The following message was sent to you through the Alaska Public Health Alert Network (AK PHAN). Please share this information with others who may be interested.

Note: Contact information for the Alaska Section of Epidemiology can be found at the end of this message.

Alaska Public Health Advisory

January 23, 2015

Measles Outbreak in Disneyland – Possible Alaska Case

Possible Alaska Case

A 12-month-old infant who traveled to San Diego and Las Vegas (but **NOT** Disneyland, which had been incorrectly reported previously) during December 31 through January 12, developed a mild febrile illness on January 15, 3 days after returning to Alaska. The child then developed a rash on January 16 on the right lower extremity. A nasopharyngeal swab was obtained on January 21, and tested positive via polymerase chain reaction (PCR) for measles virus on January 23. However, the child had received measles vaccine on January 13, which can cause the PCR test to be positive (and can cause a mild febrile illness). Thus, there is a high potential that this was not a true case of measles.

Additional testing is being performed to determine if this positive PCR result was caused by the vaccination; the results of this additional testing should be available late next week. Measles can be a serious illness, especially for high-risk persons (i.e., infants, pregnant women, and immunocompromised persons). As such, out of an abundance of caution, the Alaska Section of Epidemiology is notifying high-risk persons who were in close contact to this infant and might be eligible for post-exposure prophylaxis. No further public health action is currently indicated due to the low likelihood of this being a true measles case. However, the Section of Epidemiology encourages all Alaskans to ensure they (and their children) are up-to-date on their immunization status.

Disneyland Outbreak Background

Measles has been confirmed in 68 California residents in 2015. Of the confirmed cases, 42 have been linked to Disneyland or Disney California Adventure Park in Anaheim, California. Related cases have occurred in three Utah residents, two Washington residents, one Colorado resident, one Oregon resident, and one resident of Mexico. A number of additional suspect cases are under investigation and many large contact investigations are ongoing. The confirmed cases include five Disney employees; four of whom worked at the parks and one who is believed to have been infected as a guest. Initial exposures occurred in December, but additional confirmed cases visited Disney parks while infectious in January.

Measles Basics

Measles is a highly contagious respiratory disease caused by a virus. It spreads through the air through coughing and sneezing. Measles starts with a fever, runny nose, cough, red eyes, and sore throat, and is

followed by a rash that spreads all over the body. About three out of 10 people who get measles will develop one or more complications including pneumonia, ear infections, or diarrhea. Complications are more common in adults and young children.

Incubation period: (range 7-21 days)	Typically prodrome symptoms at 8-12 days after exposure, rash onset at 14 days
Infectious period:	4 days before rash onset through 4 days after rash onset
Lab diagnosis:	Contact the Section of Epidemiology to facilitate testing
• Obtain a throat or nasopharyngeal swab; use a viral culturette and place into viral transport	

- Obtain a throat or nasopharyngeal swab; use a viral culturette and place into viral transport media (other media types can inhibit viral growth).
- Draw 7-10 ml of blood in a red-top or serum separator tube; spin down serum if possible. NOTE: capillary blood (approximately 3 capillary tubes to yield 100 μl of serum) may be collected in situations where venipuncture is not preferred (e.g., in children aged <1 year).
- Collect 50-100 ml of urine in a sterile centrifuge tube or urine specimen container.

(See Alaska Section of Laboratories Test Directory, Rubeola (Measles) on page 43: <u>http://dhss.alaska.gov/dph/Labs/Documents/LaboratoryTests.pdf</u>.)

Surveillance and Reporting

Measles is a serious disease. Healthcare providers in Alaska should consider measles in patients with febrile rash illness and clinically compatible measles symptoms (conjunctivitis, cough, coryza), especially if the person recently traveled internationally or was exposed to a person with febrile rash illness. Suspected cases should be promptly isolated. Healthcare providers should report suspected measles cases within 24 hours by calling the State of Alaska, Section of Epidemiology at (907) 269-8000 or (800) 478-0084 after hours.

Resources

CDC Measles-Healthcare Professionals, http://www.cdc.gov/measles/hcp

IAC Ask the Experts-MMR, http://www.immunize.org/askexperts/experts_mmr.asp

MMWR, Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013, <u>http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf</u>

Section of Epidemiology Measles page, http://www.epi.alaska.gov/id/measles

Contact for more information:

Jason Grenn, DHSS Public Information Officer 907-269-7285

You are subscribed to the AK Public Health Alert Network for the Alaska Department of Health and Social Services. This information has recently been updated, and is now available.

This message is sent to you as a service of the State of Alaska DHSS, Division of Public Health, through the Section of Epidemiology, 3601 C Street, Suite 540, Anchorage, Alaska 99503, (907) 269-8000. The Section of Epidemiology maintains a 24-hour Emergency Number, 1-800-478-0084. Internet site: <u>http://www.epi.Alaska.gov</u>.

Update your subscriptions, modify your password or email address, or stop subscriptions at any time on your <u>Subscriber Preferences Page</u>. You will need to use your email address to log in. If you have questions or problems with the subscription service, please visit <u>subscriberhelp.govdelivery.com</u>.