

# Epi Update for Friday, March 8, 2024

CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE)

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Items for this week's Epi Update include

- **Measles recommendations for health care settings and EMS**
- **Make sure you are protected against measles prior to travel**
- **Infographic: Guide for considering influenza testing when influenza viruses are circulating**
- **Meeting announcements and training opportunities**

## **Measles recommendations for health care settings and EMS**

Health care providers and facilities are encouraged to review protocols regarding caring for patients suspected or confirmed to have measles. If you suspect a patient may have measles, contact CADE immediately while the patient is still at the health care facility at 515-242-5935 during business hours or 515-323-4360 after hours.

All health care providers should have presumptive evidence of immunity to measles. This may include documentation of two doses of MMR vaccine, laboratory evidence of immunity (IgG positive measles laboratory result), documentation of laboratory confirmation of past measles disease, or date of birth prior to 1957. Health care providers born prior to 1957 should consider vaccination if they do not have other evidence of immunity.

Patients with symptoms of measles (e.g. high fever, cough, coryza, conjunctivitis, and descending rash) should be seen in a manner to minimize potential measles exposures. Key guidelines include:

- Bring the patient into and out of the facility through a separate entrance.
- Provide a mask for the patient to wear.
- Place the patient in an airborne infection isolation room (AIIR), if available.
- If the patient requires transport within the facility, use a route that minimizes contact/exposure to non-essential care staff, patients, and visitors.
- Leave the room and other areas the patient entered vacant for two hours after the patient leaves.
- Verify health care providers caring for the patient have presumptive evidence of measles immunity.
- Ensure health care providers caring for the patient use respiratory protection (e.g. fit-tested N95).
- Utilize standard cleaning and disinfection procedures for patient care rooms and items.

If a patient with suspected or confirmed measles requires transportation to another health care facility:

- Provide a mask for the patient to wear, if tolerated.
- Notify the receiving facility and transport service that airborne precautions are being used and so they can verify care staff have presumptive evidence of measles immunity and will use respiratory protection.
- Allow for air exchange of the transport vehicle utilizing the patient care exhaust fan and place out of service for two hours after transport.
- Use standard cleaning and disinfection procedures for the transport vehicle and patient care items.

For full CDC *Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings*, visit [www.cdc.gov/infectioncontrol/guidelines/measles/index.html](http://www.cdc.gov/infectioncontrol/guidelines/measles/index.html).

## Make sure you are protected against measles prior to travel

Measles cases continue to be identified around the United States, and large outbreaks are ongoing internationally. Before travel, check your destination for health recommendations and travel notices on CDC's travel health page.

Domestic and international travelers should plan to be fully vaccinated for measles at least two weeks before departing. Two doses of MMR vaccine provide 97% protection against measles. If you are traveling domestically, please continue to follow the routinely recommended vaccine schedule.

CDC has provided additional vaccination recommendations to protect international travelers against measles:

- Infants under 12 months old who are traveling can get an early dose of MMR vaccine at six through 11 months. Follow the recommended schedule and get another dose of MMR vaccine at 12 through 15 months and a final dose at four through six years.
- Children over 12 months old who are traveling should get their first dose of MMR vaccine immediately and get a second dose 28 days after the first dose.
- Teens and adults with no evidence of immunity who are traveling should get their first dose of MMR vaccine immediately and get a second dose 28 days after the first dose.

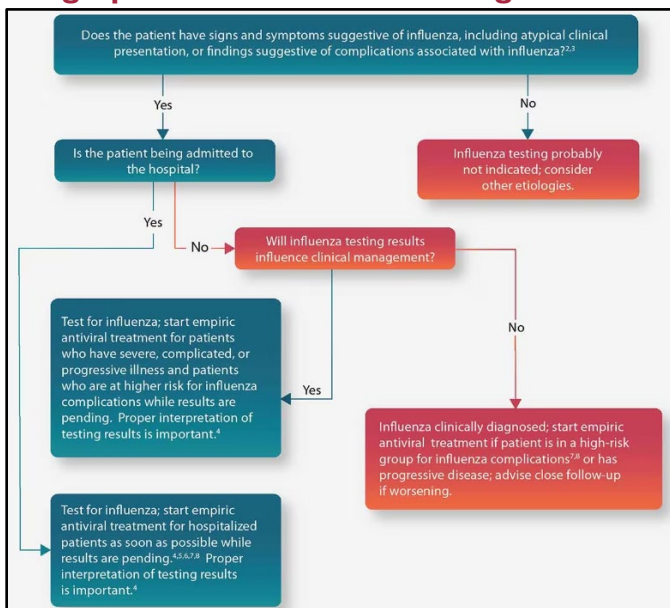
After returning from your trip, monitor your health for measles symptoms for 21 days. Symptoms of measles include high fever, cough, runny nose, conjunctivitis, and descending rash. If measles symptoms develop within 21 days, contact your health care provider and describe your recent travel to determine if you should be tested.

For more information from CDC about traveler health by destination, visit [www.cdc.gov/travel/](http://www.cdc.gov/travel/).

For more information about measles vaccination prior to travel, visit [www.cdc.gov/measles/plan-for-travel.html](http://www.cdc.gov/measles/plan-for-travel.html).

For CDC's routinely recommended vaccine schedule, visit [www.cdc.gov/vaccines/schedules/](http://www.cdc.gov/vaccines/schedules/).

## Infographic: Guide for considering influenza testing when influenza viruses are circulating



To view in full size, visit [www.cdc.gov/flu/professionals/diagnosis/consider-influenza-testing.htm](http://www.cdc.gov/flu/professionals/diagnosis/consider-influenza-testing.htm).

### **Meeting announcements and training opportunities**

Join Iowa HHS and ECRI on March 13 from 12 - 1 PM for a webinar, Infections Associated with Indwelling Devices. Indwelling devices such as central intravenous lines and foley urinary catheters are necessary tools to help treat people who are ill. While these devices do not cause infections, they can provide a route for germs to enter the body if not inserted and maintained properly. Whenever an indwelling device is used, there is a potential for infection, including healthcare-acquired infections, which can lead to sepsis. The webinar will discuss general indwelling device information, describe best practices to prevent catheter-associated urinary tract infections (CAUTIs), identify common pathogens and biofilm, describe best practices to prevent central line-associated bloodstream infections (CLABSIs), and explain the importance of device maintenance and audits. Continuing education credits are available. For more information and register, visit [ecri.zoom.us/webinar/register/WN\\_9nYMWjTrTQWr7439SbZojg#/registration](https://ecri.zoom.us/webinar/register/WN_9nYMWjTrTQWr7439SbZojg#/registration).

**Have a healthy and happy week!**  
Center for Acute Disease Epidemiology  
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