

Health Advisory: Measles Case on UMN Twin Cities Campus

Minnesota Department of Health Thu Jan 29 11:15 CDT 2015

Action Steps:

Local and tribal health departments: Please forward to hospitals and clinics in your jurisdiction. This health advisory is only going to the seven county metro area.

Hospital and clinics: Please distribute to healthcare professionals who might treat patients with fever, cough or rash.

Healthcare providers:

- Ask patients with febrile rash illness about any activities at the University of Minnesota (UMN) Twin Cities campus between January 20th and January 25th.
- Continue to ask patients with febrile rash illness about any recent travel (domestic and international)
- Isolate suspected measles cases and promptly report to MDH at 1-877-676-5414 (toll-free) or 651-201-5414
- Obtain specimens for PCR per MDH lab instructions and send to the MDH Public Health Laboratory
- Counsel patient to remain at home with no visitors until PCR results are back
- Verify documentation of measles immunization/immune status of all patients regardless of age

MDH lab instructions: http://www.health.state.mn.us/divs/idepc/diseases/measles/hcp/labtesting.html

A confirmed case of measles by PCR (throat and nasal) has been identified in a 20 year old male University of Minnesota student who lives in Hennepin County with recent travel to Indonesia.

The Minnesota Department of Health and Hennepin County are working closely with the University of Minnesota and Fairview to notify staff and students of possible exposures and to be aware of signs and symptoms. The majority of exposures occurred between January 20th and January 23rd, with additional possible exposures on the 24th and 25th. The UMN has directed students/staff with a known direct exposure to internal resources. However, it is possible that other students and staff may seek care elsewhere.

Measles begins with a prodrome of fever, cough, coryza (runny nose) and/or conjunctivitis (pink eye) lasting 2-4 days prior to rash onset. Individuals are contagious from four days before their rash starts through four days afterwards. Common differentials often confused with measles include Roseola infantum, Kawasaki disease, Erythema infectiosum (Fifth Disease), Scarlet fever, Coxsackievirus, Echovirus and drug reactions.

Make sure all patients have documentation of measles immunization or proof of immunity. Be particularly mindful of patients born between 1957 and 1978 who may have received only one dose (or a less efficacious formulation) and may not have immunity from disease. If there is no documentation of immunization or immunity, administer one dose of MMR.

Providers can use the Minnesota Immunization Information Connection (MIIC) to look up patient immunization records, see http://www.health.state.mn.us/miic.

More information on measles can be found on the MDH website at http://www.health.state.mn.us/divs/idepc/diseases/measles/index.html .