

# Health Alert

**Date:** Tuesday, February 20, 2024  
**From:** Spokane Regional Health District (SRHD) Epidemiology  
**To:** Spokane County Healthcare Providers  
**Subject:** Measles Case Confirmed in Spokane County

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*Please ensure that this information is shared with the appropriate personnel in your facility. Thank you.*

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## Current Situation

One confirmed cases of measles (rubeola) has been identified in an unvaccinated adult resident of Spokane County. The case was exposed to the measles virus while traveling outside the United States and began isolation upon recognition of initial measles-like symptoms. Symptom (rash) onset date for this case was February 15<sup>th</sup> and isolation ended on February 20<sup>th</sup>. The case was present at the following locations and dates during the infectious period:

- Saturday, Feb. 10 – air travel from Kuala Lumpur, Malaysia to Manila, Philippines (Philippine Air Flight PR0528)
- Saturday/Sunday, Feb. 10/11 – air travel from Manila, Philippines to San Francisco, CA (Philippine Air Flight PR0104) and overnight at Double Tree Inn San Francisco airport
- Sunday Feb. 11 – United Airlines Flight UA5667 San Francisco to Spokane
- Sunday Feb. 11, 9:30 p.m. - Monday, Feb. 12, 2024, 12:30 a.m., Spokane International Airport, Concourse B
- Monday, Feb. 12, 10:00 a.m. – 4:00 p.m., Deer Park Library, 208 S. Forest Ave., Deer Park
- Monday, Feb. 12, 4:00 - 8:30 p.m., Rozy's HotShotz, 617 S. Fir Ave., Deer Park
- Monday, Feb. 12, evening hours (still being determined), Taco Bell, Deer Park
- Tuesday, Feb. 13, 2024, 5:30 - 7:30 p.m., Creekside Kenpo Karate, 3506 Eloika Rd, Deer Park
- Thursday, Feb. 15, 2024, 4:30 - 7:15 p.m., Horizon Credit Union, 900 S. Main St., Deer Park

Whenever possible, contacts of a measles case are notified of their exposure. However, in public exposure settings it is not possible to determine all who may have been exposed. If susceptible persons were exposed to this individual at the public locations identified, we would expect to see resultant cases become ill between 2/18/2024 through 3/8/2024. At this time, we are not aware of additional cases, however, we urge your office to be prepared for handling potential cases of measles. If additional exposure sites/times become known, we will list them on [For Healthcare Providers | SRHD](#) under the Advisories & Alerts section.

## Recognizing a Potential Case of Measles:

Measles is a viral illness consisting of fever, cough, coryza, conjunctivitis (the “three Cs”), maculopapular rash, and Koplik spots. Usually, cold symptoms and fever precede the onset of the rash by two to four days, and a measles case will often feel ill enough to seek medical care BEFORE rash onset. If a patient has presented with coryza, light sensitivity, or cough with high fever and has a possible history of having been present at one of the locations mentioned above, please consider measles a possibility and notify SRHD immediately. The red rash usually begins on the face and spreads to the rest of the body. Koplik spots appear inside the mouth on the buccal mucosa and look like grains of sand (absence of Koplik spots does not rule out measles).

Ideally, a suspect measles case should bypass other patient waiting areas. Alert your reception staff on how to identify and isolate patients who present with these symptoms. Complications of measles can include otitis media, bronchopneumonia, laryngotracheobronchitis, diarrhea, and encephalitis.

## Requested Actions

- Please be aware of this case when patients present with symptoms consistent with measles.
- Use the [Measles Quick Assessment for Providers \(srhd.org\)](https://www.srhd.org) form to evaluate symptoms and for guidance on collecting and submitting specimens.
- Report suspect measles cases immediately to SRHD Epidemiology:
  - Please do not delay reporting suspected measles cases to SRHD while awaiting serologic confirmation. Control measures are most effective if public health is able to contact those exposed within 72 hours of exposure. If you have any concern about measles in your patient, contact SRHD immediately.
    - Communicable Disease Epidemiology: 509.324.1442 (during business hours)
    - Urgent and Emergency Needs (24/7 Duty Officer): 509.869.3133
  - We will consult with you regarding testing and specimen collection to determine if they meet criteria for testing at the WA State Public Health Laboratory.

## Infection Prevention

Measles primarily spreads through large droplets but can also be transmitted through the airborne route. The virus can be transmitted through the latter route up to two hours after a contagious patient coughed or sneezed, according to the Centers for Disease Control and Prevention (CDC).

Preventing healthcare exposures is critical to keep high risk groups safe.

