HEALTH ADVISORY

Public Health
Prevent. Promote. Protect.
REGION IV PUBLIC HEALTH
Clark, Cowlitz, Skamania, Wahkiakum counties and Cowlitz Tribe

TO: Physicians and other Healthcare Providers

Please distribute a copy of this information to each provider in your organization.

Questions regarding this information may be directed to the following Region IV health officers:

Alan Melnick, MD, MPH, CPH
Clark County Public Health, (360) 397-8412
Skamania County Community Health, (509) 427-3850

Jennifer Vines, MD, MPH
Cowlitz County Health & Human Services, (360) 414-5599
Wahkiakum County Health & Human Services, (360) 795-6207

Alert categories:
Health Alert: conveys the highest level of importance; warrants immediate action or attention. **Health Advisory:** provides important information for a specific incident or situation; may not require immediate action. **Health Update:** provides updated information regarding an incident or situation; no immediate action necessary.

HEALTH ADVISORY
May 1, 2017

Measles outbreak among Minnesota's Somali community prompts advisory for heightened awareness locally

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Summary

A measles outbreak is occurring among the Somali community in the Minneapolis, Minnesota metropolitan area. Please be advised of the increased risk for measles in persons with recent travel to or visitors from the Minneapolis area. This information was shared with Washington health jurisdictions by the Washington State Epidemiologist for Communicable Diseases on April 28, 2017. A Measles Assessment Quick Sheet for health care providers is attached.

Measles Outbreak in Minneapolis, Minnesota

A measles outbreak is occurring in the Minneapolis metropolitan area. As of April 24, 2017, 20 cases had been confirmed with additional suspect cases being tested. At least 10 cases were hospitalized. The age range is 0 to 5 years, and all 20 cases are from the Somali community, which has very low rates (<42%) of vaccination for MMR. The source case is a 20 month-old unvaccinated Somali child who had rash onset on March 30. This child had not traveled and the source of her infection is unknown. The other 19 cases had rash onsets between April 8 and present. At least 10 of the cases were exposed to the source case in two different child care centers. At least 500 health care setting contacts have been identified and are being investigated and notified. Similarly, more than 400 child care contacts in several large child care centers are being investigated and notified. Immune globulin and MMR vaccine are being offered to exposed contacts when appropriate. Exclusions from child care, school, and community settings are being recommended for susceptible contacts. MMR has been recommended to exposed children 6 to 12 months old, and an accelerated two-dose MMR series for children 12 months and older residing in Hennepin County.

In light of both reports from Minnesota about low MMR vaccination rates in their Somali community and an understanding that frequent interaction occurs between Somali community members residing Minneapolis, Seattle, and other US cities, Washington Department of Health Communicable Disease Epidemiology staff undertook a project in collaboration with epidemiologists at the University of WA School of Public Health and Community Medicine to better understand whether low MMR vaccination coverage was also occurring among children with Somali-born parents living in Washington State.

They found that children born in Washington to Somali-born parents were less likely to be immunized against measles than those with US-born parents. No such disparity between these groups was observed with other vaccines. This decrease in measles vaccine uptake among children of Somali parents became more pronounced for those dates of birth later in the cohort considered by this project (i.e., babies born January 1, 2008 – May 1, 2013). Although 99% of babies born in 2008 to Somali parent(s) had received 1 or more doses of measles-containing vaccine between 12-23 months, only 65% of babies born to Somali parent(s) in 2013 had received 1 or more doses of measles-containing vaccine by 23 months of age. The full article, Parental Country of Birth and Childhood Vaccination Uptake in Washington State, originally published in Pediatrics online June 29, 2016, can be found at /content/138/1/e20154544.full.html.

Please be advised of the increased risk for measles in persons with recent travel to or visitors from the Minneapolis, Minnesota area. A Word version of the Measles Assessment Quick Sheet for health care providers is attached.

Measles Assessment Quick Sheet

Report all SUSPECT measles cases immediately
to your local health department (see contact information below)

✓ **Consider measles in the differential diagnosis of patients with fever and rash:**

	Yes	No	Comments
A) What is the highest temperature recorded?		**°F**	Fever onset date: ____/____/_____
B) Does the rash have any of the following characteristics?			Rash onset date: ____/____/_____
Was the rash preceded by one of the symptoms listed in (C) by 2-4 days?			Measles rashes are red, maculopapular rashes that may become confluent – they typically start at hairline, then face, and spreads rapidly down body.
Did fever overlap rash?			
Did rash start on head or face?			
C) Does the patient have any of the following?			Rash onset typically occurs 2-4 days after first symptoms of fever (≥101°F) and one or more of the 3 C's (cough, conjunctivitis, or coryza).
Cough			
Runny nose (coryza)			
Red eyes (conjunctivitis)			
D) Unimmunized or unknown immune status?			Dates of measles vaccine: #1 ____/____/_____ #2 ____/____/_____
E) Exposure to a known measles case?			Date and place of exposure:
F) Travel, visit to health care facility, or other known high-risk exposure in past 21 days?			See local health department for potential exposure sites.

✓ **Measles should be highly suspected if you answered YES to at least one item in B <u>and</u> C, PLUS a YES in D or E or F. <u>IMMEDIATELY:</u>**

- ❑ Mask and isolate the patient (in negative air pressure room when possible) AND
- ❑ Call your local health department (numbers below) to arrange testing at the WA State Public Health Laboratories (WAPHL). All health care providers must receive approval from their local health department prior to submission.

✓ **Collect the following specimens**

- ❑ **Nasopharyngeal (NP) swab for rubeola PCR and culture (preferred respiratory specimen)**
  - o *Swab the posterior nasal passage with a Dacron™ or rayon swab and place the swab in 2–3 ml of viral transport medium. Store specimen in refrigerator and transport on ice.*
  - o *Throat swab also acceptable.*
- ❑ **Urine for rubeola PCR and culture**
  - o *Collect at least 50 ml of clean voided urine in a sterile container and store in refrigerator.*
- ❑ **Serum for rubeola IgM and IgG testing**

To subscribe or unsubscribe from this listserv, email: Tippy.Hartford@clark.wa.gov.

- *Draw at least 4-5 ml blood (yields about 1.5 ml serum) in a red or tiger top (serum separator) tube. Store specimen in refrigerator and transport on ice.*

If you have questions about this assessment or collection and transport of specimens, call your local health department:

LHJ	Phone	Fax
Clark County Public Health:	(360) 397-8182	(360) 397-8080
Cowlitz County Health Department:	(360) 414-5599	(360) 425-7531
Skamania County Community Health:	(509) 427-3850	(509) 427-0188
Wahkiakum County Health and Human Services:	(360) 795-6207	(360) 795-6143

Thank you for your partnership.