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**Bulletin No. 14**  
**July 23, 1982**

**MEASLES AND RUBELLA -- UNWELCOME VISITORS TO ALASKA RUBEOLA**

On May 11 a 24-year-old male was admitted to Providence Hospital with a fever of 105° F a generalized body rash that had appeared two days earlier, cough, coryza, and conjunctivitis. Although the rash had not followed the classic descending pattern, rubeola was astutely suspected by the attending physician and acute and convalescent serologies were obtained. One June 3 the laboratory reported a fourfold titer increase which confirmed the diagnosis of rubeola.

Investigation revealed that the patient was a student at the University of Alaska in Anchorage. It could not be determined for certain whether he had ever received a measles vaccination. He had not traveled out of Anchorage during his source period the last two weeks in April. Although he was visited by two out-of-state guests during this period, neither of these individuals was sick during or after their visit. Any hope of canvassing the campus population was stymied by the conclusion of the school term on April 30. Key health facilities were contacted, but no other cases of febrile-rash illness have been discovered. None of the patient's immediate associates had any similar illness and no links could be established with day care centers or baby-sitting groups. Efforts to systematically identify and immunize susceptibles were not undertaken, because the patient was not interviewed until more than three weeks after his infectious period and no clear group of high risk susceptibles could be identified.

It is presumed that if this single case occurred as a result of indigenous transmission, other cases would have been found. However, this presumption is only as valid as the strength of our measles surveillance program. All febrile-rash illnesses should be reported to this office immediately, so that appropriate response measures can be taken.

(Reported by Keith Brownsberger, M.D.; Charles Ryan, M.D.; Craig Leutzinger, Immunization Program Coordinator).

### RUBELLA

Investigations of two separate rubella importations are currently underway. The first outbreak involved a 5-year-old girl and her 3-year-old sister who spent their infancy in Canada. They were both up-to-date with Canadian immunization recommendations when they moved to Glennallen in 1981. However, in Canada rubella immunization is provided only to females at ten years of age, and rubella remains a common childhood illness in Canada.

The sister's 6-year-old cousin from Manitoba visited Glennallen on May 27. She had a rubella-like illness May 31 to June 2. The sisters developed the same illness on June 14. The clinical illnesses and the epidemiologic evidence indicate the three girls had rubella. Serologic confirmation is pending. No additional cases have been identified at this time.

The second rubella outbreak involved two sisters, age 26 and 20. The younger sister developed a mild 3-day rash illness when she arrived in Anchorage from Spokane, Washington, on June 9. Her sister developed an identical rash on June 30 after three days of mild fever, malaise, and arthralgia. She was evacuated to Anchorage from her

job at Prudhoe Bay. Serologic confirmation is pending. The Washington State Department of Health confirms the recent outbreaks of rubella in Spokane. No additional cases have been identified in Alaska.

These two rubella importations highlight the potential susceptibility to rubella of two particular groups: (1) pre-school children who spent their infancy in other countries, and (2) young adults between the ages of 18 and 26 who may not have acquired natural infection and may not have been covered by school requirements. The immunization status of such individuals should be checked whenever the opportunity presents itself.

Although rubeola is currently the target of special eradication efforts nationwide, the Division of Public Health is also pursuing a zero incidence objective for rubella. Attaining this objective requires that all rubella-like illnesses (fever and rash) be reported to this office immediately.

(Reported by James Pinneo, M.D.; Karen Martinek, PHN; Charles St. John, M.D.; Craig Leutzinner Immunization Program Coordinator)