Public Health Advisory
Measles Outbreak Update
and
Recommendations for Medical Facility Infection Prevention and Response

March 6, 2015

Through March 3, 2015, there have been nine cases of measles identified in Clark County. The cases identified in this outbreak (and any cases that may have gone unrecognized in the community) are the first cases of measles identified in the county since 2011. Five of these cases are associated with a cluster at a local restaurant, and the other four cases are not associated with either the cluster or each other. The cases were all acquired in Clark County, although no common source of disease in the community has been identified, and none have been linked with the ongoing outbreak in Los Angeles associated with Disneyland.

Measles is a severe illness, and about 25% of patients with measles required hospitalization.[1] Infected persons are likely to present for medical care at clinics, urgent cares, and emergency rooms, placing health-care personnel at higher risk for infection with measles than the general population. In the past, medical settings have played a prominent role in perpetuating outbreaks of measles, with cases occurring among other patients and health-care personnel.[2,3]

The case-patients identified in the current outbreak have all sought care for their illnesses, often at multiple healthcare facilities, while they were infectious. In responding to exposures at healthcare facilities, the Southern Nevada Health District (SNHD) follows national guidelines[4] and excludes exposed health-care personnel without evidence of immunity from duty from day 5 after first exposure through day 21 after last exposure, regardless of whether the person has received post-exposure vaccine. Documented evidence of measles immunity would exempt health-care personnel from exclusion. However, employers rarely have this information on file and SNHD has found it very difficult to obtain it on short notice during investigations. Therefore, having health-care personnel find their documentation of immunity in advance of their being involved in a measles investigation would limit the need for excluding staff who are immune but do not have documentation readily available.

SNHD is recommending that healthcare facilities implement the following prevention and control measures to prevent disease and reduce the response burden on staff:

1. Verify that all health-care personnel (to include all paid and unpaid persons working in health-care settings who have the potential for exposure to patients and/or to infectious materials) [5] have documented evidence of immunity to measles. In the event of an exposure, immune status of each potentially exposed person needs to be assessed to determine whether exclusion from work is necessary. Acceptable evidence includes at least one of the following[5]:
   - Documentation of vaccination with two doses of measles-containing vaccine at least 28 days apart and *prior to any measles exposure*
   - Laboratory confirmation of measles immunity (IgG titer)
   - Laboratory confirmation of prior measles infection

   [Note that, although people born prior to 1957 are presumed to be immune, that criterion is not considered sufficient evidence of immunity for health-care workers]

2. Post signage outside the facility entrance that does one of the following:
   - Directs patients with febrile cough or rash illness to phone clinic admissions staff to inform them of their condition before entering the waiting room area. Patients should be met at the door, provided a disposable surgical mask, and triaged as soon as possible. A sign for this purpose can be downloaded from the SNHD website at http://www.southernnevadahealthdistrict.org/download/health-topics/measles/measles-poster.pdf
   - Directs patients with febrile cough or rash illness to don a disposable surgical mask before entering the clinic. A container with disposable masks should be installed near the entrance or immediately inside the clinic doors.
3. Post signage at sign-in and waiting areas requiring patients with febrile cough and/or febrile rash illnesses to don a disposable surgical mask while in the clinic to avoid exposing other patients and to immediately inform clinic staff about their condition. Disposable (surgical) masks should be made readily available to patients.
4. Develop and implement plans for the isolation of patients potentially infected with measles to minimize exposure of other patients and health-care workers.
   - Isolate patients with febrile rash illness as soon as possible.
   - Do not use exam room of a patient with suspect measles for at least two hours after the patient has been discharged.[6] No special disinfection is necessary, and the room should be cleaned using the routine process once the two hours have passed to prevent exposure of cleaning staff.

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References

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4. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.
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