



Public Health
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Region IV Public Health
Clark, Cowlitz, Skamania, Wahkiakum counties
and Cowlitz Tribe

Health Advisory

Please deliver a copy of the accompanying alert to each provider in your organization.

Thank you

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

Alan Melnick, MD, MPH
Health Officer

Clark County Public Health
Cowlitz County Health Department
Skamania County Health Department
Wahkiakum County Department of Health and Human Services

(360) 397-8412

Please Distribute

Categories of Health Alert messages:

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

Health Advisory: provides important information for specific incident for 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 ADVISORY

December 4, 2013

TO: Physicians and Other Health Care Providers

FROM: Alan Melnick, MD, MPH, CPH, Health Officer

RE: POTENTIAL MEASLES EXPOSURE

Clark County Public Health has confirmed a case of measles in a child who attended Harmony Elementary School on 11/25/2013. Measles was confirmed by Washington State Public Health Lab by serologic testing. Rash onset was on 11/24/13. You may receive requests from patients for determining immunity to measles or requests to be evaluated for measles. Please carefully evaluate persons presenting with a febrile rash illness for measles, as secondary cases could occur through December 16, 2013. Additionally, please take appropriate infection control precautions when seeing persons seeking an evaluation for measles or other febrile rash illnesses. Contact your local health department (information below) for assistance with testing of any ill exposed individuals. Please refer to the attached information sheet on how to determine immunity or susceptibility in health care workers and other exposed individuals.

At this time there are no other known public exposures.

Clark County Public Health has already notified known exposed individuals as well as parents and guardians of known exposed children. If you have any questions about whether or not your patient was exposed, please contact Clark County Public Health at the number listed below. Since it has been greater than 6 days since exposure, no prophylaxis is indicated.

Of note, the confirmed measles case had one recorded MMR vaccine and presented with very mild symptoms. Cough was not reported. Literature indicates that previously immunized measles cases with reduced respiratory symptoms may be less infectious (Rota et. al., 2011). Literature on nonclassic and modified measles cases can be found at the following links or references:

Links:

http://jid.oxfordjournals.org/content/204/suppl_1/S559.full

References:

Helfand RF, Kim DK, Gary HE Jr, et al. Nonclassic measles infections in an immune population exposed to measles during a college bus trip. J Med Virol 1998; 56:337–41.

Rota, J. S., Hickman, C. J., Sowers, S. B., Rota, P. A., Mercader, S., & Bellini, W. J. (2011). Two case studies of modified measles in vaccinated physicians exposed to primary measles cases: High risk of infection but low risk of transmission. *The Journal of Infectious Diseases*, 204 Suppl 1, S559-63. doi:10.1093/infdis/jir098; 10.1093/infdis/jir098

Clinical Description of Measles:

Classic measles is characterized by a generalized maculopapular rash, fever and one or more of the following: cough, coryza or conjunctivitis. Measles has a distinct prodrome that begins with fever and malaise. Additional symptoms can be conjunctivitis, coryza (sneezing, nasal congestion, and nasal discharge), cough, photophobia and Koplik's spots (which as pathognomonic but uncommonly observed). These spots are seen as bluish-white specks on a rose-red background appearing on the buccal and labial mucosa usually opposite the molars. Temperature may exceed 40 degrees C (104 degrees F), and usually fall 2-3 days after rash onset. Rash begins on the head, often along the hairline, and spreads downward reaching the hands and feet. In severe cases, the lesions usually become confluent, especially on the face and upper body.

Lab and Sample Submission:

Persons suspected to have measles should have serum drawn and specimens collected for viral isolation (nasal wash and urine) at the time of the first health care provider visit. Instructions for collecting specimens follow:

- **Serum:** Collect at least 1 cc of serum. Store specimen in refrigerator and transport on ice.
- **Urine:** Collect at least 50 ml of clean voided urine in a sterile container. Store specimen in refrigerator and transport on ice.
- **Nasal wash (preferred respiratory specimen):** Attach a small piece of plastic tubing to a syringe. After placing about 3–5 ml of sterile saline in the nose, aspirate as much of the material as possible and add to a centrifuge tube containing viral transport medium. Store specimen in refrigerator and transport on ice. If a nasal wash cannot be performed, collect a nasopharyngeal or throat swab.
 - o **Nasopharyngeal swab:** Swab the posterior nasal passage with a Dacron™ or rayon swab and place the swab in 2–3 ml of viral transport medium.
 - o **Throat swab:** Swab the posterior pharynx with a Dacron™ or rayon swab and place the swab in 2–3 ml viral transport medium.

