

NJLINCS Health Alert Network
Public Health Alert

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Subject: Confirmed Measles Case in Passaic County
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Attachments: None

The New Jersey Department of Health (NJDOH) is working with the City of Paterson, Division of Health to investigate a second laboratory-confirmed case of measles in New Jersey. This individual is a 7 month-old unvaccinated infant from Passaic County who developed a rash illness on January 21st and had recent international travel. This case is unrelated to the recently reported case of measles in a Hudson County adult male who was also exposed while traveling internationally.

The NJDOH is working with the local health department to identify and notify people who might have been exposed to this child during the time the child was infectious. To date, no associated cases have been identified. Persons exposed could develop symptoms as late as February 15th, 2017. For exposure details, please see the NJDOH press release issued yesterday (<http://www.nj.gov/health/news/>) or the NJDOH Measles Website (<http://www.nj.gov/health/cd/measles/index.shtml>).

Individuals who might have been exposed are urged to contact their healthcare providers to discuss their exposure and risk of developing illness. Anyone who develops symptoms consistent with measles is urged to call their healthcare provider BEFORE going to the medical office or emergency room so that special arrangements can be made to minimize exposure in the healthcare setting.

All healthcare personnel should have documented evidence of measles immunity on file at their work location. Having high levels of measles immunity among healthcare personnel and such documentation on file minimizes the work needed in response to measles exposures, which cannot be anticipated. Healthcare facilities should review their current policies regarding acceptable proof of immunization for healthcare personnel. Please view the MMWR for the ACIP/CDC current recommendations: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html>

For more information and for Measles Exposure Guidance pertaining to clinical staff and the general public, please visit <http://www.nj.gov/health/cd/measles/index.shtml>

The NJDOH continues to urge providers to remain vigilant for cases of measles (consider measles in persons who present with fever and rash) and would like to remind all healthcare and public health professionals about the importance of receiving up-to-

date immunizations, especially prior to international travel.

Measles Overview

Measles is a highly contagious disease that is transmitted by respiratory droplets and airborne spread. The disease can result in severe complications, including pneumonia and encephalitis. The incubation period for measles ranges from 7 to 21 days. Individuals are infectious 4 days before and after rash onset. The diagnosis of measles should be considered in any person with a generalized maculopapular rash, fever, and cough, coryza, or conjunctivitis. Immunocompromised patients and patients who are not fully immune may have an atypical presentation.

Recommendations

Healthcare providers should maintain vigilance for measles importations and have a high index of suspicion for measles in persons with a clinically compatible illness who have traveled abroad or who have been in contact with travelers. Measles is endemic in many countries, including popular travel destinations. Providers should assure that persons who are traveling outside the U.S. have appropriate documented immunity to measles.

Before any international travel:

- Infants 6 through 11 months of age should receive one dose of MMR vaccine. Infants who get one dose of MMR vaccine before their first birthday should get two more doses (one dose at 12 through 15 months of age and another dose separated by at least 28 days)
- Children 12 months of age and older should receive two doses of MMR vaccine, separated by at least 28 days
- Teenagers and adults who do not have evidence of immunity against measles should get two doses of MMR vaccine separated by at least 28 days

Suspected measles cases should be reported immediately to the local health department, and serologic and virologic specimens (throat/nasopharyngeal swabs and urine) should be obtained for measles virus detection and genotyping. A viral specimen is preferable to serology in vaccinated individuals. Laboratory testing should be conducted in the most expeditious manner possible. More information regarding measles testing is available at <http://www.nj.gov/health/cd/measles/techinfo.shtml>

Preventing Transmission in Health Care Settings

To prevent transmission of measles in health care settings, airborne infection control precautions (available at <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.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.

All healthcare personnel should have documented evidence of measles immunity on file at their work location. Having high levels of measles immunity among healthcare personnel and such documentation on file minimizes the work needed in response to measles exposures, which cannot be anticipated.

As an added precaution, hospital Emergency Departments are encouraged to provide signage which directs staff and/or patients to identify anyone presenting with fever and rash.

In Summary

- 1) When obtaining the medical history of a patient with a febrile rash illness consistent with measles, please inquire as to whether the person traveled to an area visited by this confirmed case of measles.
- 2) Report all suspect measles cases (febrile illness accompanied by generalized maculopapular rash) immediately (DO NOT WAIT FOR LABORATORY CONFIRMATION) to the local health department. If unable to reach the local health department, notify the NJDOH during regular business hours at (609) 826-5964. After business hours, or on the weekend, call NJDOH at (609) 392-2020.
- 3) Place all patients with suspected measles in airborne isolation immediately.
- 4) Obtain clinical specimens for diagnostic testing from blood (for both IgM and IgG to measles), urine, nasopharyngeal aspirates/throat swabs.
- 5) Determine the immune status of contacts. Offer measles vaccine or immune globulin to susceptible exposed contacts as appropriate. Quarantine contacts who cannot produce documentation of immunity from day 5 through day 21 following exposure.
- 6) Assure that all those eligible for MMR vaccine receive appropriate and timely vaccination.

Additional information is available:

NJDOH website at: <http://www.nj.gov/health/cd/measles/techinfo.shtml>

Centers for Disease Control and Prevention website at:

<http://www.cdc.gov/measles/index.html>

IMPORTANT NOTE: Please do not use reply feature of your email system.

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