

Cover Sheet

DATE: June 23, 2011

SUBJECT: Reported Measles Cases on the Rise in the US

INSTRUCTIONS:

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**For LOCAL HEALTH
DEPARTMENT reference only**

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

**Epidemiology
406-444-0273**

**Immunization
406-444-5580**

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

**DPHHS HAN Website:
www.han.mt.gov**

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

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

Information Sheet

Date: June 23, 2011

Subject: Reported Measles Cases on the Rise in the US

Information:

Montana's last reported measles cases were in 1990 when six cases were reported from three counties. With increasing measles activity occurring in the United States (see attached CDC Health Advisory), all public health authorities and healthcare providers are asked to be on heightened alert for suspect measles cases.

- 1) Patients examined who have a rash illness that meets the clinical case definition, described in the attached CDC note, should be isolated and reported immediately to the local health department. Specimens should be collected for serology testing for measles IgM & IgG plus urine and throat cultures for virus confirmation and genotyping.
- 2) Patients presenting with a rash illness consistent with measles but who may not fully meet the clinical case definition should be reported immediately to the local health department. Specimens should be collected for serology testing for measles IgM & IgG to rule out measles infection.

Specimens may be sent to the Montana Public Health Laboratory. Please notify the Montana Public Health Laboratory at 1-800-821-7284 prior to submitting specimens or for questions concerning specimen collection and transport.

Public health officials will follow-up to collect additional information, particularly immunization status and whether that patient had recent travel or visitors from out-of-state or out-of-country.

Given the recent increase, DPHHS encourages all providers to remind parents of the importance of ensuring that children are up to date on all childhood immunizations, including at least one dose of MMR vaccine at 12-15 months of age, with a second dose recommended at 4-6 years of age.

Please review immunization records of adolescents and adults as well to ensure that they have received the two recommended doses of MMR vaccine. College students, international travelers, and healthcare personnel are at increased risk and should be appropriately immunized or should have evidence of immunity.

Please refer to the Advisory Committee on Immunization Practices (ACIP) recommendations on the Centers for Disease Control and Prevention website, www.cdc.gov, for additional information and immunization recommendations for all populations.

This is an official
CDC Health Advisory

Distributed via Health Alert Network
June 22, 2011, 16:00 EST (04:00 PM EST)
CDCHAN-00323-11-06-22-ADV-N

High Number of Reported Measles Cases in the U.S. in 2011—Linked to Outbreaks Abroad

Summary and Background

The United States is experiencing a high number of reported measles cases in 2011, many of which were acquired during international travel. From January 1 through June 17 this year, 156 confirmed cases of measles were reported to CDC. This is the highest reported number since 1996. Most cases (136) were associated with importations from measles-endemic countries or countries where large outbreaks are occurring. The imported cases involved unvaccinated U.S. residents who recently traveled abroad, unvaccinated visitors to the United States, and people linked to these imported cases. To date, 12 outbreaks (3 or more linked cases) have occurred, accounting for 47% of the 156 cases. Of the total case-patients, 133 (85%) were unvaccinated or had undocumented vaccination status. Of the 139 case-patients who were U.S. residents, 86 (62%) were unvaccinated, 30 (22%) had undocumented vaccination status, 11 (8%) had received 1 dose of measles-mumps-rubella (MMR) vaccine, 11 (8%) had received 2 doses, and 1 (1%) had received 3 (documented) doses.

Measles was declared eliminated in the United States in 2000 due to our high 2-dose measles vaccine coverage, but it is still endemic or large outbreaks are occurring in countries in Europe (including France, the United Kingdom, Spain, and Switzerland), Africa, and Asia (including India). The increase in measles cases and outbreaks in the United States this year underscores the ongoing risk of importations, the need for high measles vaccine coverage, and the importance of prompt and appropriate public health response to measles cases and outbreaks.

Measles is a highly contagious, acute viral illness that is transmitted by contact with an infected person through coughing and sneezing. After an infected person leaves a location, the virus remains contagious for up to 2 hours on surfaces and in the air. Measles can cause severe health complications, including pneumonia, encephalitis, and death.

Recommendations for Health Care Providers

- Ensure all patients are up to date on MMR vaccine* and other vaccines.
- For those who travel abroad, CDC recommends that all U.S. residents older than 6 months be protected from measles and receive MMR vaccine, if needed, prior to departure.
 - Infants 6 through 11 months old should receive 1 dose of MMR vaccine before departure.[†]
 - Children 12 months of age or older should have documentation of 2 doses of MMR vaccine (separated by at least 28 days).
 - Teenagers and adults without evidence of measles immunity** should have documentation of 2 appropriately spaced doses of MMR vaccine.
- Consider measles as a diagnosis in anyone with a febrile rash illness lasting 3 days or more, a temperature of 101°F (38.3°C) or higher, and clinically compatible symptoms (cough, coryza, and/or conjunctivitis) who has recently traveled abroad or who has had contact with someone with a febrile rash illness. Immunocompromised patients may not exhibit rash or may exhibit an atypical rash. 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).

- Isolate suspect measles case-patients and immediately report cases to local health departments to ensure a prompt public health response.
- Obtain specimens for testing, including viral specimens for confirmation and genotyping.

* Children 1 through 12 years of age may receive MMRV vaccine for protection against measles, mumps, rubella, and varicella; however, MMRV vaccine is currently unavailable.

† Infants who receive a dose of MMR vaccine before their first birthday should receive 2 more doses of MMR vaccine, the first of which should be administered when the child is 12 through 15 months of age and the second at least 28 days later.

** One of the following is considered evidence of measles immunity for international travelers: 1) birth before 1957, 2) documented administration of 2 doses of live measles virus vaccine (MMR, MMRV, or measles vaccines), 3) laboratory (serologic) proof of immunity, or 4) documentation of physician-diagnosed measles.

For more information:

- CDC. [Measles among Unvaccinated U.S. Residents Aged 6–23 Months Who Have Traveled Outside the United States, 2001–2011](#). MMWR. 2011;60:397–400.
- CDC. [Measles—United States, January–May 20, 2011](#). MMWR. 2011;60:666–8.
- CDC. [Notes from the Field: Measles Outbreak—Hennepin County, Minnesota, February–March 2011](#). MMWR. 2011;60:421.
- CDC’s [Measles \(Rubeola\)](#) website
- CDC’s [Measles Vaccination](#) website
- CDC’s Travelers’ Health: [In the News, 2011 Measles Update](#)
- Medscape Today: [CDC Expert Commentary: Measles: What You Might Not Know](#) Recognizing, diagnosing, and preventing measles (running time: 5:20 mins)

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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