



Nebraska Department of Health and Human Services
HEALTH ALERT NETWORK
 Update

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 DEPT. OF HEALTH AND HUMAN SERVICES



March 27, 2017

To: Nebraska Healthcare Providers and Public Health Professionals

RE: Additional exposure identified from confirmed case of Measles with exposures in Omaha, Papillion, and La Vista

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Continued investigation of a measles case reported in eastern Nebraska has identified an additional exposure location (below).

***Strategic Air Command
 & Aerospace (SAC) Museum, Ashland***

March 13, 2017 (8:00am-2pm)

The Nebraska Department of Health and Human Services, Sarpy/Cass Department of Health & Wellness, and Douglas County Health Department continue to investigate exposures relating to a confirmed case of measles. Persons who have been identified at these locations are being contacted, but not all individuals are known. Previously reported exposures are listed below.

Delta flight 798 from Minneapolis to Omaha	March 12, 2017 (8:00pm-10:30pm)
Eppley Airfield South Terminal, Omaha	March 12, 2017 (10:30pm – 1:30am)
Eppley Airfield South baggage claim, Omaha	March 12, 2017 (10:30pm – 1:30am)
Hampton Inn, 12331 Southport Pkwy La Vista	March 12, 2017 – March 17, 2017
Urgent Care of Papillion, S 73rd Plaza	March 15, 2017 (6:00pm – 8:30pm)
CHI Urgent Care, S 96th St La Vista	March 15, 2017 (7:00pm – 10:00pm)
Bergan Mercy Hospital ED, Omaha	March 15, 2017 (8:30pm – 12:00am)

Health care providers should report rash/fever illness in patients with exposures to the above venues immediately to the Nebraska Department of Health and Human Services at (402) 471-6450, or your local health department.

- **Consider measles** in patients of any age who have a **fever AND a rash**. Fever can spike as high as 105°F. Measles rashes are red, blotchy and maculopapular and typically start on the hairline and face and then spread downwards to the rest of the body.
- **Obtain a thorough history** on such patients, including: any of the above exposures or travel outside the country or contact with international travelers in the prior three weeks; and prior vaccinations for measles. Exposure to measles is defined as sharing the same air space with a person with measles (and up to 2 hours after the infected person left)



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during their contagious period (4 days before to 4 days after rash onset) for any period of time.

- **Non-immune individuals who were exposed:** Healthy adults and children with only 1 documented MMR should be given MMR #2. Infants 6-11 months can be given a dose of MMR if exposed to measles.
- **If you suspect** your patient has measles, isolate and mask the patient immediately and alert the state or local health department as soon as possible. The risk of measles transmission to others can be reduced if control measures are implemented quickly.
- **Laboratory Testing:** Measles IgM (may need to be repeated 72 hours after rash onset if negative); throat OR nasopharyngeal swab, along with a urine sample are requested for RT-PCR testing and can be organized for you by the health department.
- **Consult the health department for more information if you are ordering any measles test.**
- **Incubation period** time from exposure to onset of symptoms is usually around 14 days (range 7-21 days)
- **Establishing immunity:** Information on determining if someone is immune to measles is on the following page.

Public health authorities established a 2-dose MMR vaccine schedule (at 12-15 months and 4-6 years) in 1990, and schools established documentation of 2 doses of MMR as a criteria for school entry around that time. Most persons under 40 years of age who were compliant with school entry requirements have had two doses of MMR and have a very low risk of developing measles if exposed. Persons who were non-compliant with that requirement are at high risk if exposed to a person shedding the measles virus. All persons who have not received two doses of MMR are urged to consider vaccination at this time, especially if they were present at the times and locations specified. Exposed persons who are not immune and who refuse immunization should not attend school/work for 21 days after last exposure.

Preventing measles transmission in healthcare settings

To prevent transmission of measles in healthcare settings, airborne infection control precautions (available at http://www.cdc.gov/hicpac/2007ip/2007ip_part3.html) should be followed stringently.

Suspected measles patients (i.e., persons with febrile rash illness) should be removed from emergency department and clinic waiting areas as soon as they are identified, placed in a private room with the door closed, and asked to wear an N95 mask, if tolerated. In hospital settings, patients with suspected measles should be placed immediately in an airborne infection (negative-pressure) isolation room if one is available and, if possible, should not be sent to other parts of the hospital for examination or testing purposes.