INFLUENZA AND HEALTH CARE WORKER MASKING – MEASLES 2015

INFLUENZA ACTION REQUESTED:

1. Discontinue the masking of staff in health care facilities who were unable or unwilling to receive flu vaccine during this influenza season. Based on the review of surveillance data through 2/25/2015 indicating reduced influenza activity, the Thurston, Mason, Lewis Infection Control Network recommends facilities discontinue masking.

2. Continue reporting unexplained critical illness or death or Deaths associated with influenza.

MEASLES IN WASHINGTON STATE

ACTION REQUESTED:

1. Consider measles in patients or staff who:
   - present with febrile rash illness and clinically compatible measles symptoms [cough, coryza (or runny nose) or conjunctivitis (pink eye)]. Immunocompromised patients may not exhibit rash or may exhibit an atypical rash.
   - recently traveled internationally, were exposed to someone who recently traveled, traveled to an area where there are measles cases or international travelers, or were in contact with someone with the measles
   - have not been vaccinated or fully vaccinated against measles
   - use attached assessment guide to aid determining which patient are considered highly suspect for measles

2. Complete the following immediately If you suspect measles:
   - See patients and collect specimens for a patient you suspect as having measles in their car or outside the facility to limit exposure and disease transmission to others.
   - Promptly mask and isolate patients to avoid disease transmission.
   - Immediately report all suspect measles cases to the local health department at 867-2500, after business hours call 911 and ask them to put you in contact with the Health Officer.
   - Obtain specimens for testing from patients with suspected measles, including viral specimens. The local health department can help facilitate testing of measles specimens through the WA State Public Health laboratory. Detailed information about specimen collection, timing, and shipment can be found at:

3. Report all suspect measles cases immediately to the local health department at 867-2500, after business hours call 911 and ask them to locate the Health Officer.
4. Assess all patients and staff for measles immunity. Recommend MMR for those who are not immune to Rubeola.

- Ensure all patients and staff in your facility are up to date on MMR vaccine and other vaccines or have acceptable evidence of immunity. Should a patient or staff of your facility be diagnosed with measles the patient or staff will be excluded from work, school and/or childcare until they are no longer contagious. **All non-immune individuals exposed to measles in a work place, school or child care center will be excluded for 21 days or for the duration of the outbreak.**

- **Presumptive evidence of measles immunity is defined as:**
  - Evidence of adequate vaccination for school-aged children, college students, and students in other postsecondary educational institutions who are at risk for exposure and infection during measles outbreaks consists of 2 doses of measles-containing vaccine separated by at least 28 days.
  - Laboratory evidence of immunity or lab evidence of disease
  - Born before 1957
  - Documentation of age-appropriate vaccination with a live measles virus-containing vaccine:
    - preschool-aged children and adults not at high risk: 1 dose
    - infants 6-11 months who travel internationally: 1 dose
    - school-aged children (grades K-12): 2 doses
    - **health care workers: regardless of birth year** who lack laboratory evidence of measles immunity or laboratory confirmation of disease.
    - students at post-secondary educational institutions: 2 doses
    - adults with no other evidence of immunity who travel internationally: 2 doses

5. Sign up for Clinician Outreach and Communication Activity (COCA) through the Centers for Disease Control and Prevention at [http://emergency.cdc.gov/coca/about.asp](http://emergency.cdc.gov/coca/about.asp) COCA provides timely, accurate, and credible information to clinicians and supports the varied information needs of clinicians by providing a variety of products and services, to include: conference calls/webinars and email updates related to CDC guidance and recommendations on emerging health threats; training and conference announcements; clinical support via direct email for questions and feedback; and continuing education opportunities.


