

# HEALTH ALERT



**Public Health**  
Prevent. Promote. Protect.

## **REGION IV PUBLIC HEALTH**

Clark, Cowlitz, Skamania, Wahkiakum  
counties and Cowlitz Tribe

**TO:** Physicians and other health care providers

**Please distribute a copy of this information to each provider in your organization.**

Questions regarding this information may be directed to the office of:

**Alan Melnick, MD, MPH, CPH**

Clark County Public Health, (360) 397-8412

Skamania County Community Health, (509) 427-3850

Cowlitz County Health & Human Services, (360) 414-5599

Wahkiakum County Health & Human Services, (360) 795-6207

**Teresa Everson, MD, MPH**

Clark County Public Health, (360) 397-8412

Skamania County Community Health, (509) 427-3850

### **Alert categories:**

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; no immediate action necessary.

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**HEALTH  
ALERT**  
Jan. 15, 2019

## Public Health investigating two additional confirmed measles cases, 11 suspect cases in Clark County



### *Summary*

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Clark County Public Health is investigating two additional confirmed cases of measles in unvaccinated children. These two cases are in addition to the confirmed measles case announced earlier this month. Public Health is also investigating 11 suspected measles cases.

Public Health has identified two public exposure locations for the new confirmed cases:

- Church of Truth, 7250 NE 41<sup>st</sup> St., Vancouver, Sunday Jan. 6. from 11 am to 4:30 pm
- Portland International Airport, 7000 NE Airport Way, Portland. Specifically, people who spent time in Concourse D and the Delta Sky Lounge. Monday, Jan. 7 from 10:45 am to 3:45 pm

All possible contacts are being advised to watch for symptoms of measles and seek health care for diagnosis by calling ahead in order to avoid exposing others in waiting rooms and lobbies.

Public Health will provide updates as additional information becomes available.

### *Clinical presentation*

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Please consider measles in patients who:

- Present with febrile rash illness and the “three Cs”: cough, coryza (runny nose) or conjunctivitis (pink eye).
- Recently traveled internationally or potentially exposed to someone with confirmed measles.

Health care providers should consider measles when evaluating patients for febrile rash illnesses, including dengue (<https://www.cdc.gov/dengue/>) and Kawasaki disease (<https://www.cdc.gov/kawasaki/>).

### *Infection control*

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**If you suspect measles**, immediately mask and isolate patients (in a negative-pressure room, if possible) to avoid disease transmission.

Contact your local health department to arrange for testing. Refer to the steps on the attached Suspect Measles Worksheet ([www.clark.wa.gov/sites/default/files/dept/files/public-health/CD/Resources/SuspectMeaslesWorksheet.pdf](http://www.clark.wa.gov/sites/default/files/dept/files/public-health/CD/Resources/SuspectMeaslesWorksheet.pdf)).

Here are other ways to minimize exposure to others:

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- If possible and appropriate, patient may be scheduled as the last patient of the day.
- If feasible, appropriate and patient privacy can be protected, patient can be briefly evaluated outside, at 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.
- 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 health care 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.

### ***Additional guidance for health care providers***

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#### **CDC measles**

<http://www.cdc.gov/measles/hcp/index.html>

#### **CDC Provider Resources for Vaccine Conversations with Patients**

<https://www.cdc.gov/vaccines/hcp/conversations/index.html>

#### **Washington State Department of Health**

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/Measles>

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*\*Presumptive evidence of measles immunity is defined as:*

1. *Birth before 1957*
2. *Laboratory-confirmed disease*
3. *Laboratory evidence of immunity (protective antibody titers) or*
4. *Documentation of age-appropriate vaccination with a live measles virus-containing vaccine:*
  - *Pre-school children: 1 dose*
  - *Children in grades K–12: 2 doses*
  - *Health care personnel born during or after 1957: 2 doses*
  - *Students at post-high-school educational institutions: 2 doses*
  - *International travelers ≥12 months of age: 2 doses*
  - *Children 6–11 months of age who plan to travel internationally: 1 dose*
  - *All other adults: 1 dose*

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**Thank you for your partnership.**

<b>LHJ</b>	<b>Phone</b>	<b>Fax</b>
Clark County Public Health:	(564) 397-8182	(360) 397-8080
Cowlitz County Health Department:	(360) 414-5599	(360) 425-7531
Skamania County Community Health:	(509) 427-3850	(509) 427-0188
Wahkiakum County Health and Human Services:	(360) 795-6207	(360) 795-6143



# Suspect Measles Worksheet

Probable and confirmed cases are **IMMEDIATELY** reportable to Clark County Public Health

Patient Name:		DOB:	
Evaluating Clinician:	Date of Eval:		Phone:
Consider measles in the differential diagnosis of patients with fever and rash:	Yes	No	Comment
A) What is the highest temperature recorded?		°F	Fever onset date: ___ / ___ / ___
B) Does the rash have any of the following characteristics?			Rash onset date: ___ / ___ / ___
<ul style="list-style-type: none"> <li>Was the rash preceded by one of the symptoms listed in (C) by 2-4 days?</li> </ul>			Measles rashes are red, maculopapular rashes that may become confluent – they typically start at hairline, then face, and spreads rapidly down body. 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"> <li>Did fever overlap rash?</li> </ul>			
<ul style="list-style-type: none"> <li>Did rash start on head or face?</li> </ul>			
C) Does the patient have any of the following?			
<ul style="list-style-type: none"> <li>Cough</li> </ul>			Dates of measles vaccine: #1: ___ / ___ / ___ #2: ___ / ___ / ___
<ul style="list-style-type: none"> <li>Runny nose (coryza)</li> </ul>			
<ul style="list-style-type: none"> <li>Red eyes (conjunctivitis)</li> </ul>			
D) Unimmunized or unknown immune status?			Date and place of exposure:
E) Exposure to a known measles case?			Contact CCPH for potential exposure sites.
F) Travel, visit to health care facility, or other known high-risk exposure in past 21 days?			

Measles is highly suspected if you answered 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) AND
- Call Clark County Public Health at the numbers below to arrange testing at the WA State Public Health Laboratories (WAPHL). All health care providers must receive approval prior to specimen submission.

**Collect the following specimens:**

- Nasopharyngeal (NP) swab for rubeola PCR and culture (the 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 (sputum specimen containers also work very well for transporting urine.) and store in refrigerator.
- Serum for rubeola IgM and IgG testing:**
  - Draw blood in a red or tiger top (serum separator) tube. The ideal amount of blood is 4-5 ml, 1 ml being the minimum in order to yield enough serum to perform testing.
  - Let specimen sit at room temperature for 1-4 hours to clot; then spin down to separate serum.
  - Pipette serum into a new red top tube. Can send a tiger top tube as is.
  - Store serum specimen in refrigerator until it can be transported on ice.

If you have questions about this assessment or the collection and transport of specimens, please call **Clark County Public Health Communicable Disease Unit** at:

**Monday - Friday (8am-5pm): (564) 397-8182**

**After hours (CCPH duty officer): (888) 727-6230**