

NJLINCS Health Alert Network
Public Health Alert

Distributed by the New Jersey Department of Health

The New Jersey Department of Health (NJDOH) Vaccine Preventable Disease Program would like to make you aware of potential measles exposures that occurred in New Jersey between April 24 and May 2.

In two unrelated incidents, an individual with measles stopped briefly in the state on April 30 while on a tour bus traveling from Niagara Falls, New York, to Washington, D.C.; and a Bergen County resident developed measles after contact with an international traveler who was ill with measles.

Anyone who visited the following locations may have been exposed to measles:

1) Towne Centre at Englewood apartments, 20 W Palisade Ave, Englewood, NJ 07631
April 24 - May 2 - any time

2) Renaissance Office Center, 15 Engle St, Englewood, NJ 07631
April 30, between 1 p.m. and 3:45 p.m.

3) Newark Liberty International Airport, Terminal C
May 2, between 11 a.m. and 3:30 p.m.

4) Columbia Travel Center, I-80 at Rt. 94, 2 Simpson Rd, Columbia, NJ 07832
April 30, between 9:45 a.m. and 12:20 p.m.

Press releases related to the NJ exposures, as well as other recent exposures in surrounding states, can be found at the links below. NJDOH continues to urge providers to remain vigilant for cases of measles (consider measles in persons who present with fever and rash) and would like to remind all healthcare and public health professionals about the importance of receiving up-to-date immunizations, especially prior to international travel.

Measles Overview

Measles is a highly contagious disease that is transmitted by respiratory droplets and airborne spread. The disease can result in severe complications, including pneumonia and encephalitis. The incubation period for measles ranges from 7 to 21 days. Individuals are infectious 4 days before and after rash onset. The diagnosis of measles should be considered in any person with a generalized maculopapular rash, fever, and cough, coryza, or conjunctivitis. Immunocompromised patients and patients who are not fully immune may have an atypical presentation.

Recommendations

Health care providers should maintain vigilance for measles importations and have a high index of suspicion for measles in persons with a clinically compatible illness who have traveled abroad or who have been in contact with travelers. They should assess measles immunity in U.S. residents who travel abroad and vaccinate if necessary.

Measles is endemic in many countries, including popular travel destinations. Suspected measles cases should be reported immediately to the local health department, and serologic and virologic specimens (throat/nasopharyngeal swabs and urine) should be obtained for measles virus detection and genotyping. A culture is preferable to serology in vaccinated individuals. Laboratory testing should be conducted in the most expeditious manner possible.

Preventing Transmission in Health Care Settings

To prevent transmission of measles in health care settings, airborne infection control precautions (available at <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.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 a surgical 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.

All health care personnel should have documented evidence of measles immunity on file at their work location. Having high levels of measles immunity among health care personnel and such documentation on file minimizes the work needed in response to measles exposures, which cannot be anticipated.

As an added precaution, hospital Emergency Departments are encouraged to provide signage which directs staff and/or patients to identify anyone presenting with fever and rash.

In Summary

- 1) Report all suspect measles cases (febrile illness accompanied by generalized maculopapular rash) immediately (DO NOT WAIT FOR LABORATORY CONFIRMATION) to the local health department. If unable to reach the local health department, notify the NJDOH during regular business hours at (609) 826-5964. After business hours, or on the weekend, call NJDOH at (609) 392-2020.
- 2) Place all patients with suspected measles in airborne isolation immediately.
- 3) Obtain clinical specimens for diagnostic testing from blood (for both IgM and IgG to measles), urine, nasopharyngeal aspirates/throat swabs.
- 4) Determine the immune status of contacts. Offer measles vaccine or immune globulin to susceptible exposed contacts as appropriate. Quarantine contacts who cannot produce documentation of immunity from day 5 through day 21 following exposure.
- 5) Assure that all those eligible for MMR vaccine receive appropriate and timely vaccination.

Press Releases Regarding Measles Exposures:

NJDOH: <http://www.nj.gov/health/news/2018/approved/20180511a.shtml>

NYSDOH: https://www.health.ny.gov/press/releases/2018/2018-05-04_measles.htm
https://www.health.ny.gov/press/releases/2018/2018-05-05_measles.htm

PADOH: <http://www.media.pa.gov/Pages/Health-Details.aspx?newsid=499>

Additional information regarding measles is available:

NJDOH website: <http://www.nj.gov/health/cd/topics/measles.shtml>

Centers for Disease Control and Prevention (CDC):
<http://www.cdc.gov/measles/index.html>

CDC Travel Health Notices: <https://wwwnc.cdc.gov/travel/notices#watch>

American Academy of Pediatrics: <http://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/American-Academy-of-Pediatrics-Urges-Parents-to-Vaccinate-Children-to-Protect-Against-Measles.aspx>