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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**

Jennifer Vines, MD, MPH  
**Deputy 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 March 3, 2011

TO: Physicians and Other Health Care Providers

FROM: Alan Melnick, MD, MPH, CPH, Health Officer  
Jennifer Vines, MD, MPH, Deputy Health Officer

RE: MEASLES EXPOSURE

Clark County Public Health is investigating a second case of measles in a school-aged child. This child was exposed two weeks ago at the same medical facility, Evergreen Pediatrics, that the first case visited following a trip to India. This second case was unvaccinated when exposed. Health officials are urging persons who may have been exposed to the second case and who are unvaccinated and susceptible to measles to get vaccinated, and avoid going out in public for 7-21 days following exposure.

Clark County Public Health will continue to notify exposed individuals by telephone and through media releases if necessary. We are telling these individuals to call healthcare providers rather than visit them if they develop symptoms. However, you may still receive requests from exposed patients for evaluation of early symptoms (cough, coryza, conjunctivitis, high fever) or frank rash illness. Public Health urges health care providers and lab personnel to avoid having patients who might have measles come into the medical office or waiting room and expose others.

### Who has been exposed:

- Vancouver Christian School students and staff who were present on February 25<sup>th</sup>
- Persons who visited Southwest Medical Group - Fisher's Landing on March 1<sup>st</sup>, between 11:30 a.m. and 4:00 p.m.
- Attendees of the City Harvest Church youth group in Vancouver on Sunday, February 27<sup>th</sup> between 5:30 and 10:30 p.m.
- Persons who visited the 7-Eleven Store located at 5101 NE 112<sup>th</sup> Avenue on Feb. 27 between 4 p.m. and 8 p.m. are considered exposed to measles.
- Health care providers should be aware that there is the potential of further measles exposure in the community.

### Clinical Description of Measles:

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. Providers should make special arrangements either in their office or with the laboratory to avoid having suspect cases expose other patients. 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.cdc.gov/vaccines/pubs/surv-manual/chpt22-lab-support.htm>. All specimens sent to PHL must be accompanied by a completed PHL virology form: <http://www.doh.wa.gov/EHSPHL/PHL/Forms/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 exposure (by the early afternoon of 2/17/11). 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 has had only one documented dose of measles-containing vaccine, 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.
- If the exposed health care worker was born on or after January 1, 1957 and has no documented evidence of immunity, 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. If immunity to measles is not 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. If immunity is not 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, consider the person immune. For further information on measles, go to the Washington Department of Health website at:  
<http://www.doh.wa.gov/notify>