- When possible, use phone triage and assessment to determine if patients who might have measles need to be seen in-person.
- Up-to-date vaccination status makes measles much less likely.
- Healthcare personnel (HCP) without acceptable presumptive evidence of measles immunity should not enter a known or suspected measles patient's room if HCP with presumptive evidence of immunity are available.

Please implement interventions listed below in your clinical settings to minimize exposure to others.

- If the patient is already in the clinic/waiting room, room them immediately and place on airborne precautions.
- Use a negative pressure room if available; regardless keep exam room door closed.
- Perform all labs and clinical interventions in the exam room if possible.
- The exam room should not be used for two hours after the patient has left.
- Patients who are under evaluation for measles should isolate at home until the diagnosis is clarified.

## Post-Exposure Prophylaxis of Close Contacts:

To potentially provide protection or modify the clinical course of disease among susceptible persons, either administer MMR vaccine within 72 hours of initial measles exposure, **or** immunoglobulin (IG) within six days of exposure. Do **not** administer MMR vaccine and IG simultaneously, as this practice invalidates the vaccine.

Individuals who should receive immunoglobulin (IG) due to severe disease and complications include:

- Infants <12 months of age
  - Infants 6-11 months of age can receive MMR vaccine in place of IG, if administered within 72 hours of exposure.
- Pregnant women without evidence of measles immunity
- Severely immunocompromised persons regardless of vaccination status.
- IG can be given to others who do not have evidence of measles immunity, however, those with intense, prolonged, close contact exposure should be prioritized.

### **Immunization Guidance & Local Coverage Rate Information:**

Measles, mumps, rubella (MMR) vaccine is a two-dose series routinely recommended for **children** to be administered at 12-15 months of age and 4-6 years of age.

- Children can receive the second dose earlier if it is at least 28 days after the first dose.
- There are no single antigen vaccine options available in the U.S.; a measles vaccine is only available in the combination presentations described below.
- Two MMR vaccines are available for use in the United States, M-M-R II and PRIORIX. M-M-R II and PRIORIX are fully interchangeable for all indications for which MMR vaccination is recommended.
- Children may also receive the MMR/V vaccine, which protects against measles, mumps, rubella, and varicella (chickenpox). The MMR/V vaccine is indicated for children who are 12 months through 12 years of age.

MMR vaccination is also recommended for **adults** if born in 1957 or later.

- Immunocompetent adults need one dose of MMR vaccine.
- Immunocompromised adults need 2 doses at least 28 days apart.
  - You can view specific details on immunocompromising conditions under measles, mumps, and rubella vaccination: special situations here: [Adult Immunization Schedule Notes](#)

Current coverage rates in Spokane County are below the recommended herd immunity threshold of 92-94%. According to the Washington State Immunization Information System (WA IIS), as of January 10, 2024:

- 85% of children 19-35 months old have received their first dose of MMR vaccine.
- 70% of children ages 4-6 years have received their second dose of MMR.

### **Reminder/Recall Strategy**

Reminder/Recall is a strategy used to identify patients who are due or overdue for vaccines. This strategy helps keep your patients up to date with recommended vaccines and can help mitigate the impact of community outbreaks. Spokane Regional Health District is recommending that all providers utilize this strategy to reach out to patients who are not up to date with their MMR vaccines.

Many electronic medical record (EMR) systems can generate a report of patients who are due or overdue for vaccinations. If your EMR doesn't have this ability, you can utilize the WA IIS to perform a reminder/recall. Washington Department of Health (DOH) has a [reference guide](#) available on how to run this report.

### **MyIR Mobile**

DOH has created a web-based application for the public to access their immunization records in the Washington immunization registry. Recommend patients access this site as a strategy to reduce the number of requests for immunization records. Patients can sign-up for MyIR Mobile at [myirmobile.com](http://myirmobile.com) to view immunization records for themselves and their family members.

### **Resources**

- [Measles Quick Assessment for Providers \(srhd.org\)](http://srhd.org)
- [For Healthcare Professionals - Diagnosing and Treating Measles | CDC](#)
- [References for Provider Resources for Vaccine Conversations | CDC](#)
- [Measles | Washington State Department of Health](#)
- [Webinar Thursday, August 17, 2023 - We Must Maintain Measles Elimination in the United States: Measles Clinical Presentation, Diagnosis, and Prevention \(cdc.gov\)](#)
- [Manual for the Surveillance of Vaccine-Preventable Diseases: Postexposure vaccination and use of immunoglobulin to prevent measles in exposed susceptible persons](#)
- [myirmobile.com](http://myirmobile.com)
- [Reminder/Recall in the WA IIS](#)