



02/13/2019

** NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.*

Communicable Disease Updates are posted online at: <http://bit.ly/ThurstonCDUpdates>

Measles Outbreak in Clark County, WA

Case Update, Lab Specimen Testing, Immunization Recommendations for Individuals with Known Exposure to Measles, Routine Immunizations Guidelines, and Resources

No cases of measles have been identified in Thurston County to date. However there have been a number of exposures in large public venues in Clark County as well as outbreaks in other states, and we may see cases. (See: <https://www.clark.wa.gov/public-health/measles-investigation> for a list of know exposure locations in Clark County.) Clark County is experiencing an ongoing measles outbreak. Since January 1, 2019, 53 cases have been confirmed, and there has been one confirmed case in King County tied to the outbreak.

Actions Requested

Limiting possible transmission if you suspect measles in a patient

- If feasible, appropriate, and patient privacy can be protected, patient can be briefly evaluated outside, as least 30 feet from others. Once mask is placed and a clear path to exam room is prepared, patient can be escorted into the building.
- If possible and appropriate, patient may be scheduled as the last patient of the day.
- Whenever, possible, patient should be escorted from a separate clinic entrance that allows them to access an exam room directly, without exposing others.
- The number of healthcare workers interacting with the patient should be kept to a minimum.
- If the patient is already in the clinic, patient should be roomed immediately, rather than allowed to wait in the lobby.
- The exam room door should remain closed at all times, and the patient should remain masked during the entire visit.
- All labs and clinical interventions should be done in the exam room.
- The exam room should not be used for at least two hours after the patient has left.

Lab specimen testing

- If you suspect measles:
 - Refer to the steps on the **attached updated** Suspect Measles Worksheet and recommend social isolation.
- Contact Thurston County Public Health for approval of measles testing at the WA Public Health Lab (WA PHL) – do not send specimens commercially due to long turnaround time.
- Specimen collection and submission to the WA PHL:
 - If possible, collect the specimens described in the attached worksheet.



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- The priority specimens are nasopharyngeal and urine. If you cannot collect serum in your office, it is not necessary to have it collected at another facility or lab.
 - Package specimens for shipment to the WA PHL, or send to the lab you routinely use for packaging and submission to the WA PHL.
 - If you cannot collect the specimens, send your patient to the lab you routinely use for collection.
 - Instruct the patient to wear a mask
 - Call the lab ahead of time to expect a suspect measles case
 - Instruct the lab to submit the specimens to the WA PHL
- Note: You may want to contact the lab you routinely use to make sure they are clear on submitting specimens to the WA PHL*
- For questions regarding specimen collection and submission, please contact the WA PHL main line at (206) 418-5400.
 - Link to the WA PHL Lab Test Menu:
<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/MicrobiologyLabTestMenu>

Routine measles immunization guidelines

- At this time, based on the epidemiology of the outbreak, there are no recommended changes to routine measles immunization for children or adults.
- Children 6 to 12 months who are travelling internationally can be vaccinated (typically when there is anticipation of an exposure) but the dose does not count towards the 2 dose guideline.
- Children 12 months to 4 years can be vaccinated and the dose will count towards the 2 dose guideline. The second dose of MMR may be given as soon as 28 days after the first.
- There is not current or anticipated shortage of MMR vaccine.

Recommendations for individuals with definite exposure to measles and individuals with possible exposure to measles at a public site

- Individuals born before 1957
 - MMR vaccination in not indicated
 - Instruct to watch for symptoms for 7-21 after last exposure
- Individuals born during or after 1957 with documented evidence of immunity (i.e. 2 doses of vaccine, serological evidence of immunity, or physician-documented measles disease)
 - MMR vaccination in not indicated
 - Instruct to watch for symptoms for 7-21 after last exposure
- Individuals born during or after 1957, aged 12 months and older, with one documented dose of MMR at the time of exposure
 - Second MMR (if at least 28 days from first dose)
 - Instruct to watch for symptoms for 7-21 after last exposure
- All individuals born during or after 1957 with no doses of MMR or unknown immune status at the time of exposure
 - MMR within 72 hours of exposure
 - For individuals who may have been exposed to measles because of being in the same place/time as the infectious measles case but who are not close contacts, MMR even if greater



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than 72 hours after exposure. **Close contacts should not receive MMR more than 72 hours after exposure.**

- o Instruct to watch for symptoms for 7-21 after last exposure

See page 22/23 of Appendix E for complete guidelines for individuals with exposure to measles
<https://www.doh.wa.gov/Portals/1/Documents/5100/420-063-Guideline-Measles.pdf>.

