

COMMUNICABLE DISEASE CONTROL AND PREVENTION SECTION THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT 412 LILLY RD NE

OLYMPIA, WA, 98506-5132





1/23/2019

* 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.

Measles Outbreak in Clark County, WA

Clark County is experiencing an ongoing measles outbreak. Since January 1, 23 confirmed cases and three suspect cases have been identified. Although no cases have been identified in Thurston County to date, there were a number of exposures in large public venues, and we may see cases. (See: https://www.clark.wa.gov/public-health/measles-investigation for a list of places.)

Actions Requested

- Consider measles in patients who:
 - Present with febrile rash illness and the "three Cs": cough, coryza (runny nose) or conjunctivitis (pink eye).
 - o Are unimmunized or under-immunized.
 - Recently traveled to Clark County or internationally, or were exposed to someone with confirmed measles.
- If you suspect measles IMMEDIATELY mask and isolate the patient; refer to the steps on the **attached** <u>Suspect Measles Worksheet</u>; and recommend social isolation.
- Report suspected cases of measles immediately to Thurston County Public Health by calling 360-867-2500 and asking staff to locate Communicable Disease staff. Do not wait for lab confirmation.
- Encourage all of your patients to get fully immunized against measles.

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.

Check all those working in your office or facility for acceptable evidence of immunity:

- 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
- · Laboratory evidence of immunity, or
- Born before January 1, 1957 Healthcare facilities should recommend measles, mumps, rubella (MMR) vaccination for unvaccinated workers born before 1957 without a history of measles disease or laboratory evidence of immunity, or
- Documentation of health care provider-diagnosed measles.



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Exposed susceptible health care workers must be furloughed from day 5 after the first exposure to day 21 after their last exposure. They should also be immunized immediately and no more than 72 hours after exposure. This includes healthcare workers born in 1957 or later who have no documented evidence of immunity, and workers born in 1957 or later with only one previous dose of measlescontaining vaccine documented who did not receive a second dose within 72 hours of exposure. Detailed information on management of exposures to staff can be found on the WA Department of Health website:

https://www.doh.wa.gov/Portals/1/Documents/5100/420-063-Guideline-Measles.pdf (look under the heading "Case in Medical Setting" pages 12 through 14.)

Additional Resource

https://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.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		

Public Health:

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Suspect Measles Worksheet

Probable and confirmed cases are IMMEDIATELY reportable to Thurston County Public Health Consider measles in the differential diagnosis of patients with fever and rash:

	Yes	No	Comments
A) What is the highest temperature recorded?	۰F		Fever onset date:
D) D (1 1 1 1 C(1 C 11)		ı	<u> </u>
B) Does the rash have any of the following characteristics?			Rash onset date:
Was the rash preceded by one of the symptoms listed in			
(C) by 2-4 days?			Measles rashes are red,
Did fever overlap rash?			maculopapular rashes that may
Did rash start on head or face?			become confluent – they typically
C) Does the patient have any of the following?			start at hairline, then face, and
Cough			spreads rapidly down body. Rash onset typically occurs 2-4
Runny nose (coryza)			days after first symptoms of fever
Red eyes (conjunctivitis)			$(\geq 101^{\circ}\text{F})$ and one or more of the 3
			C's (cough, conjunctivitis, or
			coryza).
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			See local health department for
known high-risk exposure in past 21 days?			potential exposure sites.
Measles should be highly suspected if you answered YES to a	t least o	ne item	in B <u>and</u> C, PLUS a YES in D or E or F.
IMMEDIATELY: ☐ Mask and isolate the patient (in negative air press)	ura roo	m whai	n nossible) AND
Call Thurston County Public Health 360-867-250			
Laboratories (WAPHL). All health care providers			
Health prior to submission. You should not send s			
times.			
Collect the following specimens Nasopharyngeal (NP) swab for rubeola PCR and the second process of the second	nd ault	(ofound manimatous anadiman)
			rayon swab and place the swab in 2–3 ml
of viral transport medium. Store specime			
o Throat swab also acceptable.			r
☐ Urine for rubeola PCR and culture			
o Collect at least 50 ml of clean voided uri	ne in a	sterile	container and store in refrigerator.
☐ Serum for rubeola IgM and IgG testing	, , .		
Draw at least 4-5 ml blood (yields about tyles Stone an active in refrigerator and			
tube. Store specimen in refrigerator and If you have questions about this assessment or collection a			

Monday-Friday (8am-5pm) - Call 360-867-2500 ask staff to locate Communicable Disease staff.

After Hours - Call 911 and ask staff to locate the Health Officer.