



Public Health Advisory
Imported Measles Case Identified in Clark County
December 26, 2018

Situation:

The Southern Nevada Health District (SNHD) has confirmed a case of measles in a local resident. This is the first reported case of measles in Clark County since 2015. This illness was acquired out of the country. The resident was in Clark County during the infectious period and may have inadvertently exposed other people from December 10 through December 18, 2018.

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.
- Obtain a thorough history on such patients, including:
 - Travel outside of Clark County or contact with travelers in the previous three weeks.
 - Prior immunization for measles.
- If you suspect your patient has measles, **isolate** the patient immediately (see below) and alert SNHD at 702-759-1300, option 2, as soon as possible. The risk of transmission to others and the need for large contact investigations can be reduced if control measures are implemented immediately. There are two options for post-exposure prophylaxis:
 - MMR vaccine can be administered to contacts within 72 hours of exposure (preferred option because it offers durable immunity)
 - Measles Immune globulin – can be administered up to six days after exposure (SNHD does not carry IG).
- The diagnosis of acute measles infection can be made by detecting IgM antibody to measles in a single serum specimen. Measles IgM antibody tests are available from multiple clinical laboratories (Table). It is recommended that serologic tests be collected ≥ 72 hours after rash onset to prevent initial false negative test results. If false negative or false positive test results are suspected, contact SNHD for assistance with additional confirmatory lab testing. The measles virus can be detected in a respiratory specimen (NP swab, aspirate, or throat swab) or a urine specimen by viral culture or by RT-PCR testing. RT-PCR testing is not readily available locally, however viral culture is available at several local laboratories (Table).

If measles is suspected:

- Mask suspect measles patients immediately. If a surgical mask cannot be tolerated, other practical means of containment should be used (e.g., place a blanket loosely over the heads of infants and young children when they are in the waiting room or other common areas).
- 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. For additional

infection control information, please see the CDC “Guideline for Isolation Precautions” at: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

- If possible, allow only healthcare personnel with documentation of 2 doses of live measles vaccine or lab evidence of immunity (measles IgG positive) to enter the patient’s room.
- Regardless of immune status, all healthcare personnel entering the patient room should use respiratory protection at least as effective as an N95 respirator.
- If possible, do not allow susceptible visitors in the patient room.
- Do not use the exam room for at least 2 hours after the possibly infectious patient leaves.
- If possible, schedule suspect measles patients at the end of the day.
- Notify any location where the patient is being referred for additional clinical evaluation or lab testing about the patient’s suspect measles status and do not refer suspect measles patients to other locations unless appropriate infection control measures can be implemented at those locations.
- Instruct suspect measles patients and exposed persons to inform all healthcare providers of the possibility of measles prior to entering a healthcare facility so that appropriate infection control precautions can be implemented.
- Advise patients with suspected measles to stay home with no visitors until at least four days after rash onset and/or until cleared by SNHD to resume normal activities. Patients should go home by private vehicle, not take public transportation.
- Make note of the staff and other patients who were in the area during the time the suspect measles patient was in the facility and for one hour after the suspect case left. If measles is confirmed in the suspect case, exposed people will need to be assessed for measles immunity.

Table: Lab Testing for Measles

<u>Lab: Test (Source)</u>	<u>Test Code</u>
Quest Measles (Rubeola) antibody, IgM IFA Measles (Rubeola) antibody, IgG, IgM Viral Culture (Rubeola)	34256 34166 689
LabCorp Measles (Rubeola) antibody, IgM EIA Viral Culture (Rubeola)	160218 186247
Clinical Pathologies Laboratories (CPL) Measles (Rubeola) antibody, IgM, ELISA Viral Culture (Rubeola)	4603 388800
ARUP Measles (Rubeola)antibody, IgG, IgM ELISA Viral Culture (Rubeola)	0050375 0065055



Joseph P. Iser, MD, DrPH, MSc
Chief Health Officer
Southern Nevada Health District

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

280 S Decatur Ave. P.O. Box 3902, Las Vegas, NV 89127 • phone (702)759-1000 www.southernnevadahealthdistrict.org