

OFFICIAL COMMUNICATIONS

St. Clair County Health Department

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TO: St. Clair County Providers, Hospital ICPs, Emergency Departments, ED Physicians Walk-in Clinics LTC Facilities

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ST. CLAIR COUNTY HEALTH DEPARTMENT ADVISES INCREASED SURVEILLANCE FOR MEASLES

Michigan public health officials are continuing to respond to an increase in confirmed measles cases in Southeast Michigan. The Michigan Department of Health and Human Services (MDHHS) announced that, to date, 22 cases of measles have been confirmed since the first case became ill on March 10, 2019. That individual arrived in Michigan after having spent time in New York City, the site of an ongoing outbreak in the Orthodox Jewish community. No deaths or hospitalizations have been associated with the Michigan outbreak. To date, all of the Michigan cases have been residents of Oakland and Wayne counties.

"MDHHS Vaccine Preventable Disease Investigation Guidelines for Measles" can be accessed online when entered into the search bar in your browser or at https://www.michigan.gov/mdhhs/0,5885,7-339-71550 5104 53072 53073---,00.html

Measles Information:

- Measles is transmitted by airborne particles, droplets, and direct contact with the respiratory secretions of an infected person;
- Measles virus can remain infectious in the air for up to two hours after an infected person leaves an area;
- Symptoms usually appear 10 to 12 days after exposure to measles, and in some cases, symptoms can start as early as seven days or as late as 21 days following exposure;
- Early symptoms include fever, cough, runny nose, and red, watery eyes;
- Koplik spots, small, white spots (often on a reddened background) occur on the inside of the cheeks early in the course of measles.
- Rash and fever are the defining symptoms of measles and usually occur four days following the early symptoms. The rash usually starts on the face and proceeds down the body and can persist for several days;
- Infected individuals are contagious from four days before rash onset through the fourth day after rash appearance;
- Any susceptible (unvaccinated) person can contract the measles;
- People at high risk for severe illness and complications from measles include:
 - Infants and children aged younger than 5 years
 - Adults aged 20 years or over
 - Pregnant women
 - People with compromised immune systems, such as from leukemia and HIV infection

Measles Prevention:

- Promote routine vaccination with MMR vaccine. One dose of MMR vaccine is approximately 95% effective at preventing measles; two doses are approximately 97% effective;
- Recognize that there are large outbreaks of measles in Europe and Israel, as well as in countries in South America, Africa, and Asia;

- Promote MMR vaccination for travelers to these regions.
- Adequate vaccination of persons who travel outside the U.S. is two doses of MMR.
- Inquire about travel history from presenting patients.
- Infants aged 6 through 11 months should also be vaccinated with one dose of MMR prior to international travel;

Clinical Response to Suspect Cases:

When a patient presents with symptoms that are clinically-compatible with measles, control measures should be implemented immediately without waiting for lab results to be available.

When patients make appointments for rash illness with fever and potential exposure to measles they should be presumed to be infected with measles (regardless of any pending laboratory confirmation). Consider:

- Meeting the patient in the car when they arrive and providing a mask;
- Advising the patient to enter the clinic through an alternate entrance and placing the patient immediately into an exam room to avoid exposing other patients. Note: Exam rooms should not be used for other patients for at least two hours after the measles suspect leaves because the measles virus can live for up to two hours in an airspace where an infected person coughed or sneezed;
- Clinicians are advised to take the following actions in assessing patients with significant fever, cough, coryza, and/or conjunctivitis and presenting with a macular/papular body rash:
 - o Isolate the patient immediately use a negative pressure room if available;
 - Avoid exposure to other patients;
 - Assess patient's immunization history
 - Only doses of vaccine with written documentation of the date of receipt should be accepted as valid. Self-reported doses or a parental report of vaccination is not considered adequate documentation.
 - Assess patient's risk factors including recent travel or recent contact with person(s) having febrile rash illness;
 - Obtain serum for measles IgM and a throat swab for measles PCR (the latter to be collected with a synthetic swab and placed in viral transport medium);
 - Infected people should be isolated for four days after they develop a rash; airborne precautions should be followed in healthcare settings;
 - o Report suspect cases to the local health department immediately.

Laboratory Testing:

Clinicians are advised to include measles in their differential diagnosis for any patients presenting with clinically compatible symptoms with residence or history of travel to Southeast Michigan or any area experiencing active measles transmission.

All testing must be coordinated through St. Clair County Health Department, who will work with the MDHHS to facilitate testing.

Vaccine Availability:

There are no shortages with MMR vaccine.

Occupational Health

Health Care Providers should have evidence of immunity to measles which includes:

- Written documentation of vaccination with 2 doses of live measles or MMR vaccine administered at least 28 days apart, or:
- Laboratory evidence of immunity, or;
- Laboratory confirmation of disease.

More information about Health Care evidence of immunity will be posted at www.Michigan.gov/MeaslesOutbreak

Measles Specimen Collection Instructions:

The MDHHS Bureau of Laboratories (BOL) performs PCR on throat and nasopharyngeal specimens and measles IgM antibodies on serum. To request testing a DCH-0583 test requisition form must be completed.

https://www.michigan.gov/mdhhs/0,5885,7-339-71551 2945 5103 5278-14806--,00.html

- When requesting Measles IgM please also request Rubella IgM.
- Measles PCR is not on the test form. Please write in measles PCR in the other box under virology section of form.

SPECIMEN PACKAGING:

Request shipping unit 45 at https://www.michigan.gov/documents/dch-0568 7396 7.pdf

Specimen type for PCR: Dacron tip with an aluminum or plastic shaft eluted in 3 ml viral transport medium in a plastic container.

Specimen type for IgM serology: 1 ml serum

- 1. Primary container (NP or throat swab placed in viral transport media or a serum sample).
 - a. Ensure cap is securely tightened
 - b. Parafilm cap to prevent leakage
 - c. Must be labeled properly with patient's first and last name and another unique patient identifier
- 2. Place absorbent material around primary container (enough to be able to drink up all the fluid if the whole container spilled out)
- 3. Place primary container (with absorbent material) in secondary bag and seal.
- 4. Keep serum and swab specimens refrigerated until ready to send to the state laboratory. Specimens must be transported at refrigerated temperatures (or on cold packs).
- 5. When ready to send to the state laboratory, place test requisition on outside of secondary container
 - a. Some secondary container bags have a separate outer pouch for the test requisition
 - b. Do NOT place the test requisition in with the same bag as the specimen.
- 6. Please make sure outside container is labelled "Refrigerate upon receipt".
- 7. Place secondary container in outside container (many times it is a cooler in the courier car).

For Category B shipping and packaging instructions via FedEx or UPS or US Postal Service https://www.michigan.gov/mdhhs/0,5885,7-339-71551 2945 5103 5278---,00.html

Call SCCHD with questions or to report suspect cases (810) 987-5300 during regular business hours. Refer to the "After Hours Emergency Contact List" or www.scchealth.co for afterhours contact.