



January 29, 2015

MEASLES UPDATE

To: Health Care Providers, Emergency Care Providers, Infection Preventionists, Labs
From: Douglas County Health Department, Adi M. Pour, PhD, Director
Three Rivers Public Health Department, Terra Uhing, Executive Director

Re: Second case of measles confirmed in Three Rivers Public Health District Child

A second laboratory-confirmed case of measles has been confirmed in a child residing in Three Rivers Public Health District (Washington, Dodge, and Saunders Counties). The child was age-appropriately vaccinated with 1 MMR. There is no identifiable epidemiologic link to the first reported case. However, the interval between symptom onset in the first known case, and this second case suggests that the two cases are linked. There are no other persons with documented measles in Douglas, Washington, Dodge, or Saunders counties, or elsewhere in Nebraska.

A public health investigation has identified two locations where the child may have exposed others:

Little Blossoms Day Care (Blair)	January 20-23, 2015 (7:00am-6:30pm)
Jakes' Bar and Grill (Blair)	January 22, 2015 (6:30pm-10:00pm)

Health care providers should report rash/fever illness in patients with exposures to the above venues immediately:

In Washington, Saunders, and Dodge Counties, call (402) 727-5396.

In Douglas County, call (402) 444-7214 (8-4:30), or (402) 444-7000 after business hours.

- **Non-immune individuals who were exposed at these locations/times should remain quarantined for 21 days following the exposure. Quarantine means no exposure to others in public, including day care, school, work, grocery stores, restaurants, etc.** This includes all infants under 12 months and anyone with no history of MMR or immunity. Healthy adults and children who were exposed and have only 1 documented MMR should be given MMR #2, but do not need to be quarantined. Infants 6-11 months can be given a dose of MMR if exposed to measles, but still require quarantine as described above.
- **Measles vaccination is highly effective.** Vaccination at 12-15 months induces immunity in 94%-98% of recipients. A second dose increases immunity levels to 99%. (CCDM, 20th Ed.)
- **Consider measles** in patients of any age who have **a fever AND a rash**. Fever can spike as high as 105°F. Measles rashes are red, blotchy and maculopapular and typically start on the hairline and face and then spread downwards to the rest of the body.
- **Obtain a thorough history** on such patients, including: 1) the above exposures or travel outside of North America or contact with international travelers in the prior three weeks; and 2) prior vaccinations for measles. Exposure to measles is defined as sharing for any period of time the same air space with a person with measles (and up to 2 hours after the infected person left) during their contagious period (4 days before to 4 days after rash onset).
- **Incubation period** is 8-12 days (range 7-18 days) to onset of illness, and 14 days (maximum 21 days) to onset of rash. Communicability is 4 days before to 4 days after onset of rash.
- **If you suspect** your patient has measles, isolate (see next page) the patient immediately and alert your local health department as soon as possible. The risk of measles transmission to others can be reduced if control measures are implemented quickly.

- **Laboratory Testing:** Please see the Nebraska DHHS Health Advisory <http://dhhs.ne.gov/publichealth/han%20Documents/ADVISORY012315.pdf> for information on testing. **Consult your laboratory or the health department if you suspect measles and are ordering a test.**

Preventing measles transmission in healthcare settings

To prevent transmission of measles in healthcare settings, airborne infection control precautions (available at http://www.cdc.gov/hicpac/2007ip/2007ip_part3.html) should be followed stringently. **Suspected measles patients (i.e., persons with febrile rash illness) should be removed from emergency department and clinic waiting areas as soon as they are identified, placed in a private room with the door closed, and asked to wear a surgical mask, if tolerated. In hospital settings, patients with suspected measles should be placed immediately in an airborne infection (negative-pressure) isolation room if one is available and, if possible, should not be sent to other parts of the hospital for examination or testing purposes.**

Three Rivers Public Health Department Measles Page
<http://www.threeriverspublichealth.org/measles-quick-link/>

Douglas County Health Department Measles Page
<http://www.douglascountyhealth.com/measles-information>
Email list for public health partners: <http://eepurl.com/31RyT>

Centers for Disease Control and Prevention (CDC)/ Immunization Action Coalition
http://www.immunize.org/askexperts/experts_mmr.asp
<http://www.cdc.gov/measles/index.html>

CCDM, 20th Ed

Heymann, D. Editor. Control of Communicable Diseases Manual, 20th Edition. American Public Health Association. Washington. 2015, page 392.