

## Cover Sheet

**DATE:** April 29, 2014

**SUBJECT:** Reported Measles Cases on the Rise in the US and  
Abroad

**INSTRUCTIONS:**

***DISTRIBUTE*** to your local HAN contacts. This HAN is intended for general sharing of information. **Remove this cover sheet before redistributing and replace it with your own.**



**For LOCAL HEALTH DEPARTMENT reference only**

DPHHS Subject Matter Resource for more information regarding this HAN, contact:

**DPHHS CDCP  
Epidemiology Section  
1-406-444-0273**

**DPHHS Health Alert Hotline:  
1-800-701-5769**

**DPHHS HAN Website:  
[www.han.mt.gov](http://www.han.mt.gov)**

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**Please ensure that DPHHS is included on your HAN distribution list.**

**Categories of Health Alert Messages:**

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**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.

**Information Service:** passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

**Please call DPHHS to update contact information at 444-0919 or 444-6906**

# Information Sheet

**Date:** April 29, 2014

**Subject:** Reported Measles Cases on the Rise in the US and Abroad

**Background:** Montana's last reported measles cases were in 1990 when six cases were reported from three counties. Recently, over 30 Montanans were informed of potential exposure in relation to Washington state cases. None of these situations resulted in diagnosed cases, but they do illustrate that Montana is not isolated from these other areas.

**Information:** All public health authorities and healthcare providers are asked to be on heightened alert for suspect measles cases due to increasing measles activity occurring in the United States, Canada, California and internationally.

## Recommendations:

### Health Care Providers

- 1) Healthcare providers should consider the diagnosis of measles in any patient with a compatible clinical illness. Patients with measles typically have fever, cough, coryza, conjunctivitis, erythematous maculopapular rash, and sometimes enanthema (Koplik spots). The incubation period for measles from exposure to fever is usually about 10 days (range, 7 to 12 days) and from exposure to rash onset is usually 14 days (range, 7 to 21 days). Healthcare providers should maintain a higher index of suspicion for patients with a recent international travel history, or history of travel to an area of the United States where measles transmission is occurring
- 2) Patients suspected of having measles should be isolated and reported immediately to the local health department. Respiratory (throat, nasopharyngeal or nasal) and urine specimens should be collected in viral transport media for Measles PCR testing and possible viral culture, and serum should be collected for measles IgM & IgG serology testing. If rash has not been present for 48 hours, a second serology specimen might be necessary
- 3) To assist public health agencies, please provide public health officials with information regarding onset of illness, travel history and MMR status if known
- 4) DPHHS encourages all healthcare providers to remind parents of the importance of ensuring children are up-to-date on all childhood immunizations. For prevention of measles, two doses of MMR are recommended routinely for children, with the first dose at age 12–15 months and the second dose at ages 4–6 years (at school entry)
- 5) Please review immunization records of adolescents and adults. For prevention of measles among adults, two doses of MMR are recommended for adults at high risk, including

international travelers, college and other post-high school students, and healthcare personnel born after 1956. All adults born after 1956 and without presumptive evidence of measles immunity should be vaccinated with one dose of MMR vaccine

- 6) Persons who work in healthcare facilities (including volunteers, trainees, nurses, physicians, technicians, receptionists, and other clerical and support staff) are at increased risk of exposure to measles and transmission of measles to patients. All persons who work in healthcare facilities should have presumptive evidence of immunity to measles

Acceptable presumptive evidence of measles immunity includes at least one of the following:

- Written documentation of adequate vaccination: receipt of one or more doses of a measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high risk, and two doses of measles-containing vaccine for school-age children and adults at high risk for exposure transmission (i.e., health care personnel, international travelers, and students at post-high school educational institutions); or
- Laboratory evidence of immunity; or
- Birth before 1957; or
- Laboratory confirmation of past disease

Persons who do not meet the above criteria are considered susceptible and should be vaccinated unless contraindicated.

### Public Health Agencies

- 1) Review suspected measles cases promptly
- 2) Contact DPHHS at 444-0273 to review potential risks and control measures
- 3) Assist with coordination of laboratory testing as needed on suspected cases

### Submission of Specimens on Suspected Cases

Specimens can be sent to the Montana Public Health Laboratory. Please notify the Montana Public Health Laboratory at 1-800-821-7284 before submitting specimens or for questions concerning specimen collection and transport. Public health officials will follow-up to collect additional information as necessary, particularly immunization status and whether the patient had recent travel or out-of-state or out-of-country visitors.

For additional information and immunization recommendations for all populations refer to the Advisory Committee on Immunization Practices (ACIP) recommendations on the Centers for Disease Control and Prevention website: [www.cdc.gov](http://www.cdc.gov).