infection was unlikely, due to the atypical clinical presentation (e.g., ear infections, diarrhea, pneumonia, and encephalitis).\(^1\)

A provider notified SOE of a possible case of measles on January 16, after the child developed a fever of 102.4ºF and coryza on January 15, January 16. Initial bloodwork was drawn on January 19. The child developed a localized rash on the right thigh and buttock on January 19. A previously healthy 1-year-old child visited Anchorage on January 16. Adult household members were given. On January 23, SOE was notified of a case of measles. A previously healthy 1-year-old child visited Disneyland on January 13. The vaccine strain of the virus; the positive IgG result might characterize the patient’s symptom progression), SOE staff considered the likelihood of this case representing a true measles infection to be very low. Rather, it was felt that the PCR test was picking up the vaccine strain of the virus, as has been documented to occur.\(^6\) Genotype testing was undertaken to determine if the strain detected was a vaccine or wild type. While awaiting the genotype test results, out of an abundance of caution, SOE offered post-exposure prophylaxis to high-risk contacts (i.e., infants, non-immune pregnant women, immunocompromised persons) that were still within the window of opportunity to receive immune globulin (IG).

Three such persons (all infants) received IG prophylaxis. On January 28, the genotype results came back positive for the vaccine strain of measles.

**Box. Measles Vaccine Recommendations**\(^4\)

- The 1st MMR dose is recommended at 12–15 months of age.
- The 2nd MMR dose is recommended at 4–6 years of age (valid if given ≤28 days after the 1st dose).
- Adolescents or adults who are going to be in a setting that poses a high risk for measles transmission—including students at post-high school education institutions, health care personnel, and international travelers—should have two doses of measles vaccine separated by at least 28 days.

**Recommendations**

1. Health care providers should ensure that all of their patients are age-appropriately vaccinated against measles. Since measles is so contagious, a high vaccine coverage rate in communities is needed to protect the public’s health (Box).\(^3\)

2. Health care providers should immediately notify SOE if they suspect a case of measles; call 907-269-8000 during work hours or 1-877-269-8004 after-hours. Contact SOE for assistance in obtaining PCR testing for all suspected cases.

3. Parents should be instructed to keep children with suspected measles infection at home and avoid contact with others for 4 days after rash onset.

4. More information can be found on the SOE measles website: http://www.epi.alaska.gov/id/measles

**References**


