

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 following Region IV health officers:

Alan Melnick, MD, MPH, CPH

Clark County Public Health, 564.397.8412
Skamania County Community Health, 509.427.3850
Cowlitz County Health & Human Services, 360.414.5599
Wahkiakum County Health & Human Services, 360.795.6207

Steven Krager, MD, MPH

Clark County Public Health, 564.397.8412
Skamania County Community Health, 509.427.3850
Cowlitz County Health & Human Services, 360.414.5599
Wahkiakum County Health & Human Services, 360.795.6207

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

Nov. 20, 2019

Confirmed measles case in Clark County



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Summary

Clark County Public Health is investigating a confirmed case of measles in a child who was unvaccinated. The child returned to Clark County on Nov. 14 after travelling internationally to a country where a measles outbreak is occurring.

Public Health has identified three public exposure locations in Clark County and Multnomah County, Oregon:

- Portland International Airport, Concourse E, north end of lower level, including restrooms and baggage claim – 10:30 am to noon Thursday, Nov. 14.
- PeaceHealth Southwest Medical Center, 400 NE Mother Joseph Place, Vancouver – 12:45 to 5:05 pm Thursday, Nov. 14.
- Randall Children's Hospital at Legacy Emanuel – 11:50 pm Saturday, Nov. 16 to 4:25 am Sunday, Nov. 17.

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 Nov. 18 and Dec. 9.**

Recommended actions

(1) 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 or were at an exposure site as listed above

(2) Please implement the infection prevention practices, outlined below, to prevent health care exposures.

(3) Report suspect measles cases immediately to Clark County Public Health:

- Complete the attached Suspect Measles Worksheet and call the Communicable Disease Program at 564.397.8182.
- Form link: <https://www.clark.wa.gov/sites/default/files/dept/files/public-health/CD/Resources/Measles%20Suspect%20Worksheet.pdf>.

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Specimen collection recommendations

Laboratory confirmation of measles is critical to track the spread and prioritize prevention efforts. Prior approval for testing through the Washington State Public Health lab is required from Clark County Public Health.

Collect **ALL** of the following specimens, if testing is approved:

- (1) Nasopharyngeal (NP) swab for rubeola PCR and culture (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.

CCPH Communicable Disease Program to arrange specimen pickup for testing.

Prevention/vaccination recommendations

- 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 eligible 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.
- For persons who plan to travel internationally, health care providers should encourage timely vaccination of all persons aged ≥ 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 ≥ 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 spaced doses of MMR vaccine are recommended for health care personnel, college students and international travelers.

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Infection prevention

Measles primarily spreads through large droplets but can also be transmitted through the airborne route. The virus can be transmitted through the latter route up to two hours after a contagious patient coughed or sneezed, according to the Centers for Disease Control and Prevention (CDC).

Preventing health care exposures is critical to keep high-risk groups safe. When possible, use phone triage and assessment to determine if patients who might have measles need to be seen in-person.

If patients or caregivers are concerned about measles, inquire whether they could have been exposed at the locations above. Up-to-date vaccination status makes measles much less likely. Please implement interventions listed below in your clinical settings to minimize exposure to others.

- If the patient is already in the clinic/waiting room, room them immediately
- Use a negative pressure room if available; regardless keep exam room door closed.
- Perform all labs and clinical interventions in the exam room if possible
- The exam room should not be used for two hours after the patient has left.
- Patients who are under evaluation for measles should isolate at home until the diagnosis is clarified.

Additional guidance for health care providers

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>

Thank you for your partnership.

Local health jurisdiction	Phone	Fax
Clark County Public Health	564.397.8182	564.397.8080
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

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Suspect Measles Evaluation Worksheet

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

Patient Information:	Name:	DOB:	MRN #:
Address:	City:	County:	State: Zip:
Evaluation date:	(If patient is a minor) Parent/Guardian Name:	Phone #: (____) ____ - _____	
Reporting Facility:	Clinician name:	Clinician phone #: (____) ____ - _____	
Consider measles in the differential diagnosis of patients with FEVER and RASH:			
A) What is the highest temperature recorded?	°F	Fever onset date: ____ / ____ / ____ <input type="checkbox"/> NA - afibile	
B) Does the patient have a rash?	YES NO	If no rash, do not collect measles specimens. Consider rule out testing for other causes of febrile rash illness.	
C) Rash characteristics:		Rash onset date: ____ / ____ / ____	
<ul style="list-style-type: none"> Was 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? 		Measles rash is generally red, maculopapular and may become confluent. It typically starts at the hairline, then progresses down the face and 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) 		Onset date: ____ / ____ / ____	
		Onset date: ____ / ____ / ____	
		Onset date: ____ / ____ / ____	
E) Known high risk exposure in past 21 days? <i>(ex. to a confirmed case, international travel)</i> Call CCPH CD Team for known exposures.		Date and place of exposure:	
F) What's the patients immunity status?	<input type="checkbox"/> Unknown <input type="checkbox"/> Unimmunized <input type="checkbox"/> Born before January 1, 1957 <input type="checkbox"/> At least one documented measles vaccine. Vaccine date: 1 st dose: ____ / ____ / ____ 2 nd dose: ____ / ____ / ____		

Measles is highly suspected in a febrile patient if you answer YES to B + at least one item in both C & D + YES in E.

IF MEASLES IS SUSPECTED, IMMEDIATELY:

- Mask and isolate the patient (in negative air pressure room when possible).
- Call Clark County Public Health to report the suspected measles case and request permission to test.
- Collect **ALL** of the following specimens, if testing is approved:
 - 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.

CCPH Communicable Disease Program

Phone: 564.397.8182 (after hours, select option 5) | Fax: 564.397.8080