Resources

- Measles flyer for families (see attached):
https://www.doh.wa.gov/Portals/1/Documents/Pubs/Measles%20Basic%20Info_english.pdf
- Measles flyer for provider offices (see attached):
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-478-MeaslesFlyerProvider.pdf>
- WA State Notifiable Conditions Guidelines – Measles:
<https://www.doh.wa.gov/Portals/1/Documents/5100/420-063-Guideline-Measles.pdf>
- CDC Manual for the Surveillance of Vaccine-Preventable Diseases - Measles:
<https://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html>
- CDC Epidemiology and Prevention of Vaccine-Preventable Diseases – Measles:
<https://www.cdc.gov/vaccines/pubs/pinkbook/meas.html>

Thank you for helping to protect the health of Thurston County

TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
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 – Washington State Department of Health



Suspect Measles Worksheet for Healthcare Providers

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

	YES	NO	Comments
A) Has the patient had a documented temperature of at least 101°F?			Fever onset date: ___/___/___
B) Does the rash have any of the following characteristics?			Rash onset date: ___/___/___
<ul style="list-style-type: none"> Was the rash preceded by one of the symptoms listed in (C) by 2-4 days? 			Measles rashes are red, maculopapular rashes that may become confluent – they typically start at hairline, then face, and spreads rapidly down body.
<ul style="list-style-type: none"> Did fever overlap rash? 			
<ul style="list-style-type: none"> Did rash start on head or face? 			
C) Does the patient have any of the following?			Rash onset typically occurs 2-4 days after first symptoms of fever ($\geq 101^\circ\text{F}$) and one or more of the 3 C's (cough, conjunctivitis, or coryza).
<ul style="list-style-type: none"> Cough 			
<ul style="list-style-type: none"> Runny nose (coryza) Red eyes (conjunctivitis) 			
D) Unimmunized or unknown immune status?			Dates of measles vaccine: #1 ___/___/___ #2 ___/___/___
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 A, plus
- YES to at least one item in B and C, plus
- YES in D or E or F

- ✓ IMMEDIATELY

- Mask and isolate the patient (in negative air pressure room when possible).
- Call Thurston County Public Health 360-867-2500 to report the case and to arrange testing at the WA State Public Health Laboratories (WAPHL). All health care providers must receive approval from Thurston County Public Health prior to submission. You should not send specimens to commercial labs due to lengthy processing times.

- ✓ Collect the following specimens

- Nasopharyngeal (NP) swab for rubeola PCR and culture (preferred respiratory specimen)
 - 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.
 - Throat swab also acceptable.
- Urine for rubeola PCR and culture
 - Collect at least 50 ml of clean voided urine in a sterile container and store in refrigerator.
- Serum for rubeola IgM and IgG testing (If you cannot collect serum in your office, it is not necessary to have it collected at another facility or lab. NP and urine specimens are priority.)
 - 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.

MEASLES

MEASLES IS A SERIOUS DISEASE

Measles is a serious disease that causes a rash and fever.

Measles is very contagious. It spreads when a person with measles breathes out, coughs, or sneezes.

Anyone who is not vaccinated is much more likely to get measles if exposed.

Measles can be dangerous, especially for babies and young children. In rare cases, it can be deadly.



