



Bulletin No. 15  
March 15, 1996  
Measles Alert

Between February 16 and 19, 1996, following 3 or 4 days of prodrome (fever, coryza, cough, and conjunctivitis), five residents of Juneau had onset of a measles-like rash; subsequently, each person was determined to have laboratory confirmed measles (rubeola) by testing conducted at the State Public Health Laboratory, Fairbanks. Four of the five were students at a Juneau elementary school while the fifth was an adult staff member of the school. Each of the five cases had received a single dose of measles-antigen containing vaccine between 15 and 19 months of age.

Between February 28 and March 3, again following a prodrome, nine additional Juneau residents had onset of a measles-like rash; all have now been confirmed to have measles. Of these, four were adults, three were students at the elementary school where the initial five cases had occurred, and two were persons who had household or community contact with one of the five initial cases. Six of the nine persons had received a single dose of measles-antigen containing vaccine at or after 12 months of age.

Between March 8 and 13, following a prodrome, 11 Juneau residents had onset of a typical measles-like rash; one has been laboratory confirmed to date. Ten of the 11 possible cases had had direct contact with one of the cases occurring between February 28 and March 3; the other possible case could not be directly linked to an identifiable exposure to measles. Nine of the possible cases were children (three at Juneau-Douglas High School and five at Juneau middle schools). Eight of the possible cases had received one dose of measles-antigen containing vaccine at or after 12 months of age.

There were several opportunities for measles to have been transmitted beyond Juneau. All health-care practitioners in the state need to be alert for the symptoms of measles among their patients.

**Symptoms of measles:** Patients with measles usually present with a 3-4 day prodrome of conjunctivitis, cough, coryza, and high fever followed by a maculopapular rash which begins on the face and spreads to involve the trunk and extremities. Patients are highly infectious during the prodrome and for up to 4 days after rash onset.

**Isolation procedures:** Patients with suspected measles or febrile rash illness can be evaluated by their usual health care provider, but should be seen in such a way that other persons (patients, staff, etc.) will not be exposed to rubeola virus. If a parent or patient calls with a report of symptoms suggestive of measles, arrangements should be made to see the patient either in their car, at the back door of the facility, or in a private room which can be ventilated or left empty for an hour after the visit. No suspected cases of measles should be allowed to wait in a waiting room with other patients.

#### **Vaccination recommendations:**

1. All persons 12 months of age or older who were born after January 1, 1957 should have their vaccination status verified to insure that they have had at least one dose of measles-mumps-rubella (MMR) vaccine (persons born before January 1, 1957 can be considered immune). Children 12 months of age or older who have not received one dose of MMR should be vaccinated as soon as possible.
2. Unvaccinated persons with documented exposure to measles require different follow-up depending on their age and status:
  - 0-6 months of age--immunoglobulin (IG) is indicated only if the infant is at extremely high risk for complications or is the child of a mother who either has measles or is likely to be susceptible to measles.
  - 6-12 months of age--the infant should be given MMR. The MMR needs to be repeated after the first birthday. In addition, if the exposure to measles occurred 4 to 6 days previously, the infant should also be given IG (0.25 ml/kg; maximum 15 ml). If IG is given, the follow-up MMR dose must not be given until 5 months after IG.
  - 12 months of age and older--children and adults who have received one dose of measles-antigen containing vaccine do not need to be revaccinated. Any person born on or after January 1, 1957 with an uncertain vaccination history should be given one dose of MMR; those born before this date can be considered immune.
  - Unvaccinated pregnant women should be given IG within 6 days of exposure (0.25 mg/kg; maximum 15 ml). Pregnancy is a contraindication for MMR vaccination.
  - Unvaccinated immunosuppressed persons (e.g., leukemia, lymphoma, high-dose steroid treatment) should be given IG (0.50 ml/kg; maximum 15 ml). Asymptomatic HIV infection is not a contraindication for giving MMR.
3. Persons with moderate to severe illness should not be vaccinated until the illness has resolved. Children with low grade fever, upper respiratory infection, colds, otitis media, or mild diarrhea, can and should be vaccinated.

**Surveillance:** All patients suspected to have measles or who have a febrile rash illness should be immediately reported to the State Section of Epidemiology (907-269-8000). After hours and on weekends, possible cases should be immediately reported by calling the State Section of Epidemiology 24 hour emergency number (800-478-0084).