Measles in Washington State, Oregon, California, and British Columbia

Following a conference call yesterday with the Washington State Department of Health I wanted to provide you with an update about Washington State measles cases. As of yesterday there were 6 confirmed cases in Whatcom County linked to British Columbia, 5 confirmed cases and 1 suspect case in San Juan County and a single case in Kitsap County whose exposure was to a San Juan County case. Some of the cases have extensive travel to public venues in northern western Washington. I intend on sending out a press release to not only make the public aware but to prompt unvaccinated individuals to get vaccinated. There is still a lot of time for those exposed to the current cases to start showing symptoms. I anticipate your offices may get an increased volume of phone calls asking about measles and immunization status.

Action requested:
Clinicians should review the following information about measles and have a high index of suspicion for measles in persons with a compatible clinical syndrome who may have travel history to areas experiencing cases where they may have been exposed including persons who have traveled abroad or who have been in contact with travelers.

Assess measles immunization status for all patients. Assure all patients traveling internationally, including to Canada, have received two doses of measles containing vaccine or have immunity (See recommendations for vaccination, below).

Contact Public Health immediately by calling (360) 867-2524 to report a suspected case (do not wait for serological confirmation to report) and for assistance with diagnostic testing through the Public Health Laboratory (serology, urine and nasopharyngeal secretion specimens for culture). When measles is suspected, laboratory specimens should not be sent to commercial labs but routed through the Washington State Public Health Lab Public Health. When the health department is closed, call 911 and inform operator of a public health emergency. More specific information about measles and testing may be found at www.doh.wa.gov/Portals/1/Documents/5100/420-063-Guideline-Measles.pdf, and www.doh.wa.gov/Portals/1/Documents/5100/420-063-Guideline-Measles.pdf#nameddest=casedef

Transmission and case definition: Measles is a highly contagious disease that is transmitted by respiratory droplets and airborne spread and may remain airborne for up to 2 hours. The disease can result in severe complications, including pneumonia and encephalitis. Measles cases are contagious from 1-2 days before onset of symptoms (typically 4-5 days before rash onset) through 4 days after rash onset. The incubation period is approximately 10 days (14 days to rash onset; range 7-21 days). The diagnosis of measles should be considered in any person with a generalized maculopapular rash (starts on head and spreads to the rest of the body) lasting ≥ 3 days, a temperature ≥ 101°F (38.3°C), and cough, coryza, or conjunctivitis. Immunocompromised patients may not exhibit rash or may exhibit an atypical rash.

Recommendations: Control activities include isolation of known and suspected cases and administration of vaccine (preferentially within 72 hours of exposure) or immune globulin (within 6 days of exposure, to contacts ≤ 6 months of age, pregnant women, and immunocompromised people, for whom the risk of complications is highest, as well as other identified susceptible contacts.

Exclude unvaccinated contacts from day care, school, or work and adhere to home quarantine from 7 to 21 days following exposure. Persons who are known contacts of measles patients and who develop fever and/or rash should be considered suspected measles case-patients and be appropriately evaluated by a healthcare provider. If healthcare providers are aware of the need to assess a suspected measles case, they should schedule the patient at the end of the day after other patients have left the office or arrange to see them in the parking lot. Inform clinics or
emergency rooms if referring a suspected measles patient for evaluation so they may implement airborne infection control precautions prior to the suspected measles cases arrival at the facility.

**Prevent transmission in healthcare settings:** To prevent transmission of measles in healthcare settings, use strict airborne infection control precautions (www.cdc.gov/ncidod/dhqp/gl_isolation.html). *Suspected measles patients* (i.e., persons with febrile rash illness) should be removed from emergency department and clinic waiting areas as soon as they are identified, placed in a private room with the door closed, and asked to wear a surgical mask, if tolerated. In hospital settings, patients with suspected measles should be placed immediately in an airborne infection (negative-pressure) isolation room if one is available and, if possible, should not be sent to other parts of the hospital for examination or testing purposes.

All healthcare personnel should have documented evidence of measles immunity on file at their work location. Having high levels of measles immunity among healthcare personnel and such documentation on file minimizes the work necessary in response to measles exposures. Past measles exposures in hospital settings have necessitated verifying records of measles immunity for hundreds or thousands of hospital staff, drawing blood samples for serologic evidence of immunity when documentation was not on file at the work site, and vaccinating personnel without evidence of immunity.

**Recommendations for vaccination:**
Measles poses the highest risk to people who have not been vaccinated, especially pregnant women, infants under 12 months, and people with weakened immune systems.

Children should be vaccinated with two doses of the Measles Mumps Rubella (MMR) vaccine. The first dose should be at 12 through 15 months of age, and the second dose at four through six years of age. Infants traveling outside the United States can be vaccinated as early as six months but must receive the full two dose series beginning at 12 months of age; more information is available at www.cdc.gov/vaccines/vpd-vac/measles/default.htm.

Adults should have at least one dose of measles vaccine, two doses are recommended for international travelers, healthcare workers, and students in college, trade school, and other schools after high school. Individuals are considered immune to measles if ANY of the following apply:

1. They were born before 1957 or;
2. They are certain they had the measles or;
3. They have been fully vaccinated for measles (two doses of MMR vaccine)

Additional information on measles including diagnosis, control measures and vaccination is available from CDC at www.cdc.gov/vaccines/vpd-vac/measles/default.htm.