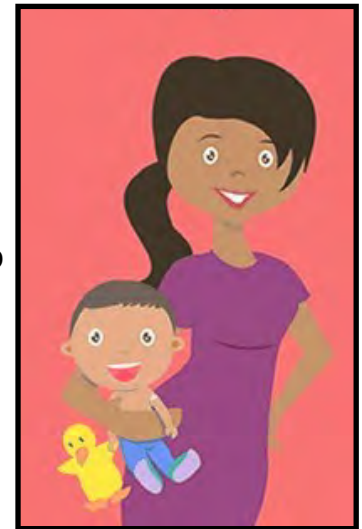
PROTECT YOUR FAMILY FROM MEASLES

The best way to protect your family from measles is to get vaccinated. Doctors recommend that all children get the MMR shot and adults should get one if they didn't have it as a child.

The MMR shot is safe and effective at preventing measles. It also protects against mumps and rubella.

Getting the MMR vaccine is safer than getting measles.

Children usually do not have any side effects from the shot. In the few who do, most side effects such as fever, mild rash, or soreness are mild and don't last long.



MMR VACCINE DOES NOT CAUSE AUTISM

Scientists are studying what makes a child more likely to have autism. Most scientists agree that family genes may make a person more likely to develop autism. They are also studying connections between autism and where a person lives.

No studies have found a link between autism and the MMR vaccine. This has been carefully studied by many doctors and scientists from around the world.

Ask your doctor if you have other questions about measles or MMR vaccine.

For more information:

www.doh.wa.gov/measles

www.kingcounty.gov/health/measles



Public Health
Seattle & King County



WHAT TO DO IF YOU THINK YOU HAVE MEASLES

SYMPTOMS OF MEASLES AND HOW IT SPREADS

Measles often begins with a high fever, cough, runny nose, and red, watery eyes. After 3-5 days, a rash usually begins on the face and spreads to other parts of the body.

You can catch measles from an infected person as early as 4 days before they have a rash and for up to 4 days after the rash appears.

You can get measles just by being in a room where a person with measles has been. The measles virus stays in the air for up to two hours after that person has left the room.

CALL YOUR DOCTOR OR CLINIC RIGHT AWAY IF YOU SEE SYMPTOMS

Your doctor or clinic will let you know if you need to come in for visit.

Measles is very contagious and you could give it to someone in a waiting room. It's important to tell your doctor or clinic that you have symptoms of measles **before** you go. They will give you instructions for what to do so that you don't spread measles.

STAY AT HOME IF YOU HAVE MEASLES

It's important not to spread measles to others.

Stay at home if you have measles. Don't go to school, work, to the store, or other people's homes.

Don't have visitors to you home if you or your child have a fever or rash.

For more information:

www.doh.wa.gov/measles

www.kingcounty.gov/health/measles



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Public Health
Seattle & King County 

This document is available in other formats for people with disabilities. To submit a request, please call 1-800-525-0127 (TTY/TDD 1-800-833-6388).



FEVER and RASH? Consider **MEASLES**.

Measles is highly contagious. Protect your patients, staff, and visitors!

Watch for measles symptoms:

Prodrome

- Mild to moderate fever
- Cough
- Coryza (runny nose)
- Conjunctivitis



Rash Onset

- Fever spikes, often as high as 104° to 105° F
- Red, maculopapular rash that may become confluent—typically starts at hairline, then face, then spreads rapidly down body
- Koplik's spots (tiny blue/white spots on the bright red back-ground of the buccal mucosa) may be present

Suspect measles if the patient has:

- Fever and rash
- Traveled or had contact with international visitors in the past 3 weeks
- Had contact with a person with measles or febrile rash illness

Note: A history of 2 doses of MMR vaccine does not exclude a measles diagnosis.

If you suspect measles:

- Start airborne infection control precautions immediately. Mask and isolate patient (negative pressure room, if available).
- Only permit staff immune to measles to be near the patient.
- Call your local health department while the patient is still present to discuss testing for measles.
- Safeguard other facilities: assure airborne infection control precautions before referring patients.
- Do not use any regular exam room for at least 2 hours after a suspected measles patient has left the room.

www.doh.wa.gov/immunization