



Health Alert Network

Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

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John M. Douglas, Jr., M.D. Executive Director

The pages that follow contain information critical to protecting the health of your patients and the citizens of Colorado.

HAN ADVISORY

Number of pages including cover: 4

Subject: **Advisory - Increased measles activity across the U.S. 2019 - April 29, 2019**

Message ID: 4/29/2019 2:30:00 PM

Recipients: HAN Community Members.

From: TRI-COUNTY HEALTH DEPARTMENT

Adams, Arapahoe and Douglas County, Colorado

Recipient Instructions: **Tri-County Health Department is forwarding you the attached HAN. You may have already received this broadcast if you are on the CDPHE distribution list, however, we wanted to ensure you did not miss this important information. No response is required.**

This information is for the public health and health care community. Do not post this document on a public web or social media site.

You have received this message based upon the information contained within our Health Alert Network Notification System. If you have a different or additional e-mail or fax address that you would like us to use, or if you have additional questions, call 720-200-1477.

Categories of Health Alert Network 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.

Info Service/Public Health Brief: Provides general information that is not necessarily considered to be of an emergent nature.

HAN Recipients:

Due to changes to the Health Alert Network system at the Colorado Department of Public Health & Environment Office of Emergency Preparedness and Response (CDPHE), Tri-County Health Department will no longer be able to post all sent HAN messages to our website. CDPHE has begun adding to their HAN messages that these messages are only for public health and health care community members and are asking for us not to post HAN documents on public websites or social media sites. TCHD will continue to post any HAN messages from CDPHE as they allow, and will continue posting our own Quarterly Infectious Disease Tidbit newsletters and other HAN messages that Tri-County Health Department develops internally. If you are unable to open the PDF email attachment or do not receive all faxed pages of a HAN message, please contact Julie Ross at jross@tchd.org or 720-200-1477 in order to receive another transmission of the message.



COLORADO
Department of Public
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

HEALTH ALERT NETWORK BROADCAST

MESSAGE ID: 04292019 10:20

FROM: CO-CDPHE

SUBJECT: HAN Advisory - Increased Measles activity across the U.S., 2019

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians

RECIPIENT INSTRUCTIONS: Local Public Health Agencies - please forward to health care providers. This information is for the public health and health care community. Do not post this document on a public web or social media site

HEALTH ADVISORY | Increased measles activity across the U.S., 2019 | April 29, 2019

Health care providers: Please distribute widely in your office

This information is for the public health and health care community. Do not post this document on a public web or social media site.

Key points

- As of April 26, 2019, 704 cases of measles have been reported nationwide during 2019. This is the greatest number of cases reported in the U.S. since measles was eliminated in 2000. Colorado had one measles case during January 2019, but additional cases and outbreaks are likely if measles is introduced into unvaccinated Colorado communities.
- Large outbreaks are ongoing in New York State, New York City, Washington State, New Jersey, California and Michigan. To date, 22 states have had at least one case of measles this year.
- Patients with symptoms compatible with measles (respiratory illness and fever and rash) should be evaluated for measles and asked about recent travel inside and outside the U.S., and their immunization status. Report suspect cases immediately by phone to local public health or CDPHE.
- Providers should evaluate the immunization status of pediatric and adult patients and ensure they are up to date with recommended MMR vaccine.

Background information

As of April 26, 704 cases of measles have been reported nationwide during 2019, with outbreaks currently ongoing in New York State (Rockland County), New York City (NYC), Washington State, New Jersey, California, and Michigan. This is the greatest number of cases reported in the U.S. since measles was eliminated in 2000. Cases have been reported in 22 states during 2019.

These outbreaks are linked to travelers who brought measles back from other countries such as Israel, Ukraine, and the Philippines, where large measles outbreaks are occurring. Globally, the World Health Organization (WHO) reports that preliminary data from April 15 show reported measles cases rose by 300% in 2019 compared to the same period during

2018. The contagious nature of measles coupled with global travel and the introduction of measles virus into U.S. communities with low vaccination rates have contributed to the spike in U.S. cases.

