

HEALTH ALERT



Public Health
Prevent. Promote. Protect.

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**
Feb. 3, 2019

**Guidance on measles specimen
collection, exclusions and immunization
recommendations**



Purpose

Clark County Public Health is continuing its measles outbreak investigation. The purpose of this provider alert is to provide guidance on specimen collection, immunization recommendations and exclusions.

Anyone with questions about measles immunity or the measles vaccine should be referred to their primary care provider. **Clark County Public Health does not provide immunizations or testing for immunity. Please do not send patients to Public Health for immunizations or laboratory testing.** However, if requested, we can help arrange specimen pickup and we can answer questions about testing.

Public Health is updating case numbers and exposure sites daily on the measles investigation webpage, www.clark.wa.gov/public-health/measles-investigation. Please visit the webpage to stay up to date on exposure sites.

Please read the following three sections of this alert:

1. Specimen collection
2. Immunization recommendations
3. Exclusions

1. Specimen collection

Follow the guidelines outlined on the attached [Suspect Measles Case worksheet](#) to determine whether specimens should be collected for a patient. The worksheet is also available on the Public Health website, www.clark.wa.gov/sites/default/files/dept/files/public-health/CD/Resources/Suspect_Measles_Worksheet_190203.pdf.

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

Immediately collect ALL of 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.

To subscribe or unsubscribe from this listserv, email: Tippy.Hartford@clark.wa.gov.

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.

Contact your local health department for testing approval and to arrange specimen pickup for testing. Contact information for Clark County Public Health is available on the Suspect Measles Case worksheet.

2. Immunization recommendations

Infants younger than 6 months should not receive MMR but should receive intramuscular IG (IMIG) if within six days of exposure. Infants 6 to 11 months, if identified within 72 hours, should receive MMR. This MMR should not count toward their series (12-15 months and 4-6 years). Infants 6 to 11 months, if identified more than 72 hours but within six days of exposure, should receive IMIG. IG and MMR should not be given together. Dosing of IMIG is 0.5 mL/kg of body weight (max dose 15mL). Administration of MMR or varicella vaccines must be delayed by six months after administration of IG. IG prolongs the incubation period (and consequent recommendations for home quarantine) from 21 to 28 days.

Unless exposed as described above, Public Health is not recommending expanding MMR immunization for infants younger than 12 months. Some evidence has shown that administering a dose of MMR to infants 6 to 11 months results in a blunted response to subsequent doses of MMR.

Unvaccinated children and adults who were exposed to measles should only receive vaccine within 72 hours (unlikely given how long it takes to identify, diagnose and report) and should NOT receive the vaccine before the end of the incubation period, because of the 5 percent chance of a vaccine rash, which could be confused with measles.

3. Exclusions

People who are susceptible and have been identified as close contacts with confirmed cases – or people who have been identified as being exposed in a small public setting, such as a church – should avoid all public settings from seven days after the first date of exposure until 21 days (28 days if they received IG) after the last day of exposure. They should avoid public settings, regardless of whether or not they received vaccine within 72 hours or IG within six days of exposure.

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

To subscribe or unsubscribe from this listserv, email: Tippy.Hartford@clark.wa.gov.



Clark County Public Health Suspect Measles Case

Probable and confirmed cases are **IMMEDIATELY** reportable to Clark County Public Health*
***FULLY COMPLETE** this form for use only during the 2019 measles outbreak

Reporting Facility:				
Evaluation Date:	Patient Name:		Patient DOB:	
Patient Address:	City:	County:	State:	Zip:
(If patient is a minor) Patient Parent/Guardian Name:			Patient/Parent Phone:	
Patient MRN:	Evaluating Clinician:		Clinician Phone/Fax:	
Consider measles in the differential diagnosis of patients WITH FEVER and RASH:				
A) What is the highest temperature recorded? <input type="checkbox"/> N/A - Afebrile		°F	Fever onset date: ___/___/___	
B) Does the patient have a rash?		YES	NO	IF NO RASH, DO NOT COLLECT MEASLES SPECIMENS. CONSIDER RULE OUT TESTING FOR OTHER FEBRILE ILLNESS.
C) Rash characteristics:				
<ul style="list-style-type: none"> Was the rash preceded by one of the symptoms listed in (D) by 2-4 days? Did fever overlap rash? Did rash start on head or face? 		YES	NO	Rash onset date: ___/___/___ 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 symptom onset, which includes fever and at least one of the “3 Cs” (below):
D) Has the patient had any of the following?				
<ul style="list-style-type: none"> Cough Runny nose (coryza) Red eyes (conjunctivitis) 				
E) Is the patient immunized?		<input type="checkbox"/> Unimmunized <input type="checkbox"/> Unknown <input type="checkbox"/> Born before 1957		<input type="checkbox"/> At least one documented MMR vaccine: → Dates of measles vaccine: #1: ___/___/___ #2: ___/___/___
F) Exposure to a known measles case?		YES	NO	Date and place of exposure:
G) Travel, visit to health care facility, or other known high-risk exposure in past 21 days?				Check CCPH website for known exposure sites.

Measles is highly suspected in a febrile patient if you answer YES to B, at least one item in C & D, unimmunized, PLUS YES in F or G.

IF MEASLES IS SUSPECTED, IMMEDIATELY:

- Mask and isolate the patient (in negative air pressure room when possible).
- Collect **ALL** of 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 until pickup is authorized.**
 - Urine for rubeola PCR and culture:**
 - Collect at least 50 ml of clean voided urine in a sterile container and **store in refrigerator.**
 - Serum for rubeola IgM and IgG testing:**
 - Rubeola IgM and IgG should be collected and tested by facility’s regular lab mechanism, and at the discretion of the healthcare provider. For additional information, discuss with a CCPH representative.
- Contact Clark County Public Health to report suspected measles case.

CCPH staff will follow up with your facility to review the case and to approve testing of measles specimens. If testing is approved, CCPH will arrange specimen pickup and shipment to Washington State Public Health Lab.

Email: ph.operations@clark.wa.gov | Fax: 564-397-8080