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NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs *for all*
Department of Health and Human Services

Multi-State Measles Outbreak & Influenza Update, March 2015

Key Points and Recommendations:

- Healthcare providers should remain aware of an ongoing multistate outbreak of measles and should ensure their patients are appropriately vaccinated. There has not been a confirmed case of measles in New Hampshire since 2011, but risk for importation exists.

- Influenza activity is still widespread in the state of New Hampshire and the initial symptoms of influenza and measles can be similar. Providers should be aware that the CDC has been notified of a small number of laboratory-confirmed influenza B infections in persons presenting with a maculopapular rash and suspect measles infection, but measles testing has been negative.

- Healthcare providers should consider testing for influenza and/or measles in persons presenting with a consistent clinical syndrome of an influenza-like illness or a syndrome of fever, cough, conjunctivitis, and coryza (the three "C"s, as can be seen with measles), followed by development of a maculopapular rash. Measles testing should be performed in any person presenting with a compatible clinical syndrome especially those with a travel or exposure history within 21 days of symptom onset.

- Healthcare facilities should immediately ensure that all employees have documentation of 2 doses of live MMR vaccine or evidence of immunity based on serology testing. Birth before 1957 is NOT considered adequate evidence of presumptive immunity in healthcare workers.

- Suspect measles cases should be isolated and immediately reported to NH DPHS at 271-4496 (after hours 1-800-852-3345 ext.5300).

- To test for measles, the following specimens should be obtained and submitted to NH Public Health Laboratories:
    - Oropharyngeal, nasopharyngeal, or nasal swab for polymerase chain reaction (PCR)
    - Serum for IgM serology

Background:
See the following links for updates on seasonal influenza activity in New Hampshire and the United States, and the national measles outbreak:
http://www.cdc.gov/flu/weekly/fluactivitysurv.htm
http://www.dhhs.nh.gov/dphs/cdcs/influenza/activity.htm

http://www.cdc.gov/measles/multi-state-outbreak.html
The CDC also hosted a Clinician Outreach and Communication Activity (COCA) Webinar on Measles on February 19th. The webinar, slides, and transcript can be found at the following link for review. Some key points from the Webinar and Q&A time are outlined below:

http://emergency.cdc.gov/coca/calls/2015/callinfo_021915.asp

Clinical Manifestations of Measles:
The incubation period after exposure to measles is typically 10-14 days, but can be as long as 21 days. Symptoms of infection begin with a prodrome of cough, conjunctivitis, coryza (runny nose), and fever. In some but not all cases, Koplik's spots appear on the oral mucosa after the prodrome begins and before the rash. Approximately 3-5 days after onset of symptoms, a maculopapular rash usually begins on the face and extends to the body and eventually to the extremities. The rash lasts about 5 days before clearing.

Transmission of Measles:
Patients with measles are contagious from several days before to several days after onset of the rash. Measles is highly contagious and is spread by the airborne route through contact with respiratory droplets from an infected person. Measles can live for up to 2 hours on the surface or in the air, even after a person infected with measles has left the room. Up to 90% of close contacts to an infected person who are not immune will contract infection.

Vaccination:
The current recommendation is for all school aged children in kindergarten through grade 12 to receive two doses of MMR vaccine spaced at least 28 days apart. The first dose of MMR vaccine is routinely given between 12-15 months of age. Adults at high risk for exposure and transmission of measles should also receive two doses of MMR vaccine; this includes students in school housing, healthcare workers, and international travelers. All other adults should receive at least one dose of MMR vaccine. Educators and staff at residential educational institutions should have at least one dose of MMR vaccine. More intensive/aggressive approaches to ensure that college employees are vaccinated or show evidence of immunity (similar to that described for healthcare workers and residential students) is not recommended at this time.

In the event of a confirmed case of measles in New Hampshire, the Division of Public Health Services will work with the affected communities to perform contact tracing and control.

Healthcare Providers and Institutions:
Healthcare institutions should consider using existing systems to screen patients prior to presentation at a healthcare facility for a measles-consistent clinical syndrome (febrile rash) along with any pertinent international travel, or potential exposure to measles cases in the U.S. If concern exists for measles, evaluation should be conducted under airborne infection isolation and the DPHS should be contacted immediately. If airborne infection isolation is not available, the patient should be placed in a private room with the door closed and should be asked to wear a surgical mask. All healthcare workers entering the patient room should use respiratory precautions consistent with airborne infection isolation (N95, PAPR, etc), regardless of provider immune status due to the highly infectious nature of measles and a very low (but not zero) possibility of vaccine failure.

To prevent disease and transmission in healthcare settings, healthcare institutions should ensure that all employees have documentation of adequate vaccination against measles or other acceptable evidence of immunity BEFORE any known exposure situation occurs. Healthcare workers can be assumed to have immunity if they have 1.) documentation of two doses of live measles virus containing vaccine spaced at least 28 days apart, or 2.) laboratory evidence of immunity by serological testing. Birth before 1957 is NOT considered a criterion to

ensure immunity in healthcare workers. Nonimmune healthcare workers should be vaccinated See the most recent ACIP MMR vaccine recommendations for further details: http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf

While this national measles outbreak raises awareness and requires vigilance for clinicians to recognize measles, active screening and vaccination beyond the national guidelines are not recommended or necessary at this time. More aggressive measures may be appropriate in the setting of a local outbreak, but any additional prevention and control measures will be made at that time in coordination with the NH DPHS.

Lab Requisition and Specimen Collection Instructions:
http://www.dhhs.nh.gov/dphs/lab/labrequisitions.htm

Additional Information:
http://emergency.cdc.gov/han/han00376.asp

For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345 ext.5300).

To change your contact information in the NH Health Alert Network, contact Denise Krol at 603-271-4596 or email Denise.Krol@dhhs.state.nh.us

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Attachments: None