



**Louisiana Health Alert Message 24-1:
Identification of two measles cases in the
greater New Orleans area.**

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This message is being sent via the Louisiana Department of Health Emergency Operations Center's (LDH EOC) Louisiana Health Alert Network (LA HAN) for LA HAN recipients. This message is from LDH regarding the **identification of two measles cases in the greater New Orleans area**. Please see the message below to share and distribute with relevant stakeholders and partners through your own distribution channels.

Guidance for evaluating suspected measles cases

The Louisiana Department of Health (LDH) is reporting that two individuals were diagnosed with measles in the Greater New Orleans Area. These individuals were unvaccinated and recently returned from an out-of-state trip. A public health investigation has been initiated and we will provide additional updates as we are able to collect more information.

Healthcare providers in and around the City of New Orleans should proactively identify and update the immunity status of their patients and be vigilant for the possibility of additional cases of measles.

Importations of measles into communities with unvaccinated persons can lead to measles cases and outbreaks in the United States. Maintenance of high vaccination coverage, ensuring timely vaccination before travel, and early detection and isolation of cases are key factors to limit importations and the spread of disease.

Healthcare providers in Louisiana, and especially New Orleans should consider measles in patients who:

- Present with febrile rash illness and clinically compatible measles symptoms (cough, coryza (runny nose) or conjunctivitis), with a maculopapular rash that spreads from the head to trunk to the extremities.
- Recently traveled internationally or were exposed to someone who recently traveled.
- Report recent exposure to someone with a rash illness.
- Have not been vaccinated against measles.

Healthcare providers should also consider measles when evaluating patients for other febrile rash illnesses, including dengue and Kawasaki disease.

If you suspect measles, do the following immediately:

1. **Promptly isolate patients** to minimize disease transmission (See Management of Patients below).
2. **Immediately report** a suspect measles case to the Louisiana Office of Public Health Infectious Disease Epidemiology Hotline at **800-256-2748**.
3. **Obtain specimens** for testing from patients with suspected measles. Get specimen collection advice by calling **800-256-2748**.

Management of Patients with Febrile Rash Illness

Ideally, all patients with suspect measles should be placed immediately into a negative air pressure room. This greatly reduces the risk of transmission of measles to others in the facility and can minimize the post-exposure control measures required. The other steps listed below (e.g., masking patient, placing in a private room) may reduce the spread of measles, but usually do not eliminate the need for full post-exposure control measures.

- Only staff with evidence of immunity to measles should attend to suspect measles patients.
- Ensure that you have vaccination records of all staff available to ensure those who are caring for the patient are vaccinated.
- Assess, screen, and mask all patients with febrile rash illness immediately on arrival.
- Escort masked patients to a separate waiting area or place them immediately in a private room, preferably at negative air pressure relative to other patient care areas.
- Staff should wear N95 or higher level of protection respirators to filter airborne particles.
- If not admitted, then maintain standard and airborne infection isolation (including while patient is exiting the facility). Patients should be told to remain in isolation at home through 4 days after rash onset.
- Measles virus can remain suspended in the air for up to 2 hours. Therefore, the room occupied by a suspect case should not be used for 2 hours after the patient's exit.

Specimen Collection

The collection of clinical specimens for measles testing on all individuals with suspect measles is extremely important. Contact the LOPH epidemiology hotline (available 24/7) at **800-256-2748** for technical guidance on specimen collection, necessary submission forms, and to arrange for transportation to the State Laboratory.

Post-Exposure Control Measures Should Cases be seen in Healthcare Facilities

- Measles is infectious for 4 days before through 4 days after onset of rash (day of onset is day 0); a total of nine days.
- Identify** all exposed patients and staff, including individuals in the waiting and examination rooms at anytime while the index case was present and up to 2 hours after, and all staff both with and without direct patient contact. Due to the airborne route of measles transmission, areas of shared air space well beyond

those occupied by the patient may be considered exposed, potentially encompassing an entire facility.

- **Assess** all exposed individuals for acceptable evidence of immunity, as outlined in the table below.
- **Vaccinate all susceptible persons or provide immune globulin.**
 - **Measles vaccine given within 72 hours of exposure may prevent disease.** However, we recommend administering vaccine even if it has been >72 hours.
 - For infants aged 6 through 11 months, MMR vaccine can be administered in place of IG, if administered within 72 hours of exposure. Do **not** administer MMR vaccine and IG simultaneously, as this practice invalidates the vaccine. These infants must still receive a normal 2-dose series beginning ≥ 12 months of age.
 - HIV infected patients without evidence of current severe immunosuppression can be vaccinated. See the [June 2013](#) ACIP statement regarding measles, mumps and rubella for additional information.
 - **Provide post-exposure prophylaxis with immune globulin within 6 days of exposure** to susceptible patients at increased risk of severe disease from measles (see below).
- **Exclude all susceptible contacts** from work from day 5 through day 21 after exposure if not vaccinated. (If the case is confirmed, even those healthcare staff vaccinated within 72 hours may need to be excluded.)
- **Surveillance** for early identification of secondary cases should be continued for two incubation periods (42 days).

Post-exposure Prophylaxis with Immune Globulin (IG)

IG can prevent or modify measles in persons who are nonimmune if given within 6 days of exposure. There are three groups of patients at increased risk of severe disease from measles: infants <12 months; pregnant women without evidence of measles immunity; and severely immunocompromised individuals. The recommended dose of IG administered intramuscularly (IGIM) is 0.5 mL/kg of body weight (maximum dose = 15 mL) and the recommended dose of IG given intravenously (IGIV) is 400 mg/kg.

- **Recommended use of IGIM in infants <12 months:** IGIM should be administered to all infants aged <12 months who have been exposed to measles. For infants aged 6 through 11 months, MMR vaccine can be administered in place of IG if administered within 72 hours of exposure.
- **IGIV use in pregnant women without evidence of immunity:** IGIV should be administered to pregnant women without evidence of measles immunity who have been exposed to measles. IGIV is recommended to administer doses high enough to achieve estimated protective levels of measles antibody titers.
- **IGIV use in immunocompromised patients:** Severely immunocompromised patients who are exposed to measles should receive IGIV prophylaxis regardless of immunologic or vaccination status because they may not be protected by the vaccine.