

Epi Update for Friday, February 16, 2024

CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE)
BUREAU OF HIV, STI, AND HEPATITIS

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Items for this week's Epi Update include

- **Measles in the United States**
- **Infographic: Measles – More than just a little rash**
- **Meeting announcements and training opportunities**

Measles in the United States

Between December 1 and January 23, CDC was notified of 23 confirmed cases of measles in the United States, including seven direct importations of measles by international travelers and two outbreaks with more than five cases each. Most of these cases were among children and adolescents who had not received a measles-containing vaccine (MMR or MMRV), even if age eligible. Nine cases have been reported since the beginning of the year from Georgia, Missouri, New Jersey, and Pennsylvania. No cases of measles have been identified in Iowa since 2019.

Iowa HHS is recommending health care providers be alert for suspect measles cases. Measles is characterized by a prodrome of fever (may spike to more than 104°F), cough, coryza, and conjunctivitis (the three “C”s), followed by a maculopapular rash that spreads from the head to the trunk to the lower extremities. Consider measles in patients presenting with febrile rash illness and clinically compatible measles symptoms, especially if the person recently traveled internationally, or was exposed to a person with febrile rash illness.

If you have a patient who is suspected of having measles

- **Isolate:** Do not allow patients with suspected measles to remain in the waiting room or other common areas of the health care facility; isolate patients with suspected measles immediately, ideally in a single-patient airborne infection isolation room (AIIR) if available, or in a private room with a closed door until an AIIR is available. Health care providers should have presumptive evidence of immunity to measles and should adhere to standard and airborne precautions including a fit tested N95 or equivalent when evaluating suspect cases regardless of their vaccination status.
- **Notify:** Immediately notify CADE while the patient is still at the health care facility by calling 515-242-5935 during business hours or 515-323-4360 after hours about any suspected case of measles. CADE will facilitate testing and provide additional guidance.
- **Test:** Iowa HHS epidemiologists will work with health care providers to guide appropriate specimen collection for testing at the State Hygienic Laboratory. Patients should remain at home and away from others as much as possible until results are received to guide further public health recommendations.

Health care providers should also routinely evaluate patient vaccination status and promote measles-containing vaccines (MMR or MMRV) for patients who do not have presumptive evidence of immunity.

For more information from Iowa HHS about measles, visit

hhs.iowa.gov/public-health/center-acute-disease-epidemiology/epi-manual/reportable-diseases/measles.

For more information from CDC about measles, visit www.cdc.gov/measles/index.html.

Infographic: Measles – More than just a little rash

MEASLES
More than just a little rash

MEASLES CAN BE DANGEROUS
Especially for babies and young children

Measles can lead to...

- PNEUMONIA**
(A SERIOUS LUNG INFECTION)
- BRAIN DAMAGE**
- DEAFNESS**
- DEATH**

ABOUT 1 OUT OF 5
people who get measles
will be hospitalized.

To view in full size, visit www.cdc.gov/vaccines/parents/diseases/child/vpd-infographics/measles.html.

Meeting announcements and training opportunities

Join the Iowa HHS Healthcare Associated Infections (HAI) Program on Wednesday, February 28 at 1:00 PM for a webinar titled, *Implementing Key Strategies for Antimicrobial Stewardship in Nursing Homes*. Antibiotics are among the most frequently prescribed medications in nursing homes, with up to 70% of residents receiving one or more courses of systemic antibiotics over the course of a year. Studies have shown that 40 - 75% of antibiotics prescribed in nursing homes may be unnecessary or inappropriate. Harms from overuse are significant for this population. These harms include risk of serious diarrheal infections from *Clostridium difficile*, increased adverse drug events and drug interactions, and colonization and/or infection with antibiotic-resistant organisms. The objectives of the webinar are to learn antimicrobial stewardship strategies that can have a high impact in nursing homes, describe examples of potential solutions for carrying out antimicrobial stewardship activities in resource-constrained settings, and explain key outcomes for antimicrobial stewardship and strategies for tracking in nursing homes. To register, visit www.zoomgov.com/webinar/register/WN_d3L2Rt4cSW6KbXTj3HMsZw. Continuing education credits are available.

Have a healthy and happy week!

Center for Acute Disease Epidemiology
800-362-2736

Bureau of HIV, STI, and Hepatitis
515-281-6801