LOUISIANA DEPARTMENT OF HEALTH Public Health	**Louisiana Health Alert Message 25-5:** **Guidance for Evaluating Suspected Measles Cases**
Origination Date: 11/11/2025	**Revision Dates (List All Revision Dates):**

Louisiana Health Alert Message 25-5

Guidance for Evaluating Suspected Measles Cases

The Louisiana Department of Health (LDH) has confirmed **one case of measles in an adult resident of Region 9** (comprised of Livingston, St. Helena, St. Tammany, Tangipahoa, Washington parishes). The patient was exposed to measles during **international travel**. The patient was not hospitalized and will remain in isolation until no longer infectious. This patient's vaccination status is unknown.

The Department's epidemiologic investigation identified the following public exposure:

- **Location:** New Orleans International Airport, Concourse B and beyond the security checkpoint
- **Date:** Sunday, November 9th, 2025
- **Time:** 5:00 pm to 8:30 pm

This is the third measles case reported in Louisiana in 2025. In 2024, three confirmed measles cases were reported in Louisiana, all five prior cases from 2024-2025 were travel-associated and in the greater New Orleans area.
Healthcare providers should proactively identify and update the immunity status of their patients and be **vigilant for the possibility of additional cases of measles.**
Importations of measles into communities with unvaccinated persons can lead to measles cases and outbreaks in the United States. Maintenance of **high vaccination coverage**, ensuring **timely vaccination** before travel, and **early detection and isolation of cases** are key factors to limit importations and the spread of disease.

Summary for healthcare providers:
Diagnosis, consultation, and treatment

- Consider measles in patients who:
    - Present with **febrile rash illness** and clinically compatible measles symptoms (**cough, coryza (runny nose) or conjunctivitis**), with a **maculopapular rash** that spreads from the head to trunk to the extremities.
    - Recently **traveled internationally** or to **locations in the United States with known outbreaks** or were exposed to someone who recently traveled.
    - Report **recent exposure** to someone with a rash illness.
    - Have **not been vaccinated** against measles.
- Also consider measles when evaluating patients for other **febrile rash illnesses**, including dengue and Kawasaki disease.
- If you suspect measles, do the following immediately:

- **Promptly isolate patients** to minimize disease transmission (See Management of Patients below).
- **Immediately report** a suspect measles case to the Louisiana Office of Public Health (OPH) Infectious Disease Epidemiology Hotline at **800-256-2748.**
- **Obtain specimens** for testing from patients with suspected measles and send to State Lab. Get specimen collection advice by calling **800-256-2748.**

Management of Patients with Febrile Rash Illness

- Ideally, all patients with suspect measles should be **placed immediately into an airborne infection isolation room (AIIR)**. If AIIR is not available, place patient in a private room with the door closed.
- The other steps listed below (e.g., masking patient, placing in a private room) may reduce the spread of measles, but do not eliminate the need for full post-exposure control measures.
- Only staff with evidence of immunity to measles should attend to suspect measles patients.
    - Ensure that you have documented evidence of immunity to measles for all staff to ensure those who are caring for the patient are vaccinated.
- **Assess, screen, and mask** all patients **with febrile rash illness** immediately on arrival.
- Staff should use **respiratory protection** (e.g., fit-tested N95 respirator) regardless of immunity, upon entry to the patient's room.
- If not admitted, use standard and airborne precautions while the patient is exiting the facility.
- **Patients should be told to remain in isolation at home through 4 days after rash onset.**
- Measles virus can remain suspended in the air for up to 2 hours. **Following patient discharge, "rest" non-AIIR rooms for at least two hours before allowing others to enter.**

Specimen Collection

The collection of clinical specimens for measles testing on all individuals with suspect measles is extremely important. Contact the OPH epidemiology hotline (available 24/7) at **800-256-2748** for technical guidance on specimen collection, necessary submission forms, and to arrange for transportation to the State Laboratory.

Communication with LOPH epi and testing at the State Lab are critical to the timeliness of Louisiana's public health response.

Post-Exposure Control Measures Should Cases be seen in Healthcare Facilities

- Measles is **infectious for 4 days before through 4 days after onset of rash** (day of onset is day 0); a total of nine days.
- **Identify all exposed patients and staff**, including individuals in the waiting and examination rooms at any time while the index case was present and up to 2 hours after, and all staff both with and without direct patient contact. Due to the airborne route of measles transmission, areas of shared air space well beyond those occupied by the patient may be considered exposed, potentially encompassing an entire facility.
- **Assess** all exposed individuals for acceptable evidence of immunity.
- Contact LDH Infectious Disease Epidemiology Hotline for assistance: at **800-256-2748.**

Post-exposure measures: vaccinate all susceptible persons or provide immune globulin.

- **Measles vaccine given within 72 hours of exposure may prevent disease.** Although most effective if given within 72 hours of exposure to measles, MMR vaccination can still be provided after 72 hours and protect against future exposures.
- For **infants** aged 6 through 11 months, MMR vaccine can be administered in place of IG, if administered within 72 hours of exposure. Do **not** administer MMR vaccine and IG

simultaneously, as this practice invalidates the vaccine. These infants must still receive a normal 2-dose series beginning ≥12 months of age.

- **HIV infected patients** without evidence of current severe immunosuppression can be vaccinated. See the June 2013 ACIP statement regarding measles, mumps and rubella for additional information.
- **Provide post-exposure prophylaxis with immune globulin within 6 days of exposure** to susceptible patients at increased risk of severe disease from measles (see below*).
- **Exclude all susceptible contacts** from work from day 5 through day 21 after exposure if not vaccinated. (If the case is confirmed, even those healthcare staff vaccinated within 72 hours may need to be excluded.)
- **Surveillance** for early identification of secondary cases should be continued for two incubation periods (42 days).

Post-exposure Prophylaxis with Immune Globulin (IG)

- **IG can prevent or modify measles in persons who are nonimmune if given within 6 days of exposure.**
- There are three groups of patients at increased risk of severe disease from measles:
    - infants <12 months;
    - pregnant women without evidence of measles immunity;
    - and severely immunocompromised individuals.
- The recommended dose of IG administered intramuscularly (IGIM) is 0.5 mL/kg of body weight (maximum dose = 15 mL) and the recommended dose of IG given intravenously (IVIG) is 400 mg/kg.

Recommended use of IGIM in infants <12 months: IGIM should be administered to all infants aged <12 months who have been exposed to measles. For infants aged 6 through 11 months, MMR vaccine can be administered in place of IG if administered within 72 hours of exposure.

IVIG use in pregnant women without evidence of immunity: IVIG should be administered to pregnant women without evidence of measles immunity who have been exposed to measles. IVIG is recommended to administer doses high enough to achieve estimated protective levels of measles antibody titers.

IVIG use in immunocompromised patients: Severely immunocompromised patients who are exposed to measles should receive IVIG prophylaxis regardless of immunologic or vaccination status because they may not be protected by the vaccine.