MEASLES IN WASHINGTON STATE: Information for Schools

**ACTION REQUESTED:**

1. Report all suspect measles cases immediately to the local health department at 867-2500, after business hours call 911 and ask them to connect you with the Health Officer.

2. Consider measles in students, attendees and staff who:
   - present with febrile (fever) 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

3. **Promptly mask and isolate** students, staff, and attendees to avoid further disease transmission. Refer individual to their health care provider for assessment, testing and diagnosis. Tell them to call the provider’s office first.

4. **Assess all students, staff and attendees for measles immunity. Identify all non-immune, susceptible staff, students and attendees.** Recommend MMR for those who are not immune to Rubeola.

Measles is a highly contagious, acute viral illness. It begins with a prodrome of fever, cough, coryza (runny nose), conjunctivitis (pink eye), lasting 2-4 days prior to rash onset. Measles can cause severe health complications, including pneumonia, encephalitis, and death. Measles is transmitted by contact with an infected person through coughing and sneezing; infected people are contagious from 4 days before their rash starts through 4 days afterwards. After an infected person leaves a location, the virus remains viable for up to 2 hours on surfaces and in the air.

**EXCLUSION OF STAFF, STUDENTS AND ATTENDEES**
- Ensure all staff, students, and attendees in your facility are up to date on MMR vaccine and other vaccines or have acceptable evidence of immunity. Should a student, attendee, or staff of your facility be diagnosed with measles the student, attendee, and/or staff will be excluded from work, school and/or childcare until they are no longer contagious.

Communicable Disease Updates are posted online at: [http://bit.ly/WWaGCb](http://bit.ly/WWaGCb)
• All exposed non-immune, susceptible individuals in a work place, school, educational facility or child care center will be excluded for 21 days or for the duration of the outbreak.

VACCINATIONS

• Routine MMR (Measles, Mumps, Rubella) vaccination is recommended for all children, with the first dose given at age 12-15 months, and a second dose at age 4-6 years.
• Adults born after 1957, unless they have evidence of immunity*, should get at least one dose of MMR vaccine
• Two appropriately spaced doses of MMR vaccine are recommended for healthcare personnel, college students, and international travelers.

During an Outbreak

• Adults, and Children aged 1 through 4 years who have received their 1st dose may receive the 2nd dose as long as 28 days have passed since the 1st dose during an outbreak.
• Infants aged 6-12 months may be vaccinated with MMR during an outbreak, ideally 1 month prior to any risk of exposure. Children who receive a dose of measles-containing vaccine before their first birthdays should be revaccinated with two doses of MMR vaccine, the first of which should be administered when the child is aged 12–15 months and the second at least 28 days later.

*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
  • school-aged children (grades K-12): 2 doses
  • infants 6-11 months during an outbreak or who travel internationally: 1 dose
  • students at post-secondary educational institutions: 2 doses
  • health care workers: regardless of birth year who lack laboratory evidence of measles immunity or laboratory confirmation of disease: 2 doses
  • adults with no other evidence of immunity who travel internationally: 2 doses

We want you to be aware of an article published in the February 4th edition of the Seattle Times “Explore this: Vaccine exemption rates for every Washington school” which allows individuals to search to see the exemption rates of every school in Washington State. It may be found at http://blogs.seattletimes.com/fyi-guy/2015/02/04/explore-this-vaccine-exemption-rates-for-every-washington-school/. It is based on 2011-2012 data none the less you may receive questions regarding exemption rates in your schools.
BACKGROUND

Measles was documented as eliminated in the United States in 2000; however, importation of measles cases and limited local transmission continue to occur. In 2014 there were 644 cases reported in the US the highest number of measles cases reported in 20 years. In 2014 there were 32 cases reported in Washington State the highest number of measles cases reported in last 18 years. This year through February 6th, 121 cases from 17 states have been reported in the US with 85% of them linked to a large, ongoing multi-state outbreak linked to an amusement park in California with the majority in unvaccinated individuals. There are usually fewer than 5 cases of measles reported yearly in Washington State. In 2014, 32 cases were reported. In 2015, 4 cases have been reported; 2 linked to the California amusement park, one in an international traveler and the most recent case in a Clallam County resident with no reported history of travel or identified exposure to a person with measles. The last reported case of measles in Thurston County was in 2007 in a non-immune infant with international travel history.

RESOURCES:
CDC Measles Information  www.cdc.gov/measles/index.html
CDC Measles information in English and Spanish
 www.cdc.gov/vaccines/vpd-vac/measles/fs-parents.html
 www.cdc.gov/vaccines/vpd-vac/measles/fs-parents-sp.html
CDC Measles Fact Sheets in English and Spanish
WA ST DOH Measles information
 www.doh.wa.gov/YouandYourFamily/Immunization/DiseasesandVaccines/MeaslesDisease
Washington State DOH Measles Information for the Public
 www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Measles
Washington State Department of Health Immunization Information
 www.doh.wa.gov/YouandYourFamily/Immunization
Washington State Department of Health Vaccine Requirements
 www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaccineRequirements
Washington State Department of Health Measles Guidelines and Report Forms

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<tr>
<th>TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY</th>
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<tbody>
<tr>
<td>Voice mail for reporting Non-immediately reportable conditions (24 hours a day)</td>
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<tr>
<td>Day time immediately reportable conditions</td>
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<tr>
<td>After hours immediately and 24 hour reportable conditions or a public health emergency</td>
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<tr>
<td>No one is available with Thurston County Public Health and condition is immediately notifiable</td>
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