The pages that follow contain information critical to protecting the health of your patients and the citizens of Colorado.

Number of pages including cover: 4

Subject: Alert - Recommendations for Diagnostic Testing of Specimens for MEASLES GUIDANCE FOR EMERGENCY DEPARTMENTS AND HEALTHCARE PROVIDERS

Message ID: 7/19/2016 12:30:00 PM
Recipients: HAN Community Members.
From: TRI-COUNTY HEALTH DEPARTMENT
Adams, Arapahoe and Douglas County, Colorado

Recipient Instructions: Tri-County Health Department is forwarding you the attached HAN. You may have already received this broadcast if you are on the CDPHE distribution list, however, we wanted to ensure you did not miss this important information. No response is required.

You have received this message based upon the information contained within our Health Alert Network Notification System. If you have a different or additional e-mail or fax address that you would like us to use, or if you have additional questions, call 720-200-1477.

Categories of Health Alert Network Messages:
Health Alert: Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.
Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.
Info Service/Public Health Brief: Provides general information that is not necessarily considered to be of an emergent nature.

You may download a copy of this HAN from the TCHD website at http://www.tchd.org/259/Health-Alert-Network
HEALTH ALERT

MEASLES GUIDANCE FOR EMERGENCY DEPARTMENTS AND HEALTHCARE PROVIDERS
July 19, 2016

****Health care providers: Please distribute widely in your office****

KEY POINTS:

• A Colorado resident has tested positive for measles after traveling internationally, where public health officials believe the patient was exposed to the virus.

• While infectious, the patient visited multiple health facilities and businesses in the Denver metro area. See below for specific times and locations.

• Individuals being seen with a rash illness and fever should be assessed for measles. Immediately report all suspect measles cases to your local public health agency or CDPHE (303-692-2700. After-hours call - 303-370-9395). Do not wait until laboratory results are available before reporting suspect measles cases.

BACKGROUND INFORMATION:

Measles is a highly contagious viral disease that causes a distinct febrile rash illness. The incubation period for measles ranges from 7 - 21 days. Susceptible individuals exposed to the Colorado resident in the South Metro Area could develop measles symptoms between July 15 and August 5.

Tri-County Health Department and Denver Public Health are contacting people directly exposed to the Colorado resident but the measles virus is very contagious and unidentified exposures may exist.

Exposure locations:

• Kumon Math and Reading Center of Highlands Ranch
  9362 S. Colorado Blvd. #D-08, Highlands Ranch, CO 80126
  July 8, 3:30 p.m.-6:40 p.m. and July 11, 3:30 p.m.-6:40 p.m.

• King Soopers
9551 S. University Blvd, Littleton, CO 80126  
July 11, 4:30 p.m.-7:45 p.m.

- Panda Express  
9563 S. University Blvd., Highlands Ranch, CO 80126  
July 11, 5:45 p.m.-8:00 p.m.

- Southeast Denver Pediatrics  
11960 Lioness Way #200, Parker, CO 80134  
July 12, 9:50 a.m.-12:15 p.m.; July 13, 9:50 a.m.-12:35 p.m.; and July 14, 11:35 a.m.-1:45 p.m.

- Target  
10001 Commons St., Lone Tree, CO 80124  
July 12, 11:00 a.m.-2:00 p.m.

- Sky Ridge Pediatric Emergency Department (Evergreen Building)  
10107 Ridge Gate Pkwy, Lone Tree, CO 80124  
July 14, 12:30 p.m.-9:45 p.m.

- Pediatric Unit at Rocky Mountain Hospital for Children at Presbyterian St. Luke’s  
2001 High Street., Denver, CO 80205  
July 14, 8:30 p.m. to July 15, 3:30 a.m.

RECOMMENDATIONS / GUIDANCE

The diagnosis of measles should be considered in any person with a generalized maculopapular rash and a fever, especially if accompanied by cough, coryza, or conjunctivitis (immunocompromised patients may exhibit an atypical rash or no rash).

Measles Symptoms:

<table>
<thead>
<tr>
<th>Prodrome</th>
<th>Rash</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever (usually ≥ 101 degrees F)</td>
<td>Usually begins on face 2-4 days after prodrome onset</td>
</tr>
<tr>
<td>Cough</td>
<td>Typically spreads downward/outward to hands and feet</td>
</tr>
<tr>
<td>Coryza (runny nose)</td>
<td>Typically is a maculopapular rash</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Lasts at least 3 days</td>
</tr>
</tbody>
</table>

TESTING:

Collect a nasal wash, throat (oropharyngeal) or NP (nasopharyngeal) swab for measles PCR testing. Also draw a serum specimen (red top tube or separator tube) for measles IgM testing.

After consultation with CDPHE Communicable Disease Branch staff at (303) 692-2700, specimens from highly suspect cases may be referred to the CDPHE laboratory for testing. Specimen collection guidelines can be found on this page: https://www.colorado.gov/pacific/cdphe/measles-information-health-care-and-public-health-professionals

INFECTION CONTROL:

- Suspected measles patients (i.e., persons with febrile rash illness) should be removed from emergency department and clinic waiting areas as soon as they are identified.
• In HOSPITAL settings, patients with suspected measles should be placed immediately in an airborne infection (negative-pressure) isolation room (if available). If possible, they should not be sent to other parts of the hospital for examination or testing procedures. The exam room should not be used for 2 hours after the suspect measles patient leaves.

• In CLINIC settings, patients with suspected measles should be quickly placed in a private room with the door closed and asked to wear a surgical mask, if tolerated. The exam room should not be used for 2 hours after the suspect measles patient leaves.

• Only health care providers with presumptive evidence of measles immunity should have contact with the patient.

• All health care personnel should have presumptive evidence of measles immunity documented and on file at their work location.

• Current recommendations state that for healthcare personnel, presumptive evidence of measles immunity includes two doses of MMR vaccine, serologic evidence of immunity to measles, or physician-diagnosed measles (during a measles outbreak, there may be additional vaccination recommendations).

VACCINATION:
• The first dose of MMR vaccine should be given at 12-15 months of age, though infants 6-11 months of age who plan to travel internationally should receive a dose of MMR vaccine prior to travel. Two subsequent doses of MMR are still required on or after the 1st birthday in infants who receive their first dose prior to 12 months of age.
• A second dose is recommended at 4-6 years of age but can be given earlier, provided the interval between the 1st and 2nd doses is at least 28 days.
• Persons born during or after 1957 should have documentation of at least one dose of MMR or other evidence of measles immunity.

FOR MORE INFORMATION:

For more information, physicians, laboratories, and public health partners should contact Meghan Barnes or Emily Spence-Davizon at (303) 692-2700.

For general questions from the public, CO-HELP is available at 877-462-2911.