

1/11/2024

*\*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.*

## Confirmed Measles Cases in Clark and Wahkiakum Counties

### Actions Requested:

- Be aware that Clark County Public Health, Wahkiakum County Health and Human Services, and the Washington State Department of Health have identified a cluster of three lab-confirmed cases and three epi-linked cases of measles in unvaccinated Clark and Wahkiakum County residents. There are no known public exposures; the cases began isolation upon recognition of initial measles-like symptoms. Symptom onset dates for cases were in mid- to late December. The investigation is ongoing.
- Consider a diagnosis of measles in individuals meeting the clinical case definition:
  - a fever of 101° F or greater; AND
  - a generalized red rash lasting longer than three days; AND
  - one of the following: cough, coryza, conjunctivitis.
- Use the Measles Assessment Checklist attached to this document to assist in identifying potential measles cases.
- Consider laboratory testing when you suspect measles. Testing for suspect measles cases includes ALL the tests listed below:
  - 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.
    - A throat swab is also acceptable.
  - Urine for rubeola PCR and culture
    - Collect at least 50 ml of clean voided urine in a sterile container and store it in the refrigerator.
  - Serum for rubeola IgM and IgG testing
    - 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.
- Suspected cases should be instructed to wear a mask covering their nose and mouth and triaged away from waiting rooms. Patients should be cared for by clinical staff with documented immunity to measles using standard and airborne infection control precautions. After discharge leave the room empty for 2 hours as infectious particles may remain in the air for that time.
- Advise suspected cases of the infectious period for measles and instruct them to isolate at home away from susceptible people until the infectious period is completed or they receive a negative test result for measles. In general, immunocompetent individuals with measles are infectious for 4 days prior to rash and for 4 days after the rash appears. Immunocompromised individuals may be infectious for the entire duration of illness.
- Measles is an immediately notifiable condition. Report all suspected, probable, and confirmed cases of measles to Thurston County Public Health and Social Services Department at 360-867-2610 Monday through Friday 8am-5pm, and 1-800-986-9050 after hours.

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## Background:

Measles is a highly contagious vaccine-preventable viral illness characterized by a generalized maculopapular rash, fever, and one or more of the following: cough, coryza, or conjunctivitis. Measles has a distinct prodrome that begins with fever and malaise. Additional symptoms can be conjunctivitis, coryza (sneezing, nasal congestion, and nasal discharge), cough, photophobia, and Koplik's spots (bluish-white specks on a rose-red background appearing on the buccal and labial (lip) mucosa usually opposite the molars).

The time from exposure to onset of fever ranges from 7–18 days (average 10 days), with the rash onset usually occurring within 2–4 days after the first symptoms appear and up to 21 days after the exposure. Temperatures may exceed 40°C (104°F) and usually fall 2–3 days after rash onset. The rash is maculopapular and begins on the head often along the hairline and spreads downward reaching the hands and feet.

The contagious period for measles is from 4 days prior to the rash through 4 days after the rash onset. Immunocompromised individuals may be infectious for the entire duration of illness. People at the highest risk of exposure to measles include those who are unvaccinated, pregnant women, infants under six months of age, and those with weakened immune systems. A person is considered immune to measles if any of the following apply:

- They were born before 1957
- They have had a blood test result that shows immunity to measles
- They have previously had measles diagnosed by a healthcare provider
- They are up to date on measles vaccines (one dose for children ages 12 months through three years old, two doses for anyone four years and older)

## Resources:

- Washington State Department of Health – Measles Resources: <https://doh.wa.gov/public-healthhealthcare-providers/notifiable-conditions/measles>
- Region 4 Health Advisory: <https://clark.wa.gov/sites/default/files/media/document/2024-01/2024-01-06%20measles%20cases%20regional.pdf>
- Centers for Disease Control and Prevention (CDC) - Measles (Rubeola) For Health Care Providers: <https://www.cdc.gov/measles/hcp/index.html>
- CDC: <https://www.cdc.gov/measles/hcp/index.html>
- Washington Department of Health: <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/348-479-MeaslesReferenceforProviders.pdf?uid=646ccb324f9ef>
- CDC Advisory Committee on Immunization Practices: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm>
- King County: <https://kingcounty.gov/depts/health/news/2023/May/20-measles.aspx>

# COMMUNICABLE DISEASE UPDATE

COMMUNICABLE DISEASE CONTROL AND PREVENTION SECTION  
THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT  
412 LILLY RD NE  
OLYMPIA, WA, 98506-5132  
DISEASE REPORTING: (360)786-5470  
[WWW.THURSTONCOUNTYWA.GOV/PHSS](http://WWW.THURSTONCOUNTYWA.GOV/PHSS)



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## THANK YOU FOR REPORTING

TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting <b>non-immediately reportable conditions (24 hours a day):</b> <a href="http://thurstoncountywa.gov">Reporting a Notifiable Condition (thurstoncountywa.gov)</a>	Phone: <b>360-786-5470</b> Fax: 360-867-2601
<b>Day time immediately reportable conditions</b> – Calls are answered during business hours Monday-Friday 8am-5pm (excluding holidays) and routed to the appropriate communicable disease team member.	Phone: 360-867-2610 Secure eFax: 1-833-418-1916
<b>After hours immediately and 24-hour reportable conditions or a public health emergency</b>	Call 1-800-986-9050
No one is available with Thurston County Public Health and condition is <b>immediately notifiable or a public health emergency</b>	Call 1-877-539-4344

Communicable Disease Updates are posted online at: [Communicable Disease Updates \(thurstoncountywa.gov\)](http://thurstoncountywa.gov)

## PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT

David M. Bayne, MPH  
Director  
 Dimyana Abdelmalek, MD, MPH  
Health Officer

### Measles Assessment Quick Sheet for Providers

**Report all SUSPECT measles cases immediately to your local health department.**

[www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/Measles](http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/Measles)

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

	Yes	No	Comments
<b>A) What is the highest temperature recorded?</b>		°F	Fever onset date: _____ / _____ / _____
<b>B) Does the rash have any of the following characteristics?</b>			Rash onset date: _____ / _____ / _____
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.
Did fever overlap rash?			
Did rash start on head or face?			
<b>C) Does the patient have any of the following?</b>			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).
Cough			
Runny nose (coryza)			
Red eyes (conjunctivitis)			
<b>D) Unimmunized or unknown immune status?</b>			Dates of measles vaccine: #1 _____ / _____ / _____ #2 _____ / _____ / _____
<b>E) Exposure to a known measles case?</b>			Date and place of exposure: _____
<b>F) Travel, visit to health care facility, or other known high-risk exposure in past 21 days?</b>			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 your local health department to arrange testing at the WA State Public Health Laboratories (WAPHL). All health care providers must receive approval from [name of local health jurisdiction] prior to submission.
    - [LHJ phone number] during normal business hours
    - [after hours phone number] after hours (duty officer)
- ✓ **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**
    - *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.*

If you have questions about this assessment or collection and transport of specimens, call your local health department.