



PUBLIC HEALTH NOTICE

February 27, 2014

California reports 20 measles cases in 2014

The California Department of Public Health has reported 20 cases of measles with onset in 2014. Among the ill people, four had traveled outside of North and South America, with three traveling to the Philippines. Nationally, an increase has been noted in the proportion of measles cases among people with travel to the Philippines. Because travel between California and Las Vegas is common it is important for healthcare professionals in Clark County to be vigilant about measles. The Southern Nevada Health District recommends that you:

- Consider measles in patients of any age who have a fever **AND** a rash regardless of their travel history. Fever can be as high as 105°F. Measles rashes are red, blotchy and maculopapular and typically start on the hairline and face, then spread down to the rest of the body.
- Obtain a thorough history on such patients, including:
 - Travel outside of Clark County or contact with travelers in the previous three weeks.
 - Prior immunization for measles.
- If you suspect your patient may have measles, **isolate** the patient immediately (see below) and alert the Southern Nevada Health District (SNHD) Office of Epidemiology (OOE) at 702-759-1300 as soon as possible. The risk of transmission to others and large contact investigations can be reduced if control measures are implemented immediately.
 - Post-exposure prophylaxis can be administered to contacts within 72 hours of exposure (MMR vaccine) or up to six days after exposure (Immune globulin – intramuscular).
- The diagnosis of acute measles infection can be made by detecting IgM antibody to measles in a single serum specimen. Enzyme immunoassay (EIA), Enzyme linked immunosorbent assay (ELISA) or Immunofluorescent antibody (IFA) tests for measles IgM antibody are available from multiple clinical laboratories (Table). It is recommended that serologic tests should be collected 72 hours after rash onset in order to prevent initial false negative test results. If false negative or false positive test results are suspected, contact the SNHD OOE for assistance with additional confirmatory laboratory testing.

If measles is suspected:

1. Mask suspect measles patients immediately. If a surgical mask cannot be tolerated, other practical means of source containment should be implemented (e.g., place a blanket



loosely over the heads of infants and young children suspected to have measles when they are in the waiting room or other common areas).

2. Do not allow suspect measles patients to remain in the waiting area or other common areas; isolate them immediately in an airborne infection isolation room if one is available. If such a room is not available, place patient in private room with the door closed. For additional infection control information, please see the CDC “Guideline for Isolation Precautions” at: <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>
3. If possible, allow only healthcare personnel with documentation of 2 doses of live measles vaccine or laboratory evidence of immunity (measles IgG positive) to enter the patient’s room.
4. Regardless of immune status, all healthcare personnel entering the patient room should use respiratory protection at least as effective as an N95 respirator.
5. If possible, do not allow susceptible visitors in the patient room.
6. Do not use the examination room for at least two hours after the possibly infectious patient leaves.
7. If possible, schedule suspect measles patients at the end of the day.
8. Notify any location where the patient is being referred for additional clinical evaluation or laboratory testing about the patient’s suspect measles status and do not refer suspect measles patients to other locations unless appropriate infection control measures can be implemented at those locations.
9. Instruct suspect measles patients and exposed persons to inform all healthcare providers of the possibility of measles prior to entering a healthcare facility. Make note of the staff and other patients who were in the area during the time the suspect measles patient was in the facility and for one hour after the suspect case patient left. If measles is confirmed in the suspect case patient, exposed people will need to be assessed for measles immunity. Contact SNHD for assistance in assessing exposed persons for immunity.

Table: Laboratory Testing for Measles, IgM antibody
Contact the laboratory to confirm test codes and sample collection requirements

Lab: Test (Source)	Test Code
Quest Measles (Rubeola) antibody, IgM, IFA	34256
LabCorp Measles (Rubeola) antibody, IgM, EIA	160218
Clinical Pathologies Laboratories (CPL) Measles (Rubeola) antibody, IgM, ELISA	4603
ARUP Measles (Rubeola) antibody, IgM, ELISA	0099597