Public Health Advisory

2nd Measles Case Identified in Clark County

February 6, 2015

Situation:

The Southern Nevada Health District (SNHD) has confirmed a second case of measles in Clark County. This case involves an unimmunized adult male. Both measles cases were acquired in Clark County and have no known link to the measles outbreak associated with Disneyland in Anaheim, California, or to each other. To prevent this from developing into a significant outbreak, it is crucial for healthcare professionals to be vigilant about measles.

For Clinicians:

- ✓ Remember to include measles in your differential diagnoses
- ✓ Prevent measles transmission in your clinic by masking and isolating suspected patients
- ✓ Review patient's susceptibility to measles and counsel and immunize susceptible patients

Detailed Assessment and Diagnostic Guidance for Clinicians:

- Consider measles in patients of any age who have a fever **AND** a rash regardless of their travel histories. Fevers 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.
- If you suspect your patient has measles, have your patient don a surgical mask and isolate the patient immediately (see below). **Alert SNHD at 702-759-1300, option 2** as soon as possible.
- Obtain thorough histories on such patients, including:
  - History of travel or of contact with travelers during the 3 weeks before illness onset
  - Contact with individuals who have febrile rash illness
- Determine your patients' susceptibility to measles, by assessing for:
  - Written documentation of adequate immunization,
  - Laboratory evidence of immunity,
  - Laboratory confirmation of measles, or
  - Patient was born in the US before 1957 (implies history of having had the disease).
- Table 1 presents diagnostic information about acute measles infection.

Table 1. Testing Options for Measles Diagnoses

EIA/ELISA/IFA/IgM	RT-PCR*/viral culture
serum specimen	NP swab or aspirate or OP swab
collect ≥72 hours after rash onset	

*not readily available locally

- Table 2 shows local laboratory testing information. If false negative or false positive test results are suspected, contact SNHD for guidance
- Two options exist for post-exposure prophylaxis:
  1. MMR vaccine can be administered to contacts within 72 hours of exposure (preferred option because it offers durable immunity), or
  2. Measles Immune globulin – intramuscular can be administered up to 6 days after exposure.

Table 2: Local Lab Testing for Measles

Laboratory	Test	Laboratory	Test
Quest		**Clinical Pathologies Laboratories**	
Measles (Rubeola) antibody, IgM, IFA	34256	**(CPL)** Measles (Rubeola) antibody,	4603
Viral culture (write "**suspect Rubeola**" on	181112*	IgM, ELISA	
LabCorp		**ARUP**	
Measles (Rubeola) antibody, IgM, EIA	160218	Measles (Rubeola) antibody, IgM, ELISA	0099597
Viral Culture (Rubeola)	186247	Viral Culture (Rubeola)	0065055

***Please note: This code corrects the code number that was listed incorrectly in the 1/23/2015 Public Health Advisory.**

Recommended Infection Prevention & Control Practices:

- Mask all patients upon facility entry who report signs/symptoms of respiratory or rash illnesses.
- Place signs at clinic entrances to ask patients who think they have measles to wait outside and call first to report their possible infection. Greet patients outside the clinic and proceed with masking and isolation. If possible, schedule suspect measles patients at the end of the day.
- 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. See CDC "Guideline for Isolation Precautions" at: http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html
- Require up to date immunizations for staff and keep updated records on file. 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. If possible, do not allow susceptible staff or visitors in the patient room.
- Regardless of immune status, everyone entering the patient room should use respiratory protection at least as effective as an N95 respirator.
- Do not use the examination room for at least two hours after patient leaves. Record names of staff, patients, and visitors who are in the area during the time the suspect measles patient is in the facility for two hours after the suspect patient leaves.
- Notify any facility where the patient is being referred about the patients' suspect measles status; do not refer suspect measles patients to other locations unless appropriate infection control measures can be implemented. Instruct patients to inform all healthcare providers of the suspicion of measles prior to entering a healthcare facility.
- Educate patients on seriousness of measles, and consequences of being unvaccinated or under-vaccination on the individual and the community. Immunize susceptible patients.

Counsel patients about potential consequences of being unvaccinated or under-vaccinated:

- Measles is one of the most contagious of all infectious diseases; approximately 9 out of 10 susceptible persons with close contact to a measles patient will develop measles.
- A child who is unimmunized or under-immunized (including one with an exemption) will be excluded from school during periods of active measles transmission in his/her school. **Exclusion during a measles outbreak will last until 21 days after the most recent possible exposure, and could extend longer if measles continues to circulate in the child's school.**

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Health Advisory: provides important information for a specific incident or situation; may not require immediate action
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action