles PCR results. While infectious, the individual visited two health care facilities. The date, time, and place of the visits were:

- 05/30/2024, 6:15 PM – 9:15 PM Nurture Pediatrics, 603 Omni Dr, Suite A, Hillsborough Township, NJ 08844
- 06/01/2024, 12:00 PM (noon) – 3:30 PM Emergency Department at Penn Medicine Princeton Medical Center, 1 Plainsboro Rd, Plainsboro Township, NJ 08536

The case does not attend daycare. The NJDOH is working in collaboration with local health officials to identify and notify people who might have been exposed during the time the individual was infectious.

As of June 5, 2024, no additional cases have been identified. Secondary cases would be expected to occur no later than June 26. Therefore, the NJDOH requests healthcare providers maintain vigilance for measles among patients who meet the [clinical criterion for measles](#) (generalized maculopapular rash lasting 3 or more days, fever at least 101°F (38.3°C), and cough, coryza, or conjunctivitis). Take a detailed history to determine the individual's travel history, contact with travelers or other possible exposures, vaccination status, and detailed history of present illness including symptoms, symptom onset dates and rash progression. Report all patients that are suspected of having measles IMMEDIATELY to [local health department](#) where the patient resides or, if not available, to the NJDOH.

Measles Specimen Collection and Testing

The NJDOH advises healthcare providers to collect specimens from patients suspected of having measles as early as possible in the course of illness. Efforts should be made to obtain specimens from suspected cases at first contact and testing should be expedited and coordinated with the local health department. When there is a high index of suspicion, measles PCR testing is the preferred testing methodology, which is performed by CDC, Wadsworth (CDC viral reference laboratory), and, as of very recently, the NJDOH Public Health and Environmental Laboratory. Approval is required by NJDOH prior to submission, and upon approval specimens are generally submitted to the NJDOH PHEL.

The following specimens should be obtained:

- Oropharyngeal (OP) and/or nasopharyngeal (NP) swab for PCR testing - preferred (hold for NJDOH submission approval)
- Urine for PCR testing (hold for NJDOH submission approval)
- Serum for measles IgM and IgG testing (send to commercial laboratory)
 - Acute phase serum as soon as possible and convalescent serum 2-3 weeks later
 - Collect minimum of 5 mL of blood in a red-top or serum-separator tube (SST)
 - PLEASE NOTE:
 - If serology is being ordered to determine measles immunity, commercial IgG testing is recommended. Do **NOT** order measles IgM if the patient is asymptomatic or recently vaccinated with MMR.



- Serologic test results should be interpreted with caution, as false-positive and false-negative results are possible with IgM tests.

Please see the NJDOH [Quick Guide for Measles Specimen Collection and Testing](#) and [Measles Laboratory Testing FAQs](#) for more information.

Infection control considerations for suspected cases of measles

The NJDOH requests that all healthcare providers maintain a high index of suspicion for measles in persons with a febrile rash illness, especially in those persons with recent international travel or visit to a community with an on-going measles outbreak. Because measles is highly infectious and the virus can remain airborne up to two hours, [providers should take precautions to minimize exposure](#) if one of their patients is suspected of having measles:

- Advise patients who call about a febrile rash illness to minimize exposure to others
- Post signage outside of the office notifying patients with rash to call BEFORE entering
- Should a suspected case present for care, place a mask on patient and isolate immediately
- Arrange for an exam in an isolated area. The exam room should not be used for at least 2 hours after the measles suspect leaves
- Review vaccine records or titer reports for your staff now, to ensure that only those with [evidence of immunity to measles](#) provide care to a suspected case of measles.
 - People presumed to be immune to measles are those:
 - Born in the US before 1957
 - This is insufficient for healthcare workers.
 - Have documentation of receipt of two doses of live measles-containing vaccine (MMR)
 - Have documentation of a positive measles IgG titer
 - Remind providers/staff about the importance of receiving up-to-date immunizations and using appropriate precautions and personal protective equipment (PPE) when interacting with patients.

Prevention of Measles

- The best way to prevent measles is to remain up to date on all measles vaccinations especially when considering traveling abroad.
- The following people should be [vaccinated against measles](#):
 - All children over one year of age who have not yet been vaccinated
 - Children between 6 months and 1 year of age who will be [traveling](#) internationally or visiting a community with an [on-going measles outbreak](#) (This dose will not count toward the primary series and two additional doses after one year of age will still be required)
 - Adults who have not yet been vaccinated and were born after 1957 and not had laboratory confirmation of a previous measles infection.



- Adults of any age who will be traveling internationally or visiting a community with an on-going measles outbreak who have not previously received two doses of MMR.

The New Jersey Department of Health's licensing standards for health facilities require that facilities notify the Department of reportable events in accordance with all applicable State and Federal regulations. New Jersey Administrative Code (N.J.A.C.) 8:43-10.11(e) states "A health care facility shall report incidents of infectious and communicable diseases to the Department pursuant to N.J.A.C. 8:57." Filing a report via the NJDOH web-based electronic "Non-LTC Reportables Survey" DOES NOT satisfy [communicable disease reporting regulations](#) set forth in N.J.A.C. 8:57.

The NJDOH reminds healthcare providers that measles is immediately reportable upon suspicion, and to report suspected cases of measles to the [local health department](#) **where the patient resides**, or if not available to the NJDOH Communicable Disease Service at (609) 826-5964 during regular business hours or (609) 392-2020 after business hours or on the weekend.

Additional measles information and resources can be found on the New Jersey Department of Health's measles page: <https://www.nj.gov/health/cd/topics/measles.shtml>