

ISDH Long Term Care
Newsletter Issue # 11-14
June 24, 2011

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Measles Outbreak in Northern Indiana

Indiana Health Alert Network
6/21/2011

The Indiana State Department of Health (ISDH) has been notified of five (5) confirmed cases of measles in Northeastern Indiana. Community exposures may have occurred and area residents may have been exposed. These cases appear to be related to an international exposure and subsequent transmission among unvaccinated individuals. It is important for health care providers to be aware of the symptoms and appropriate laboratory testing for suspect measles cases.

If additional cases occur related to these cases, the expected onset dates range from June 10-July 11. Individuals who have received two doses of measles, mumps, and rubella (MMR) vaccine are unlikely to be infected.

All healthcare workers should consider measles in patients with a febrile rash, particularly if the patient is unvaccinated, has a history of international travel or contact with international visitors.

Measles is a highly infectious viral illness, transmitted by respiratory droplets, with a secondary attack rate of up to 90% in susceptible persons. Individuals with measles are considered to be infectious from 4 days before through 4 days after rash onset. The infectious period ranges from 7-21 days (average of 10-14 days) following exposure. Measles virus can persist for up to two hours in the environment.

The clinical case definition for measles includes a prodromal period of 3-4 days with cough, coryza, and/or conjunctivitis. Fever of greater than 101 degrees F is present during this time, often reaching as high as 104 degrees F after rash onset. The rash typically begins on day four at the hairline and spreads downward over the body, lasting at least three days. The measles rash is a bright red maculopapular rash, becoming confluent in blotches first on the face and then on the trunk. It may turn brownish in color and fades in the same order that it appeared. Koplik spots (bluish-white dots on a reddish base on the buccal mucosa) may be present. Individuals with measles generally appear very ill.

If you suspect measles in a patient:

1. The patient must be moved swiftly to a closed room and respiratory isolation precautions should be used. The exam room should not be used for at least two hours after the patient departs. Notify your infection preventionist.

2. Contact your local health department or the ISDH immediately. An investigation and contact tracing will be conducted. The ISDH can be reached at (317) 233-7125 during business hours (8:15 a.m.-4:45 p.m. Monday-Friday). After business hours, call the ISDH Duty Officer at (317) 233-1325.

3. Order appropriate laboratory testing for suspect measles cases: a serum specimen for measles (rubeola) IgM and IgG antibody testing and a specimen for viral culture (nasopharyngeal swab, throat swab, or urine specimen) should be collected immediately. Arrangements should be made to ship or transport the specimens to the ISDH Laboratory.

4. Patients suspected of having measles should be isolated until the 4th day after rash onset.

Most individuals who have received two doses of MMR vaccine are considered immune to measles. All health care workers should have evidence of immunity to measles (documentation of two MMR vaccines or positive antibody titer (IgG) for measles). Individuals who are not health care workers born before 1957 are presumed to be immune to measles.

For more information about measles, visit <http://www.cdc.gov/vaccines/vpd-vac/measles/default.htm>.

Alzheimer's Resource Center

The Indiana Health Care Quality Resource Center is intended to provide tools and resources to assist health care facilities, agencies, and centers in providing quality health care. The information may also be educational to patients and families who wish to learn more about care issues.

The Indiana State Department of Health (ISDH) recently added an Alzheimer's and Dementia Care Resource Center. Included in the Center are resources provided at the October 2010 ISDH Healthcare Leadership Conference on Alzheimer's and Dementia Care.

The ISDH Health Care Quality Resource Center home page is found at <http://www.in.gov/isdh/24555.htm>. All of the Resource Centers may be accessed at the bottom of the page. The direct link to the Alzheimer's and Dementia Care Resource Center is <http://www.in.gov/isdh/25190.htm>.

QMA Certifications

Attention to Qualified Medications Aides (QMA) and Providers. As of June 24, 2011, 457 QMAs have not renewed their certification. On June 30th the extension period for renewing the QMA certification expires. Submission after June 30 will require that the individual re-take the entire QMA course.

The renewal process:

- mail renewal form with six (6) hours of in-service time (dated March 1, 2010-February 28, 2011)
- submit \$20 fee (includes the late fee) via check/money order or pay on-line at this website: <https://mylicense.in.gov/egov/>

For questions contact:

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Partnership for Patients Patient Safety Webinars

Washington, DC – Partnerships convened by the National Quality Forum (NQF) and the Department of Health and Human Services are teaming up to launch a series of patient safety webinars, with the goal of

helping organizations nationwide start and sustain changes that will lead to reduced health care-caused harm and cost. The webinars are free, and available to all stakeholders who want to make strides in improving patient safety.

The Partnership for Patients initiative, launched by the Department of Health and Human Services, was created to dramatically improve patient safety across the country. This initiative will engage stakeholders from the private and public sectors to reduce hospital readmissions and hospital acquired conditions – both of which harm patients and cost our health care system billions annually. On average, one in seven Medicare beneficiaries is harmed in the course of their care, costing the government an estimated \$4.4 billion every year. Additionally, nearly one in five Medicare patients discharged from the hospital is readmitted within 30 days – that's approximately 2.6 million seniors at a cost of over \$26 billion every year.

As a means of accomplishing this goal, CMS requested the creation of a webinar series by NQF.

"This webinar series will arm health care leaders with practical, tested, successful, and most important, scalable strategies in improving patient safety," said CMS Administrator Donald M. Berwick, MD. "We are delighted to work with the National Priorities Partnership to carry this program forward, and help extend the great work they have done over the last three years in this area."

"Our hope is that these webinars act as accelerant in helping organizations immediately implement changes that save precious lives and health care dollars," said Janet Corrigan, CEO of the National Quality Forum. "In our role as the convener of the National Priorities Partnership, and as an organization whose mission is to improve health care, we are honored to have been chosen to initiate and help facilitate this important discussion."

Additional upcoming webinar topics will include:

- Care Transitions
- Adverse Drug Events
- Infections in the Intensive Care Units
- Surgical Site Infections
- Pressure Ulcers and Injuries from Falls
- Venous Thromboembolism
- Obstetrical Adverse Events

With each of these sessions, national experts will present effective solutions, and an expert panel of National Priorities Partnership partners will contribute to the follow-up discussion of how to realize these solutions nationally. The webinar series will be available, free of charge, for audio streaming. Space is limited, and advance registration is recommended to ensure real-time participation. All webinars will be recorded, archived, and made available on NQF's website after each event.

[Learn more about this webinar series.](#)

Coming Events

October 27, 2011: Indiana Healthcare Leadership Conference, *Improving Care Coordination and Transition*, Indiana Convention Center, Indianapolis, Indiana.

That is all for now. Have a wonderful weekend.

Terry Whitson
Assistant Commissioner
Indiana State Department of Health

