Health Advisory – Measles Outbreak Among Somali Community in Minnesota with Links to Seattle, 29 April 2017

Actions requested

• Be aware of a large measles outbreak among children in the Somali community in the Minneapolis-St. Paul, MN, area, with 20 cases to-date and hundreds of exposed persons.

• Have an increased level of suspicion for measles among persons with travel to the Minneapolis-St. Paul, MN, area and who present with compatible symptoms.

• Take a travel history from persons with symptoms compatible with measles and implement measles infection control precautions immediately in suspected cases.

• Consider measles infection in exposed patients with compatible symptoms, including:
  o Prodrome of fever, cough, coryza and conjunctivitis for 2-4 days
  o Generalized maculopapular rash that usually begins on the face
  o Koplik spots may appear on buccal mucosa 1-2 days prior to rash

• Instruct reception/triage staff to identify patients who present with symptoms of possible measles
  o Such patients should wear a mask covering the nose and mouth and should be kept away from other patients and waiting rooms
  o Room patient immediately (in airborne isolation if available).
  o Only staff with documented immunity to measles should enter the patient’s room.
  o After patient is discharged, do not use room for 2 hours.

• Report suspected cases of measles to Public Health at (206) 296-4774 immediately and before discharging or transferring patients
  o Collect specimens for laboratory testing on patients with suspected measles: Route specimens through Public Health to expedite testing (do not use commercial laboratory).
    ▪ Nasopharyngeal swab and urine for PCR and virus isolation
    ▪ Serum for measles IgM

Background: MMR vaccine coverage is low in the Somali community in Minnesota and locally. According to the WA State Department of Health, only 65% of babies born to Somali families in 2013 had received one or more doses of MMR by 23 months of age. Because of the potential for travel between the Minnesota and local Somali communities, healthcare providers should be aware of the potential for importation of measles cases from the Minnesota outbreak, as well as from international locations where measles is occurring in Europe and other countries. (https://www.cdc.gov/measles/travelers.html).

Resources:

• WA DOH measles info: http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/Measles
• CDC measles info: https://www.cdc.gov/measles/hcp/index.html