**Special Considerations for post exposure of non-immune individuals exposed to Measles**
- Active immunization with Measles containing vaccine within 72 hours of exposure
• Administration of IG for those who are too young to receive vaccine, are pregnant or are immune compromised - Immune globulin should be administered as soon as possible after exposure. The recommended methods of IG administration for the groups at increased risk are as follows (Page 17, MMWR, Vol. 62/No. RR-4) found at www.cdc.gov/mmwr/pdf/rr/rr6204.pdf

MEASLES BACKGROUND

From January 1 to February 20, 2015, 154 people from 17 states and Washington DC were reported to have measles. 77% of the cases are linked to a large, ongoing multi-state outbreak linked to an amusement park in California with the majority in unvaccinated individuals. To date this year there have been 6 cases of measles in Washington State, 2 in unimmunized Grays Harbor County residents linked with travel to the amusement park in California and 4 in Clallam County, 2 unimmunized and 2 with unknown immunization status. No source or exposure was identified for the 1st Clallam County case the other 3 cases are contacts of the 1st case.

RESOURCES

Washington State Department of Health Measles assessment checklist for providers www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Measles
Clinician Outreach and Communication Activity (COCA) at CDC http://emergency.cdc.gov/coca/about.asp
CDC Measles information for providers www.cdc.gov/measles/hcp/index.html

THANK YOU FOR REPORTING

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<th>TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY</th>
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| Voice mail for reporting Non-immediately reportable conditions (24 hours a day) | Phone: 360-786-5470
Fax: 360-867-2601 |
| Day time immediately reportable conditions | 360-867-2500 ask staff to locate Communicable Disease staff |
| After hours immediately and 24 hour reportable conditions or a public health emergency | Call 911 and ask staff to locate the Health Officer. |
| No one is available with Thurston County Public Health and condition is Immediately notifiable | 1-877-539-4344 |
Report all SUSPECT measles cases immediately to Thurston County Public Health Department

✓ Consider measles in the differential diagnosis of patients with fever and rash:

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A) What is the highest temperature recorded? °F

   Fever onset date: __/__/____

B) Does the rash have any of the following characteristics?

   Was the rash preceded by one of the symptoms listed in (C) by 2-4 days?
   Did fever overlap rash?
   Did rash start on head or face?

   Rash onset date: __/__/____

Measles rashes are red, maculopapular rashes that may become confluent – they typically start at hairline, then face, and spreads rapidly down body.

Rash onset typically occurs 2-4 days after first symptoms of fever (≥101°F) and one or more of the 3 C’s (cough, conjunctivitis, or coryza).

C) Does the patient have any of the following?

   Cough
   Runny nose (coryza)
   Red eyes (conjunctivitis)

   Dates of measles vaccine:
   #1 __/__/____
   #2 __/__/____

D) Unimmunized or unknown immune status?

E) Exposure to a known measles case?

   Date and place of exposure:

F) Travel, visit to health care facility, or other known high-risk exposure in past 21 days?

   See local health department for potential exposure sites.

✓ Measles should be highly suspected if you answered YES to at least one item in B and C, PLUS a YES in D or E or F. IMMEDIATELY:

   Mask and isolate the patient (in negative air pressure room when possible) AND
   Call Thurston County Public Health local health department to arrange testing at the WA State Public Health Laboratories (WAPHL). All health care providers must receive approval from Thurston County Public Health Department prior to submission.
   o Call 867-2500 during normal business hours and ask for Communicable Disease Staff
   o Call 911 after hours and ask them to locate the Health Officer

✓ Collect the following specimens

   Nasopharyngeal (NP) swab for rubeola PCR and culture (preferred respiratory specimen)
   o Swab the posterior nasal passage with a Dacron™ or rayon swab and place the swab in 2–3 ml of viral transport medium. Store specimen in refrigerator and transport on ice.
   o Throat swab also acceptable.

   Urine for rubeola PCR and culture
   o Collect at least 50 ml of clean voided urine in a sterile container and store in refrigerator.

   Serum for rubeola IgM and IgG testing
   o Draw at least 4-5 ml blood (yields about 1.5 ml serum) in a red or tiger top (serum separator) tube. Store specimen in refrigerator and transport on ice.