

May 16, 2019

## Confirmed Measles in King, Pierce and Snohomish Counties

### Actions Requested

- **Encourage patients to call your office** before coming in if they have compatible symptoms.
- **Use the measles checklist** to assess measles infection in patients with compatible symptoms (see attachment).
- **Immediately notify KPHD of suspected measles cases by calling (360) 728-2235, 24/7.** If calling after hours, please select the healthcare provider option to reach the answering service.
- **Know there are now multiple confirmed measles cases in the Puget Sound region.** Seattle-Tacoma International Airport is a common exposure site.
- **Check the Washington State Department of Health website for up-to-date lists of exposure sites** (see link below).
- **KPHD will send a Health Alert if measles cases or exposures are identified in Kitsap County.**
- **Contact KPHD Communicable Disease staff if you have questions** at 360-728-2235.

### Background

Currently, there are no reports of measles exposure sites or confirmed cases in Kitsap County. As of May 15, 2019 there have been 5 confirmed cases identified in the Puget Sound Region (2 in King County, 2 in Pierce County, and 1 in Snohomish County). Seattle-Tacoma International Airport has been identified as a common exposure site.

Measles is a highly contagious and potentially severe disease that causes fever, rash, cough, and red, watery eyes. It mainly spreads through the air after a person with measles coughs or sneezes. Measles symptoms begin 7-21 days after exposure. Measles is contagious from approximately four days before the rash appears through four days after the rash appears. People can spread measles before they have the characteristic measles rash.

- **Consider measles infection in patients with compatible symptoms**, including prodrome of fever, cough, coryza and conjunctivitis lasting 2-4 days; generalized maculopapular rash that usually begins on the face; Koplik spots may appear on buccal mucosa 1-2 days prior to rash.
- **Assess patients with measles symptoms for local exposures (see attachment), domestic or international travel** to areas where measles outbreaks are occurring, or potential exposure to a confirmed measles case.
- **Instruct reception/triage staff to identify and isolate patients who present with symptoms of possible measles.**
- **Instruct patients with measles symptoms to wear a mask covering the nose and mouth.**
- **Keep patients with measles symptoms away from patient waiting rooms – consider seeing them as the last patient of the day if possible.**
- **Room patients with measles symptoms immediately and close the door.** Do not use exam rooms for 2 hours after a patient with measles symptoms is discharged.
- **Only allow staff with documented immunity to enter the room with a patient suspected to have measles.**
- **Collect specimens from patient with suspected measles at the first encounter:**
  - Nasopharyngeal swab (preferred respiratory specimen) for PCR and virus isolation
  - Urine (at least 50 mL) for PCR and virus isolation
  - Serum (at least 1 mL) for measles IgM

### Resources

1. Measles Checklist (attachment)
2. Washington State Department of Health - <https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Measles/Measles2019>
3. Public Health-Seattle & King County - <https://kingcounty.gov/depts/health/communicable-diseases/disease-control/measles/cases.aspx>
4. Tacoma-Pierce County Health Dept. - <https://www.tpchd.org/healthy-people/diseases/measles/pierce-county-measles-investigation>
5. Snohomish Health District - <https://www.snohd.org/460/Measles>

## Report all SUSPECT measles cases immediately to your local health department.

- ✓ 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>			Visit DOH website for list of WA exposure sites <a href="https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Measles/Measles2019">https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Measles/Measles2019</a>

- ✓ 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 report possible cases and to arrange testing at the WA State Public Health Laboratories (WAPHL). All health care providers must receive approval from KPHD prior to submission.
    - **(360) 728-2235 all hours (24/7)**
- ✓ 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 your local health department.

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)