Measles Cases in Washington State

Through Feb. 5, 2015 four measles cases have been confirmed in Washington State (none in Pierce County). Although a definite source has not been identified for one of the cases, the other three are connected to an emerging nationwide outbreak seeded in late Dec. 2014 through exposures at Disneyland theme parks in southern California. From Dec. 28, 2014 through Jan. 30, 2015, 102 confirmed cases of measles linked to this outbreak have been reported to the Centers for Disease Control and Prevention (CDC). The majority of cases are unvaccinated.

Onset of rash (typically preceded by a 2–4 day febrile prodrome) occurs about 10 days after exposure (range 7–21 days). Measles cases can transmit the virus from the time of onset of the prodrome until four days after onset of the rash. Complications include otitis media, diarrhea, pneumonia, and encephalitis.

Actions Requested

- Ensure that all patients are current on MMR (measles, mumps, and rubella) vaccine.
- Offer measles vaccination one month prior to departure for infants 6–12 months of age traveling to affected areas (e.g., southern California, Vietnam, Philippines). This dose offers short term protection, but does not “count” toward the two doses after age 12 months required for documentation of immunity.
- Ensure that clinicians and all healthcare facility staff are immune to measles (see page 2, Routine Criteria for Evidence of Immunity Against Measles).
- Consider measles in the differential diagnosis of patients with fever and rash (especially if accompanied by cough, conjunctivitis and coryza—the three “C”s).
- Isolate suspected cases
- Ask suspected cases:
  - Vaccinated against measles?
  - Recent international travel?
  - Heard of measles cases occurring in their personal contacts or community?
- Specimens to collect:
  - Serum: Collect at least 1 cc of serum. Store specimen in refrigerator and transport on ice.
  - Nasopharyngeal swab (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.
  - Urine: Collect at least 50 ml of clean voided urine in a sterile container. Store specimen in refrigerator and transport on ice.
- **Report suspected measles cases** to the Tacoma-Pierce County Health Department at (253) 798-6410 to coordinate laboratory testing of these specimens and to initiate disease control interventions.
Routine Criteria for Evidence of Immunity Against Measles

- Evidence of adequate vaccination for school-aged children, college students, and students in other postsecondary educational institutions who are at risk for exposure and infection during measles outbreaks consists of two doses of measles-containing vaccine separated by at least 28 days.
- Laboratory evidence of immunity or lab evidence of disease.
- Born before 1957 (except healthcare workers).
- Documentation of age-appropriate vaccination with a live measles virus-containing vaccine:
  - Preschool-aged children and adults **not at high risk** .......................................................... 1 dose
  - Infants 6–11 months who travel internationally................................................................. 1 dose
  - School-aged children (grades K–12) .................................................................................. 2 doses
  - Healthcare workers ........................................................................................................... 2 doses
  - Students at post-secondary educational institutions ...................................................... 2 doses
  - Adults with no other evidence of immunity who travel internationally...................... 2 doses

Resources

- [www.cdc.gov/measles/cases-outbreaks.html](http://www.cdc.gov/measles/cases-outbreaks.html)
- [emergency.cdc.gov/han/han00376.asp](http://emergency.cdc.gov/han/han00376.asp)