During 2019, Colorado has reported one measles case during January in a person who traveled abroad and who had an unknown immunization status. No additional cases were reported. Given the multiple ongoing measles outbreaks in the U.S. and abroad, there is a high likelihood of additional measles cases in Colorado this year.

Recommendations / guidance

Health-care providers should maintain a high suspicion for measles among patients with a generalized maculopapular rash and a fever, especially if accompanied by cough, coryza, or conjunctivitis (immunocompromised patients may exhibit an atypical rash or no rash). Patients with clinical symptoms compatible with measles should be asked about recent travel (both within and outside the United States) and contact with returning travelers, and their vaccination status should be verified.

Patients suspected of having measles should be immediately reported to the local public health agency or CDPHE (303-692-2700 or after-hours call: 303-370-9395).

Testing

Public health recommends collecting a nasal wash, throat (oropharyngeal) or NP (nasopharyngeal) swab for measles PCR testing and a serum specimen (red top tube or separator tube) for measles IgM testing on patients with symptoms compatible with measles, especially if they are unvaccinated or recently traveled outside of Colorado. Specimens from highly suspect cases may be referred to the CDPHE laboratory for testing. Specimen collection instructions guidelines can be found on this page:

<https://www.colorado.gov/pacific/cdphe/measles>

Infection control

As the measles virus can spread to many patients in health care settings, suspected measles patients (i.e., people with febrile rash illness) should be removed from emergency department and clinic waiting areas as soon as they are identified and appropriately isolated (i.e., in an airborne isolation room or, if not available, in a separate room with the door closed). Only health care providers with presumptive evidence of measles immunity should have contact with the patient. Do not use the clinic room for other patients until 2 hours after the suspect patient has left the room.

Current recommendations state that for health care personnel, presumptive evidence of measles immunity includes two documented doses of MMR vaccine or serologic evidence of immunity to measles (i.e., a positive measles IgG titer). Health care personnel without evidence of immunity to measles may be excluded from work if they are exposed.

Vaccination

Children in the United States routinely receive two doses of measles-containing vaccine (either MMR or MMRV), one at 12-15 months and a second at 4-6 years, but the second dose can be given as early as four weeks after the first dose. While two doses of MMR or MMRV vaccine is highly effective in preventing disease, the measles virus is extremely contagious and at least 95% vaccination coverage with two doses of vaccine is needed every year in every community to

prevent outbreaks. Measles continues to be a risk to those who choose not to be vaccinated and a risk to infants and children too young to receive vaccine.

Adults who received at least one dose of LIVE measles virus-containing vaccine (MMR) on or after their first birthday should be protected against measles, but people in certain high-risk groups such as health care professionals, students at colleges and universities, and those who plan to travel internationally should have two doses or other evidence of measles immunity. For people with compromised immune systems, all family and other close contacts who are 12 months of age or older should receive two doses of MMR vaccine unless they have other evidence of measles immunity. People who were vaccinated prior to 1968 with either inactivated (killed) measles vaccine or measles vaccine of unknown type should be revaccinated with at least one dose of live, attenuated measles vaccine (MMR). A killed measles vaccine, which was available in 1963-1967, was not as effective. People born before 1957 are likely to have been infected naturally and therefore are presumed to be protected against measles, mumps, and rubella. However, if someone born before 1957 belongs to certain high-risk groups, they may need MMR vaccine or other proof of immunity.

Healthcare providers should assess all people traveling abroad or to areas in the U.S. with ongoing measles outbreaks to determine their need for measles vaccination:

- Infants 6-11 months of age should receive one dose of MMR prior to traveling abroad. One dose of MMR may also be considered for infants traveling to NYC or other areas in the U.S. with ongoing measles outbreaks.
- People \geq 12 months of age without evidence of measles immunity (birth before 1957, or physician-diagnosed measles, or serologic evidence of immunity) should have two doses (at least one month apart) of MMR or MMRV prior to traveling abroad.

For more information

- For more information, contact CDPHE at (303) 692-2700 or visit <https://www.colorado.gov/pacific/cdphe/measles>
- CDPHE Disease Reporting Line: 303-692-2700 or 303-370-9395 (after hours)

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Jared Polis, Governor | Jill Hunsaker Ryan, MPH, Executive Director

