

**IN THIS ISSUE: How Health Care Providers Can Help with Measles Response?**

**HOW HEALTH CARE PROVIDERS CAN HELP WITH MEASLES RESPONSE?**

In April, 2018 the Washoe County Health District (WCHD) investigated the first confirmed measles case in 19 years. No transmission occurred in the community because of diligent collaborative work between WCHD and community partners. The ongoing measles outbreak in the Pacific Northwest prompted the declaration of a public health emergency in Washington (WA) State. As of 3:00 p.m., February 4, there were 50 outbreak-associated cases reported in WA since January 1, 2019. One case in Oregon (OR) was reportedly associated with this outbreak. Among 49 cases reported in Clark County, WA, 96% (47/49) were in children; 86% (42/49) in unimmunized individuals and one case was an individual who had received one dose of MMR vaccine<sup>1</sup>. As of February 5, 2019, the Washoe County Health District (WCHD) has not received any reports of suspected measles associated with the ongoing measles outbreak in WA. However, Nevadans may frequently travel to WA and OR states and exposure locations listed by WA and OR states did include many public places, including the airport. WCHD is taking a proactive approach and highly recommends that all healthcare providers do the following:

1. **Consider/suspect measles** in patients with a rash and fever  $\geq 101^{\circ}\text{F}$  ( $38.3^{\circ}\text{C}$ ) regardless of travel history. Ask about measles vaccination and **exposure** to known measles cases, international travel, exposure to international visitors, or domestic travel to WA or OR in the three weeks prior to illness. Exposure sites are listed here in WA state <https://www.clark.wa.gov/public-health/measles-investigation> and here in OR state <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/DISEASESAZ/Pages/measles.aspx>.
2. **Prepare your facility for the possibility of patients with measles.** Ask patients to **call ahead first** if they have fever and rash. **Post signage** that directs patients with fever and rash to notify staff. Train staff to immediately implement airborne precautions if measles is suspected.
  - Mask and isolate the patient in an airborne isolation room.
  - Do not re-use the exam room **for two hours** after the patient has left the room.
  - Assure airborne precautions at other healthcare facilities if referring the patient.

3. **Report** suspected measles cases **immediately** to WCHD by phone at **775-328-2447 (24/7)**.
4. **Test** suspected measles cases at the Nevada State Public Health Laboratory (NSPHL):
  - Collect a throat swab (for measles PCR) with a Dacron swab and place in Viral Transport Media (VTM).
  - Draw blood (for measles IgM and IgG) **if and only if** it is already Day 4 or later after rash onset. However, NSPHL does not perform measles serology in house. Therefore, it is recommended to use your usual laboratory service for measles serology.
  - Collecting specimens while the patient is at your facility will prevent delays in confirmation and limit the potential for additional healthcare visits/exposures. Some clinicians did collect swab specimens from a patient in a patient's private vehicle when 1) the patient is still in infectious period (4 days prior to rash onset through 4 days after rash onset); 2) the facility has no negative pressure room; 3) the patient is in a fair condition.

Should you have any questions regarding specimen collection, storage, or transportation, please call NSPHL at **775-688-1335** and after hours at: **775-823-1150**.

5. **Advise patients with suspected measles to stay home with no visitors** until at least four days after rash onset and/or until cleared by WCHD to resume normal activities. Patients should go home by private vehicle, not take public transportation and should only be accompanied by someone immune to measles.
6. **Confirm immunity of contacts and health care staff** with unknown vaccination status by ordering Measles IgG only. **DO NOT** order measles IgM testing for asymptomatic individuals, as there is a substantial possibility of a false positive IgM result. *Confirm staff immunity now to avoid staff exclusion from work in the event of an exposure.*
7. **Vaccinate children and non-immune adults**, unless contraindicated, according to national guidelines.
8. **Consider ruling out other etiologies including influenza.** It is the flu season. Influenza can cause rash in some individuals. In 2015, during the measles response to the Disney outbreak, WCHD found that 28% of specimens which were collected for measles testing were positive for influenza A or B.

**When in doubt, always call WCHD at 775-328-2447 (24/7).**

<sup>1</sup> <https://www.clark.wa.gov/public-health/measles-investigation>