

# HEALTH ALERT



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



**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**

Health Officer

Clark County Public Health, 564.397.8412

**Teresa Everson, MD, MPH**

Deputy Health Officer

Clark County Public Health, 564.397.8412

## 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. 4, 2019

## Confirmed measles case in Clark County



### *Summary*

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Clark County Public Health is investigating a confirmed case of measles in a child. The child, whose immunization status is unverified, traveled to Clark County from outside of the country in late December.

Public Health has identified one public exposure location:

- Clinic and waiting area at PeaceHealth Urgent Care – Memorial, 3400 Main St., Vancouver, from noon to 5:30 pm Monday, Dec. 31.

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. Those who were exposed may develop symptoms between Jan. 7 and Jan. 21.

### *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 were exposed to someone with confirmed measles.

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

If you suspect measles, refer to the steps on the attached [Suspect Measles Worksheet](http://www.clark.wa.gov/sites/default/files/dept/files/public-health/CD/Resources/SuspectMeaslesWorksheet.pdf) ([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)).

For persons who plan to travel internationally, health care providers should encourage timely vaccination of all persons aged  $\geq 6$  months who lack evidence of measles immunity.\* One dose of MMR vaccine is recommended for infants aged 6-11 months traveling internationally, and two doses for persons aged  $\geq 12$  months, with a minimum interval of 28 days between doses. Infants who get one dose of MMR vaccine before their first birthday will still require two more doses (one dose at 12 through 15 months, another at least 28 days later) in order to be considered up to date for MMR.

Routine MMR vaccination is recommended for all children, with the first dose given at age 12–15 months and a second dose at age 4–6 years. Unless they have other evidence of immunity,\* adults born after 1956 should get at least one dose of MMR vaccine, and two appropriately

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spaced doses of MMR vaccine are recommended for health care personnel, college students and international travelers.

Measles was documented as “eliminated” in the United States in 2000. However, importation of measles cases and limited local transmission continue to occur.

### ***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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# 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> <li>Did fever overlap rash?</li> <li>Did rash start on head or face?</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). |
| C) Does the patient have any of the following?  |               |      |   |
| <ul style="list-style-type: none"> <li>Cough</li> <li>Runny nose (coryza)</li> <li>Red eyes (conjunctivitis)</li> </ul>   |               |      |   |
| D) Unimmunized or unknown immune status?  |               |      |   |
| 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?  |               |      | Contact CCPH for potential exposure sites.  |

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**