For additional information regarding collection, storage and shipping of specimens for viral isolation, see: http://www.who.int/ihr/elibrary/manual_diagn_lab_mea_rub_en.pdf. All specimens sent to PHL must be accompanied by a completed PHL virology form:

<http://www.doh.wa.gov/Portals/1/Documents/5230/302-017-SerVirHIV.pdf>. Along with the patient and submitter names, be sure to include the date of collection, date of rash onset, and immunization history (if known) on the form.

Please call your local health jurisdiction to report suspected or confirmed measles.

To report notifiable conditions or if you have questions, please call:

- Clark County Public Health: (360) 397-8182.
- Cowlitz County Health Department: (360) 414-5599
- Skamania County Community Health: (509) 427-3850
- Wahkiakum County Health and Human Services (360) 795-6207

Please refer to the attached information sheet on how to determine immunity or susceptibility in health care workers and other exposed individuals.

CLARK COUNTY PUBLIC HEALTH MEASLES IMMUNITY AND APPROPRIATE TREATMENT

The definition of immunity is:

- 2 documented doses of MMR vaccine at least 28 days apart or
- Documented history of health care provider-diagnosed measles or
- Serology showing immunity to measles
- Born before January 1, 1957 (except health care workers – see below)

Preventive vaccination for susceptible persons (except those with contraindications)

Individuals age 12 months and above who were exposed at the locations described above should receive a dose of MMR vaccine within 72 hours of the individual's exposure. MMR vaccine is contraindicated in pregnant women, people with a history of a severe allergic reaction to the vaccine, people with significant immunosuppression and people who recently received antibody-containing blood products.

Exposed susceptible people who should receive immune globulin instead of MMR:

Immune Globulin (IG) is recommended for susceptible household contacts and other close contacts who are at increased risk of severe infection (e.g. pregnant women, immunocompromised persons, children < 1 year old). For these people, IG can prevent or attenuate infection with measles if given within 6 days after exposure. IG is not recommended for close contacts who have received one dose of vaccine on or after the first birthday unless they are immunocompromised.

Special consideration – exposed susceptible health care workers:

- If an exposed health care worker was born on or after January 1, 1957 and has had only one documented dose of live measles-containing vaccine (inactivated measles vaccines were in use from 1963–1967) give an additional dose of vaccine. If the second dose can be given within 72 hours of the exposure, consider the person immune.
 - If vaccine cannot be administered within 72 hours, send a specimen for measles IgG serology and consider the person immune if the test is positive for measles specific IgG. Exclude the employee until serology confirmation of immunity or from day 5 until 21 days post exposure
- If the exposed health care worker was born on or after January 1, 1957 and has no documented evidence of immunity or vaccination with live vaccine, a dose of measles-containing vaccine should be given. At the same time, a serologic test for measles IgG should be done to verify immunity. Unless and until immunity to measles is serologically confirmed, the person must be furloughed from day 5 after exposure to day 21 after the last exposure.
- If the exposed healthcare worker was born before January 1, 1957 and has no documented evidence of immunity, a serologic test for measles IgG should be considered to verify immunity. Unless and until immunity is confirmed the person must be furloughed from day 5 after the first exposure to day 21 after the last exposure.
- If the exposed healthcare worker has had two documented doses of measles vaccine given on or after the first birthday and at least 28 days apart, or has documentation of previous measles disease consider the person immune. For further information on measles, go to the

Washington Department of Health website at:

<http://www.doh.wa.gov/Portals/1/Documents/5100/420-063-Guideline-Measles.pdf>