

**FOR IMMEDIATE RELEASE 07/11/2018**

TO: Grant County Healthcare Providers

**FOR INFORMATION CONTACT**

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## **Measles in Washington State**

**No cases have been reported in Grant County**

**GRANT COUNTY, WA –Grant County Health Officer, Dr. Alexander Brzezny, has issued the following alert to the Grant County healthcare community:** Two lab-confirmed cases of measles have been confirmed in Multnomah County (Oregon), one lab confirmed case in Snohomish County, and a suspected case in Clark County. **There have been no measles cases reported in Grant County.** Measles poses the highest risk to people who have not been vaccinated, pregnant women, infants younger than 12 months and people with weakened immune systems. If traveling to areas with known measles cases it is imperative to become immunized or insure immunity against the illness.

### **Actions requested**

- During an outbreak of measles or mumps, health care facilities should recommend 2 doses of MMR vaccine at the appropriate interval for unvaccinated health care personnel regardless of birth year who lack laboratory evidence of measles immunity or laboratory confirmation of disease.
- Be alert to measles symptoms, especially in those who are not immune.
- **Immediately report any possible measles cases to the Grant County Health District.**
- Vaccinate any non-immune patient  $\geq$  12 months old who is susceptible to measles with MMR vaccine unless they have a medical contraindication.
- Give a second MMR to anyone  $\geq$  4 years old who is eligible ( $\geq$  4 weeks after their first MMR) to fully protect against measles.
- Routinely vaccinate infants age 6-11 months who are planning to travel to any country outside the United States.

### **Specimen collection and shipping guidelines**

- Washington State Department of Health: [Specimen collection & shipping guidelines.](#)
  - Please see section 4C
- Washington State Department of Health: [Measles reference containing specific recommendations.](#)

### **Individuals are considered immune to measles if ANY of the following apply:**

- Individual was born before 1957, unless a local outbreak of measles declared. The Health Officer may recommend vaccine for all patients over the age of one regardless of birth year.



- Laboratory evidence of prior measles (or immunity): a positive measles titer.
- 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**
    - Infants who get one dose of MMR vaccine before their first birthday should get two more doses (one dose at 12 through 15 months of age and another dose at least 28 days later).
  - School-aged children (grades K-12): 2 doses
    - The second dose of MMR must be at least 28 days AFTER prior MMR. It is important to receive the second dose by the time the patient enters into school.
  - Health care workers: 2 doses
  - Students at post-secondary educational institutions: 2 doses
  - **Adults with no other evidence of immunity who travel internationally: 2 doses**

### Assessing Evidence of Immunity

- The criteria for routine evidence of immunity apply only to routine vaccinations. During outbreaks, recommended criteria for presumptive evidence of immunity might differ for some groups.
- Vaccine doses with written documentation of the date of administration at age  $\geq 12$  months are the only doses considered to be valid. **Self-reported doses and history of vaccination provided by a parent or other caregiver are not considered adequate evidence of immunity.** Persons who do not have documentation of adequate vaccination or other acceptable evidence of immunity should be vaccinated.
- ACIP has removed physician diagnosis of disease as evidence of immunity for measles and mumps.
- Serologic screening for measles immunity before vaccination is not necessary and not recommended if a person has other acceptable evidence of immunity to these diseases. Similarly, post-vaccination serologic testing to verify an immune response is not recommended.
- Documented age-appropriate vaccination supersedes the results of subsequent serologic testing. If a person who has 2 documented doses of measles- or mumps-containing vaccines is tested serologically and is determined to have negative or equivocal measles titer results, it is not recommended that the person receive an additional dose of MMR vaccine. Such persons should be considered to have presumptive evidence of immunity.
- Persons who have measles-specific IgG antibody that is detectable by any commonly used serologic assay are considered to have adequate laboratory evidence of measles immunity. Persons with an equivocal serologic test result do not have adequate presumptive evidence of immunity and should be considered susceptible, unless they have other evidence of measles immunity or subsequent testing indicates measles immunity

### **Consultation**

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