

HEALTH ALERT



Public Health
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REGION IV PUBLIC HEALTH

Clark, Cowlitz, Skamania, Wahkiakum
counties and Cowlitz Tribe

TO: Physicians and other Healthcare Providers

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

Questions regarding this information may be directed to the following Region IV health officers:

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.

HEALTH ALERT

Jan. 25, 2019

Guidance on measles exposures, exclusions, specimen collection and infection control



Purpose

Clark County Public Health is continuing its measles outbreak investigation. Health care providers are on the frontline and are key to our surveillance efforts. Please continue to see patients but do so in a way to prevent exposures to other patients.

The purpose of this provider alert is to provide guidance on health care facility exposures, exclusions, specimen collection and infection control.

Investigation updates and a complete list of exposure locations are posted on our measles investigation webpage, www.clark.wa.gov/public-health/measles-investigation.

Exposures

For health care facilities, exposure is not defined by whether or not the patient was masked, but whether or not the proper infection control measures were in place. For example, if a facility can validate that the patient was masked prior to entry into the facility, taken through a back entrance, escorted through a hallway not shared by other patients and taken straight into a negative air-pressure room, then re-masked and escorted out by the same route, we would not consider it an exposure to other patients. (We would still need the list of exposed staff.)

However, if a patient was masked but in the waiting area or walked down a hallway that other patients used, that would be considered an exposure at the health care facility.

Exclusions

Susceptible, previously **unimmunized** contacts should avoid all public settings from seven days after the first date of exposure until 21 days after the last day of exposure, **regardless of whether or not they received vaccine within 72 hours or IG within six days of exposure**. In most cases, for people who are exposed in public settings, more than 72 hours has passed. Therefore, they are still at risk of getting measles during the incubation period. If they receive the vaccine more than 72 hours after the exposure and then develop a rash and fever, it would be difficult to determine if they have measles or a mild reaction to the vaccine.

Contacts who received one dose of measles-containing vaccine prior to the exposure and who now receive a second dose following the exposure do not need to be excluded from public settings. However, they should be educated about symptoms of measles and told to isolate themselves and notify the local health department if symptoms develop.

Contacts who received one dose of measles-containing vaccine prior to the exposure that choose not to receive a second dose of vaccine after exposure should be told to avoid public settings until 21 days after the last possible date of exposure to the case, educated about symptoms of measles and instructed to notify the local health jurisdiction if symptoms develop.

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Specimen collection

Contact your local health department for testing approval and to arrange specimen pickup for testing.

Collect the following specimens:

1. 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.

2. 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.

3. Serum for rubeola IgM and IgG testing:

- Draw blood in a red or tiger top (serum separator) tube. The ideal amount of blood is 4-5mL, 1mL being the minimum in order to yield enough serum to perform testing.
- Let specimen sit at room temperature for one to four 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 a refrigerator until it can be transported on ice.

When lab results are in, providers should take the following steps:

- Report lab results to Public Health.
- Give results to the patient.
- Instruct patient that Public Health will follow up with them. Patients should not be instructed to call Public Health.

Infection control

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

Here are other ways to minimize exposure to others:

- 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.

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- 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.

Thank you for your partnership.

LHJ	Phone	Fax
Clark County Public Health:	(360) 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