

*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.

Guidance for Potential Measles Exposures in Medical Facilities

Actions Requested:

- Measles is an immediately notifiable condition. Report all confirmed and probable 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.
- To prevent measles outbreaks in healthcare settings, health care workers (volunteers, trainees, nurses, physicians, technicians, receptionists, and other clinical support staff) should have documented immunity to measles before exposure. Healthcare facilities should maintain readily available documentation of immunity. Acceptable evidence of immunity to measles in health care workers includes (MMWR 2013; 62 [No. RR-04]; 1-34):
 - a. Documented administration of 2 doses of live measles virus vaccine given on or after the first birthday (inactivated measles vaccines were in use from 1963– 1967), or
 - b. Laboratory evidence of immunity, or
 - c. Born before January 1, 1957 Healthcare facilities should consider recommending measles, mumps, rubella (MMR) vaccination for unvaccinated workers born before 1957 without a history of measles disease or laboratory evidence of immunity, or
 - d. Documentation of health care provider-diagnosed measles.
- Exposed patients should likewise have their immune status assessed and be given a vaccine if they are not immune; school and work restrictions of unimmunized contacts apply.
- Healthcare workers who develop measles must avoid patient contact until 4 days have passed since the rash onset.
- 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.
- If a person with measles is treated in a healthcare setting during the contagious period, identify all exposed healthcare workers, volunteers, and other staff and assess the status of their immunity to measles. Utilize the attached contact tracking form and share it with Thurston County Public Health & Social Services once completed.



Healthcare Worker Guidance:

- If an exposed healthcare worker has had only **one** documented dose of measles-containing vaccine, give an additional dose of vaccine. If the second dose can be given with 72 hours of the exposure, consider the person immune. If vaccine cannot be administered within 72 hours, send a specimen for measles IgG serology and consider the person immune if the test is positive for measles-specific IgG.
- If the exposed healthcare worker was born on or after January 1, 1957, and has no documented evidence of immunity, a dose of measles-containing vaccine should be given immediately and no more than 72 hours after exposure. At the same time, a serologic test for measles IgG should be done to verify immunity. If immunity to measles is not serologically confirmed, the person must be excluded from day 5 after the first exposure to day 21 after the last exposure.
- If the exposed healthcare worker was born before January 1, 1957, and has no documented evidence of immunity, a serologic test for measles IgG should be considered to verify immunity. If immunity is not confirmed, the person must be furloughed from day 5 after the first exposure to day 21 after the last exposure.
- If the exposed healthcare worker has had two documented doses of measles vaccine given on or after the first birthday and at least 28 days apart, consider the person immune.

Laboratory/Sample Collection:

- 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 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.

Route specimens through Thurston County Public Health & Social Services to expedite testing (do not use commercial laboratory)



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 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 in anyone four years and older).

Resources:

- Washington State Department of Health Measles Resources: <u>https://doh.wa.gov/public-healthhealthcare-providers/notifiable-conditions/measles</u>
- SRHD Press Release: <u>https://srhd.org/news/2024/measles-case-identified-in-spokane-county</u>
- Measles (Rubeola) For Health Care Providers (CDC): <u>https://www.cdc.gov/measles/hcp/index.html</u>
- Measles (CDC): <u>https://www.cdc.gov/measles/hcp/index.html</u>
- Recommendations During Outbreaks of Measles (WA DOH): <u>https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/348-479-MeaslesReferenceforProviders.pdf?uid=646ccb324f9ef</u>
- Advisory Committee on Immunization Practices (CDC): <u>https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm</u>



THANK YOU FOR REPORTING

TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting non-immediately reportable conditions (24 hours a day): <u>Reporting a Notifiable</u> <u>Condition (thurstoncountywa.gov)</u>	Phone: 360-786-5470 Fax: 360-867-2601
Day time immediately reportable conditions – 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
After hours immediately and 24-hour reportable conditions or a public health emergency	Call 1-800-986-9050
No one is available with Thurston County Public Health and condition is immediately notifiable or a public health emergency	Call 1-877-539-4344

Communicable Disease Updates are posted online at: <u>Communicable Disease Updates</u> (<u>thurstoncountywa.gov</u>)