

MLS Laboratory Advisory: Travel Associated Measles Case

MAY 28, 2024

Purpose of this Message:

Inform clinical laboratory partners of three new measles cases in the metro area and provide instructions on acceptable specimens, transport media and shipping conditions for testing at MDH-PHL.

Action Item:

Please review the information below and share with your clinical laboratory partners.

Laboratory Testing Information:

The MDH Public Health Laboratory (MDH-PHL) offers a real-time reverse transcriptase PCR assay for measles testing. Requests received at MDH-PHL for measles IgM serology are sent to CDC. Real-time PCR is the preferred diagnostic assay due to cross-reactivity with the serology test. It is important to collect specimens as soon as possible after the onset of the rash. Considering day 0 as the rash onset date, collect specimens as outlined below:

- Day 0 – 5 of rash: throat swab
- Day 6 – 9 of rash: throat swab and urine

Acceptable specimens:

- Throat swab (preferred), nasal/nasopharyngeal swab or nasal washing submitted in a viral transport media [VTM, universal transport medium (UTM), M5, M4, Minimum Essential Medium (MEM), saline, balanced salt solution (BSS), Sterile isotonic solutions, Phosphate buffered saline (PBS), Liquid Stuart's Medium].
- Urine (10 – 40 mL) should be collected and shipped in a sterile urine container.

Transport:

Store and ship specimens at refrigeration temperature (2 - 8°C) in an insulated container and on ice packs. Further information on collection, transport media and shipping can be found on the [MDH Measles Lab Testing web page](https://www.health.state.mn.us/diseases/measles/hcp/labtesting.html) (<https://www.health.state.mn.us/diseases/measles/hcp/labtesting.html>).

Background:

Three additional measles cases have been identified in children who recently returned from international travel and had unknown vaccine history. All three children are siblings. These three additional cases bring Minnesota's total case count to nine cases for 2024, six of which have occurred in the last two weeks.

Measles was laboratory confirmed by PCR at the Minnesota Department of Health's Public Health Laboratory (MDH-PHL). Exposures primarily occurred within the family and at Hennepin County Medical Center (HCMC). The children were seen at HCMC on May 21 at 11 p.m. through May 22 at 6 a.m. Visitors and patients at HCMC on these days and times may have been exposed to measles. MDH is working closely with HCMC to contact individuals who were at HCMC during this time period and will provide information about how to obtain post-exposure prophylaxis (PEP). Susceptible persons who do not get PEP will be asked to exclude themselves from high-risk settings for 21 days following exposure. Exposures outside of the healthcare setting are still being assessed.

Nationally measles is also increasing. As of May 16, a total of 139 measles cases have been reported by 21 jurisdictions throughout the United States in 2024 (CDC: Measles (Rubeola): Measles Cases and Outbreaks (www.cdc.gov/measles/data-research/)).

It is important to assess MMR vaccination status at every clinic visit and recall those who have previously refused MMR vaccine for their child. The current measles situation is an opportunity to restart conversations with patients about the importance of vaccination.

This information was shared with clinicians and infection preventionists through the Health Alert issued by [MDH Health Alert Network \(https://www.health.state.mn.us/han\)](https://www.health.state.mn.us/han).

Questions: Please contact: Scott Cunningham, Virology Unit Supervisor; 651-201-5032, Scott.Cunningham@state.mn.us or Dr. Anna Strain, Infectious Diseases Laboratory Manager, Anna.Strain@state.mn.us, 651-201-5035.

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PLEASE FORWARD THIS TO ALL APPROPRIATE PERSONNEL WITHIN YOUR INSTITUTION AND HEALTH SYSTEM

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To obtain this information in a different format, call: 651-201-5200.