

NJLINCS Health Alert Network
Public Health Alert

Distributed by the New Jersey Department of Health

Subject: Potential Measles Exposure at Newark Liberty International Airport

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The New Jersey Department of Health (NJDOH) has been made aware of a confirmed, travel-related case of measles in young child who traveled through Newark Liberty International Airport while infectious. The individual may have exposed others at Newark Liberty International Airport on March 12, 2018 from 12:45 p.m. to 9:00 p.m. Please see the NJDOH press release issued today for exposure details. The press release is available at <http://www.nj.gov/health/news/>

New Jersey residents identified as potentially exposed on the ill individual's flights will be notified by their local health department. To date, no cases associated with the exposure occurring at Newark Liberty International Airport have been identified. People exposed could develop symptoms as late as April 2.

Individuals who might have been exposed are urged to contact their healthcare providers to discuss their exposure and risk of developing illness. Anyone who develops symptoms consistent with measles is urged to call their healthcare provider BEFORE going to the medical office or emergency room so that special arrangements can be made to minimize exposure in the healthcare setting.

The 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. Measles is endemic in many countries, including popular travel destinations. Providers should assure that adults and children aged greater than 12 months who are traveling outside the U.S.

have documented immunity to measles. Adults who believe they received their childhood vaccinations but who do not have documented immunity to measles should be vaccinated against measles prior to travel. Children between 6 and 12 months of age who will be travelling internationally are also recommended to receive a dose of MMR vaccine before travel, although this dose does not count towards completion of the routine schedule.

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) When obtaining the medical history of a patient with a febrile rash illness consistent with measles, please inquire as to whether the person visited Newark Liberty International airport on March 12, 2018.
- 2) 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.
- 3) Place all patients with suspected measles in airborne isolation immediately.
- 4) Obtain clinical specimens for diagnostic testing from blood (for both IgM and IgG to measles), urine, nasopharyngeal aspirates/throat swabs.

- 5) 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.
- 6) Assure that all those eligible for MMR vaccine receive appropriate and timely vaccination.

Additional information is available:

NJDOH website at: <http://www.state.nj.us/health/cd/topics/measles.shtml>

Centers for Disease Control and Prevention website at:

<http://www.cdc.gov/measles/index.html>