

May 3, 2017

## Measles assessment tool for providers; ongoing outbreak in Minnesota is a reminder of travel-associated risk

### Actions Requested

- **Be aware of an outbreak of measles: persons who travel to or have visitors from Minnesota may be at risk.**
- **Consider measles in your differential diagnosis for patients with fever and rash.**
- **Use the attached Measles Assessment Checklist to assess the likelihood of measles.**
  - Distribute this form to all providers within your practice.
- **Call our Communicable Disease staff immediately if a patient meets the criteria on the form, or if you have any other reason to strongly suspect measles.** We are happy to discuss any potential cases with you 24/7.
- **Remind all patients (and staff) about the importance of being vaccinated!**

For questions, please contact our Communicable Disease staff at 360-728-2235.

### Background

A measles outbreak is occurring in the Minneapolis, Minnesota metropolitan area. As of April 24, 2017, 20 cases had been confirmed, with additional suspect cases pending. At least 10 cases were hospitalized. The age range is 0 to 5 years, and all 20 cases are from the Somali community, which has very low rates (<42%) of vaccination for MMR. At least 10 of the cases were exposed in two different child care centers. At least 500 persons have been exposed in health care settings and more than 400 in large child care centers. By May 3, Minnesota reported a total of 34 cases.

Please be alert to the increased risk for measles in persons with recent travel to or visitors from the Minneapolis, Minnesota area. Locally, the last 2 measles cases identified in Washington State were in King County earlier this year, which no longer present any local risk and were unrelated to the current Minnesota outbreak. However, these cases and outbreak are a good reminder that measles can occur at any time in any location. Thus, we urge you to keep measles in your differential diagnosis for any patient presenting with fever and rash. To aid in determining the likelihood of measles, please use the included Measles Assessment Checklist. Any highly suspect measles cases should be reported immediately to the Kitsap Public Health District (KPHD) Communicable Disease staff. We can facilitate rapid confirmatory testing at the Washington State Public Health Laboratories and avoid unnecessary testing/delays. Early discussion will also help to ensure that appropriate and timely control measures are put in place for you, your staff, your patients, and other community members who were exposed to a measles case. The outbreak in Minnesota is also a good reminder to assess staff vaccinations and ensure completeness now.

### Resources

- “Measles Assessment Checklist” from Washington State Department of Health and Kitsap Public Health District (attached)
- Centers for Disease Control and Prevention’s Measles (Rubeola) webpage for healthcare providers: <https://www.cdc.gov/measles/hcp/index.html>

**Report all SUSPECT measles cases immediately!**

- ✓ Consider measles in the differential diagnosis of patients with fever and rash:

	Yes	No	Comments
<b>A) What is the highest temperature recorded?</b>		°F	Fever onset date: ___/___/___
<b>B) Does the rash have any of the following characteristics?</b>			Rash onset date: ___/___/___
Was the rash preceded by one of the symptoms listed in (C) by 2-4 days?			Measles rashes are red, maculopapular rashes that may become confluent – they typically start at hairline, then face, and spreads rapidly down body.
Did fever overlap rash?			
Did rash start on head or face?			
<b>C) Does the patient have any of the following?</b>			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).
Cough			
Runny nose (coryza)			
Red eyes (conjunctivitis)			
<b>D) Unimmunized or unknown immune status?</b>			Dates of measles vaccine: #1 ___/___/___ #2 ___/___/___
<b>E) Exposure to a known measles case?</b>			Date and place of exposure:
<b>F) Travel, visit to health care facility, or other known high-risk exposure in past 21 days?</b>			See local health department for potential exposure sites.

- ✓ Measles should be highly suspected if you answered YES to at least one item in B and C, PLUS a YES in D or E or F. **IMMEDIATELY:**

- Mask and isolate the patient (in negative air pressure room when possible) **AND**
- Call Kitsap Public Health District (KPHD) to arrange testing at the WA State Public Health Laboratories (WAPHL). Health care providers must receive approval prior to submission.
  - **Call KPHD at 360-728-2235 both during normal business hours and after hours (on-call).**

- ✓ Collect the following specimens

- 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.
- 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**
  - Draw at least 4-5 ml blood (yields about 1.5 ml serum) in a red or tiger top (serum separator) tube. Store specimen in refrigerator and transport on ice.

If you have questions about this assessment or collection and transport of specimens, call KPHD.

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388)