Alaska Public Health Alert

Measles Confirmed in the Municipality of Anchorage — What Alaska Clinicians Should Know

May 22, 2025

All suspected or confirmed measles cases must be reported immediately to the Alaska Section of Epidemiology at (907) 269-8000 or 800-478-0084 (after-hours)

Case Report

A measles case was confirmed in a resident of the Municipality of Anchorage this week. This person is an unvaccinated minor who experienced a rash onset on May 14. They sought medical care on May 19 and tested positive for measles on May 21. Anyone who was at the following locations during the times listed could have been exposed to measles, and if not immune, could develop symptoms between May 17, 2025 – June 4, 2025.

Location	Date and Time
O'Malley Sports Center/Fly Trampoline Park 11050 O'Malley Centre Dr, Anchorage, AK 99515	May 10, 2025 – approximately 2pm-6pm
Target 150 W. 100th Ave, Anchorage, AK 99515	May 11, 2025 – approximately 4pm-8pm
YMCA 5353 Lake Otis Parkway, Anchorage, AK 99507	May 12, 2025 – approximately 6am-9am May 14, 2025 – approximately 6am-9 am

Measles Basics

Measles is a highly infectious viral respiratory disease that spreads via the airborne route and through direct contact with respiratory secretions. Measles typically starts with a fever, runny nose, cough, red eyes, and sore throat, and is followed by a rash that most frequently starts on the face and descends to involve the trunk and limbs. About 30% of people who get measles will develop one or more complications including pneumonia, ear infections, or diarrhea. Complications are more common in infants, children aged <5 years, pregnant women, immunocompromised persons, and adults aged ≥20 years. Measles can be fatal.

- **Incubation Period:** Symptoms typically start to appear 8–12 days after exposure, with rash onset typically occurring 10–14 days after exposure (range: 7–21 days)
- **Infectious Period:** 4 days before rash onset through 4 days after rash onset
- Clinicians should advise adult patients or the parents of children **to call ahead before visiting a clinic for care, to avoid exposing others in waiting areas.**
- Clinicians should ensure that adults, or the parents of children, with suspected measles avoid exposing other people during the entire infectious period.

Specimen Collection for Laboratory Diagnosis

- *Contact SOE immediately to facilitate testing: 907-269-8000, or 800-478-0084 after hours*
- For patients presenting ≤7days of rash onset, request a PCR test:
    - Obtain a throat or nasopharyngeal swab; use a synthetic swab (i.e., Dacron) and place into viral transport media (VTM) or universal transport media (UTM).
- For patients presenting >7days after rash onset: additional specimens may be indicated, consult guidance on page 40 of the Alaska State Public Health Laboratory Test Directory.
- Store all specimens at 4°C and ship on cold packs in a proper insulated shipper box. Ship as a UN3373 Biological substance, Category B.
- See Alaska State Public Health Laboratory Test Directory, pg. 40 for more information about submitting other types of specimens for measles.
- Supplies can be requested for NP swabs, UTM, or insulated shippers by faxing the form at https://health.alaska.gov/media/yjzopuyj/labsupplyrequestform2024.pdf to the Fairbanks Laboratory (ASVL).
- Fees are waived for all measles testing until further notice.

Surveillance, Reporting, and Isolation

- *Healthcare providers should report suspected measles cases immediately by calling the State of Alaska, Section of Epidemiology at (907) 269-8000 or (800) 478-0084 after hours.*
- **Suspected cases should be promptly isolated until 4 days after rash onset.**
- CDC's infection control guidelines: https://www.cdc.gov/infection-control/hcp/measles/?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html

Post-Exposure Prophylaxis

- Susceptible persons >6 months of age with 1 or no documented doses of MMR should receive 1 dose of MMR vaccine **<72 hours after last exposure** to measles, if not contraindicated.
- Immunoglobulin (IG) may be given to exposed susceptible people **≤6 days of last exposure** to prevent infection or reduce the severity of illness. IG should be prioritized for infants <12 months of age, people who are severely immunocompromised, and pregnant people.
- More details about dosing and indications are available on-line at:
    - https://www.cdc.gov/measles/hcp/vaccine-considerations/index.html#cdc_generic_section_5-post-exposure-prophylaxis-for-measles
- Close contacts without prior immunity who have been exposed to a measles patient during the patient's infectious period (starting 4 days before through 4 days after rash onset) should quarantine starting on day 7 after exposure and ending 21 days after their last exposure to an infected person. This ensures that if an exposed person proceeds to developing symptoms, the potential for further disease transmission is limited.

Evidence of Immunity

- Accepted presumptive evidence of immunity against measles includes one of the following:
    - Birth before 1957

        - Due to widespread exposure to measles in the pre-vaccine era, people born before 1957 are generally considered to have natural immunity to measles.
    - Written documentation of adequate vaccination
        - One or more valid doses of a measles-containing vaccine for pre-school age children and adults not at high risk;
        - Two valid doses of measles-containing vaccine for school-age children and adults at high risk, including college students, healthcare personnel, and international travelers; or
    - Laboratory confirmation of measles; or
    - Laboratory evidence of immunity (note: serologic testing for immunity to measles is not necessary for persons documented to be appropriately vaccinated or who have other acceptable evidence of prior infection).

Vaccination Recommendations

- CDC recommends routine vaccination with a 2-dose series of MMR (measles-mumps-rubella) vaccine, the first dose at 12-15 months and the second dose at 4-6 years.
    - One dose of MMR vaccine is approximately 93% effective; two doses are approximately 97% effective.
- A summary of Measles Vaccine Recommendations is also available at: https://www.cdc.gov/measles/hcp/vaccine-considerations/

Vaccine Availability

- Your health care provider and your local public health center likely have MMR vaccine available. Some pharmacies may also stock vaccine. You can also call the Alaska Immunization Helpline for questions at 907-269-8088.

Vaccination Records

- Patients may check their immunization status using the free Docket app at https://ak.app.dockethealth.com/ or available on the App Store.

Resources

- CDC Measles-Healthcare Professionals, https://www.cdc.gov/measles/hcp/clinical-overview/?CDC_AAref_Val=https://www.cdc.gov/measles/hcp/index.html
- IAC Ask the Experts-MMR, http://www.immunize.org/askexperts/experts_mmr.asp
- MMWR, Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013, http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf
- Section of Epidemiology Measles page, https://health.alaska.gov/en/education/measles/