



**Public Health Update  
4/13/2024**

**Confirmed case of measles in a visitor to Clark County, NV:**

**Stay alert for potential cases.**

**SITUATIONAL AWARENESS SUMMARY**

- This is an update to the public health advisory released by SNHD on 3/18/2024 calling attention the increase in global and U.S. cases of measles.
- On April 12, 2024, SNHD received a report of a confirmed measles case in a visitor to Clark County, Nevada from Monday, April 1 to Saturday, April 6, and notified the public through a news release.
- Measles is highly contagious and SNHD is strongly advising providers to stay alert for possible measles cases when patients present with cough, coryza, conjunctivitis, fever, or a rash.
- It is recommended that while in healthcare facilities, anyone suspected of having measles should be immediately isolated, and infection control contacted when available.
- The Health District is strongly recommending that healthcare workers ensure that they have acceptable immunity for measles, promote early vaccination for certain populations and up to date vaccination for all.

**The Southern Nevada Health District recommends that providers in all healthcare settings:**

- ✓ **CONSIDER:** Measles infection for any patients with **symptoms consistent with measles:**
  - **Febrile rash especially with cough, coryza, conjunctivitis**
- ✓ **ISOLATE:** Immediately isolate if considering measles (do not allow patient to remain in the waiting room or other common areas and use standard and airborne precautions)
- ✓ **NOTIFY:** Immediately notify Southern Nevada Health District at 702-759-1300 about any suspected case of measles and do not wait for confirmatory testing.
- ✓ **TEST:** Follow CDC's testing recommendations.
  - **Nasopharyngeal or throat swab for RT-PCR testing for rubeola, AND**
  - **Blood test for rubeola IgM**
- ✓ **TREAT:** Offer post-exposure prophylaxis to close contacts without evidence of immunity to measles with MMR vaccination within 72 hours from exposure.
- ✓ **VACCINATE:** Ensure all healthcare workers have acceptable evidence of immunity, and all your patients are up to date on measles vaccination, especially people 6 months of age or older before international travel, with second dose completion per vaccine schedule attached.

If you have any questions on measles, please contact the Southern Nevada Health District Office of Acute Communicable Disease Control at 702-759-1300.

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**SOURCE:** <https://emergency.cdc.gov/han/2024/han00504.asp>

**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

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## **Known potential exposure sites in Clark County, NV (April 1 to April 6, 2024):**

It is important to note that measles virus can live for up to two hours in the air after a person who is infected leaves the area.

- MGM Grand, 3799 S. Las Vegas Blvd., Las Vegas, NV 89108 (April 1 to April 6, 2024)  
Additional locations visited by the individual in the MGM include:
  - Grand Wok Noodle Bar on Monday, April 1 at approximately 5 p.m.
  - MGM Fitness Center on Tuesday, April 2 at approximately 9 a.m.
  - International Smoke Restaurant on Tuesday, April 2 at approximately 5 p.m.
  - Ka Cirque de Soleil on Tuesday, April 2
  - The food court at MGM on Wednesday, April 3
- Harry Reid International Airport (Terminal 1) on Saturday, April 6 arriving at approximately 6 a.m. and departing at approximately 9 a.m. from the A7 — A15 Gate area.
- The individual also visited other locations throughout Las Vegas and Henderson

## **Recommendations for Mitigating Measles Transmission in Healthcare Settings:**

Adapted from: <https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html>

1. Ensure that healthcare providers (HCP) have presumptive evidence of immunity to measles:
  - a. Written documentation of vaccination with 2 doses of measles virus-containing vaccine (the first dose administered at age  $\geq 12$  months; the second dose no earlier than 28 days after the first dose); OR
  - b. Laboratory evidence of immunity (measles immunoglobulin G [IgG] in serum; equivocal results are considered negative); OR
  - c. Laboratory confirmation of disease; OR
  - d. Birth before 1957 (consider vaccinating HCP born before 1957 who do not have other evidence of immunity to measles).
2. Minimize potential measles exposures:  
**Before arrival to a healthcare setting**
  - When scheduling appointments by phone for persons with signs or symptoms of measles, provide instructions for arrival, including which entrance to use and the precautions to take (e.g., how to notify hospital staff, don a facemask upon entry, follow triage procedures).
  - Instruct Emergency Services to notify the receiving facility/accepting physician in advance when transporting a patient with known or suspected measles.**Upon arrival to a healthcare setting**
  - Utilize existing triage stations for rapid identification and isolation of patients with measles.
    - Provide a facemask to wear
    - Separate from other patients *prior to or as soon as possible after entry*
  - Facilitate adherence to respiratory hygiene, cough etiquette, hand hygiene, and triage
    - Post visual alerts (e.g., signs, posters) in appropriate languages about respiratory hygiene, cough etiquette, and hand hygiene at the facility entrance and in common areas (e.g., waiting areas, elevators, cafeterias).
    - Make supplies to perform hand hygiene available to all persons in the facility.
    - Provide supplies (e.g., facemasks) near the visual alerts if possible.
3. Adhere to Standard Airborne Precautions and all Standard Precautions.

## Measles Vaccination Schedule:

Adapted from: <https://www.cdc.gov/measles/vaccination.html>

MMR Vaccination Schedule – without international travel					
	6 months	12 months	15 months	4 years	6 years
MMR		Dose 1		Dose 2	
MMRV*		Dose 1*		Dose 2	

**\*Note:** For dose 1 in children **age 12–47 months, it is recommended to administer MMR and varicella vaccines separately.** MMRV\* may be used if parents or caregivers express a preference.

**\*Note:** If MMRV is used, the minimum interval between MMRV doses is 3 months

MMR Vaccination Schedule – WITH international travel <12 months of age					
	6 months	12 months	13 months	15 months	6 years
MMR	Dose 1	Dose 2	Dose 3*		
MMRV**	Dose 1	Dose 2		Dose3	

**\*Note:** 1 dose before departure; revaccinate with 2-dose series at age 12–15 months (12 months for children in high-risk areas) and dose 2 as early as 4 weeks later.

**\*\*Note:** If MMRV is used, the minimum interval between MMRV doses is 3 month

MMR Vaccination Schedule – WITH international travel >= 12 months of age				
	12 months	13 months	15 months	6 years
MMR	Dose 1	Dose 2		
MMRV	Dose 1		Dose2*	

**Note:** 2-dose series before departure with dose 2 as early as 4 weeks later.

**\*Note:** If MMRV is used, the minimum interval between MMRV doses is 3 months

Teenagers and adults with no evidence of immunity	
MMR	One Dose (as soon as possible)
<b>Acceptable evidence of immunity includes at least ONE of the following:</b> <ul style="list-style-type: none"> <li>- Documented adequate vaccination,</li> <li>- Laboratory evidence of immunity</li> <li>- Laboratory confirmation of measles</li> <li>- Birth before 1957 (consider vaccination in healthcare workers even if born before 1957)</li> </ul>	

**Note:** MMRV maximum age for administration is 12 years