

Alaska Public Health Alert

Measles Confirmed in Southern Kenai Peninsula — What Alaska Clinicians Should Know

January 16, 2025 *updated January 17, 2025*

This PHAN is to reflect updated times the person was at Ted Stevens Anchorage International Airport. They were in the airport from 10 pm January 10 - 12 am January 11.

All suspected or confirmed measles cases must be reported immediately to the Alaska Section of Epidemiology at (907) 269-8000 or 800-478-0084 (after-hours)

Case Report

A measles case was confirmed in a resident of the Southern Kenai Peninsula this week. This person is an unvaccinated adult who began experiencing symptoms while traveling home to Alaska from a trip overseas. This person was infectious while flying on Alaska Air flight 228 from Seattle to Anchorage on January 10 and while at the Ted Stevens Anchorage International Airport **from approximately 10PM January 10 to 12AM January 11**. Nonimmune persons who were near the infected person on the airplane or in the airport could be at risk for developing measles.

The person then drove from Anchorage to the Southern Kenai Peninsula and remained at home except for seeking healthcare.

The person sought care and was immediately isolated upon arrival at the South Peninsula Hospital Emergency Department on January 13; clinical specimens were obtained for measles testing. The patient was transferred in isolation to Providence Alaska Medical Center on January 14 and maintained in isolation during hospitalization. Polymerase chain reaction (PCR) testing at the Alaska State Virology Laboratory was positive for measles RNA virus on January 15.

Measles Basics

Measles is a highly infectious viral respiratory disease that spreads via the airborne route and through direct contact with respiratory secretions. Measles typically starts with a fever, runny nose, cough, red eyes, and sore throat, and is followed by a rash that most frequently starts on the face and descends to involve the trunk and limbs. About 30% of people who get measles will develop one or more complications including pneumonia, ear infections, or diarrhea. Complications are more common in infants, children aged <5 years, pregnant women, immunocompromised persons, and adults aged ≥20 years. Measles can be fatal.

- **Incubation Period:** Symptoms typically start to appear 8–12 days after exposure, with rash onset typically occurring 10–14 days after exposure (range: 7–21 days)
- **Infectious Period:** 4 days before rash onset through 4 days after rash onset

- Clinicians should advise adult patients or the parents of children **to call ahead before visiting a clinic for care, to avoid exposing others in waiting areas.**
- Clinicians should ensure that adults, or the parents of children, with suspected measles avoid exposing other people during the entire infectious period.

Specimen Collection for Laboratory Diagnosis

- *Contact SOE immediately to facilitate testing: 907-269-8000, or 800-478-0084 after hours*
- See Alaska Measles Testing Guidance for specific details:
<https://health.alaska.gov/dph/Epi/id/SiteAssets/Pages/Measles/AKMeaslesTestingGuidance.pdf>
- For patients presenting ≤ 7 days of rash onset, request a PCR test:
 - Obtain a throat or nasopharyngeal swab; use a synthetic swab (i.e., Dacron) and place into viral transport media (VTM) or universal transport media (UTM).
- For patients presenting > 7 days after rash onset: additional specimens may be indicated, consult guidance linked above.
- Store all specimens at 4°C and ship on cold packs in a proper insulated shipper box. Ship as a UN3373 Biological substance, Category B.
- See [Alaska State Public Health Laboratory Test Directory](#), pg. 40 for more information about submitting other types of specimens for measles.
- Supplies can be requested for NP swabs, UTM, or insulated shippers by faxing the form at <https://health.alaska.gov/dph/Labs/Documents/publications/LabSupplyRequest.pdf> to the Fairbanks Laboratory (ASVL).
- Fees are waived for all measles testing until further notice.

Surveillance, Reporting, and Isolation

- *Healthcare providers should report suspected measles cases **immediately** by calling the State of Alaska, Section of Epidemiology at (907) 269-8000 or (800) 478-0084 after hours.*
- **Suspected cases should be promptly isolated until 4 days after rash onset.**
- CDC's infection control guidelines: https://www.cdc.gov/infection-control/hcp/measles/?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html

Post-Exposure Prophylaxis

- Susceptible persons > 6 months of age with 1 or no documented doses of MMR should receive 1 dose of MMR vaccine **< 72 hours after last exposure** to measles, if not contraindicated.
- Immunoglobulin (IG) may be given to exposed susceptible people **≤ 6 days of last exposure** to prevent infection or reduce the severity of illness. IG should be prioritized for infants < 12 months of age, people who are severely immunocompromised, and pregnant people.
- More details about dosing and indications are available on-line at:
 - https://health.alaska.gov/dph/Epi/Documents/pubs/mmm/MMM_Chapter_Measles.pdf
 - https://www.cdc.gov/measles/hcp/vaccine-considerations/index.html#cdc_generic_section_5-post-exposure-prophylaxis-for-measles
- Close contacts without prior immunity who have been exposed to a measles patient during the patient's infectious period (starting 4 days before through 4 days after rash onset) should quarantine starting on day 7 after exposure and ending 21 days after their last

exposure to an infected person. This ensures that if an exposed person proceeds to developing symptoms, the potential for further disease transmission is limited.

Evidence of Immunity

- Accepted presumptive evidence of immunity against measles includes one of the following:
 - Birth before 1957
 - Due to widespread exposure to measles in the pre-vaccine era, people born before 1957 are generally considered to have natural immunity to measles.
 - Written documentation of adequate vaccination
 - One or more valid doses of a measles-containing vaccine for pre-school age children and adults not at high risk;
 - Two valid doses of measles-containing vaccine for school-age children and adults at high risk, including college students, healthcare personnel, and international travelers; or
 - Laboratory confirmation of measles; or
 - Laboratory evidence of immunity (note: serologic testing for immunity to measles is not necessary for persons documented to be appropriately vaccinated or who have other acceptable evidence of prior infection).

Vaccination Recommendations

- CDC recommends routine vaccination with a 2-dose series of MMR (measles-mumps-rubella) vaccine, the first dose at 12-15 months and the second dose at 4-6 years.
 - One dose of MMR vaccine is approximately 93% effective; two doses are approximately 97% effective.
- A summary of Measles Vaccine Recommendations is also available at:
<https://www.cdc.gov/measles/hcp/vaccine-considerations/>

Vaccine Availability

- Your health care provider and your [local public health center](#) likely have MMR vaccine available. Some pharmacies may also stock vaccine. You can also call the Alaska Immunization Helpline for questions at 907-269-8088.

Vaccination Records

- Patients may check their immunization status using the free Docket app at <https://ak.app.dockethealth.com/> or available on the App Store.

Resources

- CDC Measles-Healthcare Professionals, https://www.cdc.gov/measles/hcp/clinical-overview/?CDC_AAref_Val=https://www.cdc.gov/measles/hcp/index.html
- IAC Ask the Experts-MMR, http://www.immunize.org/askexperts/experts_mmr.asp
- MMWR, Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013, <http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf>

- Section of Epidemiology Measles page,
<https://health.alaska.gov/dph/Epi/id/Pages/measles/default.aspx>