

FOR IMMEDIATE RELEASE 1/24/2023

TO: Grant County Healthcare Providers

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Confirmed Measles Case in Washington State

Public Health Seattle King County is currently investigating a confirmed measles case in King County.

No cases have been reported in Grant County.

The Grant County Health Officer, Dr. Alexander Brzezny, has issued the following alert to notify the Grant County healthcare community of a confirmed measles case in King County. Grant County Health District (GCHD) will continue to monitor the situation and engage in an investigation for any Grant County resident that was potentially exposed or exhibits symptoms of measles. **We ask that healthcare providers consider measles in any patient that shows symptoms and immediately notify GCHD of the suspected infection. Contact GCHD at 509-766-7960 EXT 30.** Healthcare providers should also begin to review and implement Washington State Department of Health measles guidance: www.doh.wa.gov/Portals/1/Documents/5100/420-063-Guideline-Measles.pdf. **WA DOH measles guidance** to use as a disease control reference: **Please see section 4C for appropriate specimen collection and shipping guidelines.** www.doh.wa.gov/Portals/1/Documents/5100/420-063-Guideline-Measles.pdf

Measles Symptoms – The symptoms of measles generally appear about seven to 14 days after a person is exposed. Measles typically begins with high fever, cough, coryza, and conjunctivitis. Two or three days after symptoms begin, tiny white spots, (Koplik spots) may appear inside the mouth. Three to five days after the start of symptoms, a red or reddish-brown rash appears. The rash usually begins on a person's face at the hairline and spreads downward to the neck, trunk, arms, legs, and feet. When the rash appears, a person's fever may spike to more than 104° F. After a few days, the fever subsides and the rash fades. Healthcare providers that suspect measles in a patient should contact Grant County Health District immediately.

Measles Immunity in Healthcare Staff - It is recommended that measles immunity be determined and tracked for all health care staff. 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.
- Health care workers include all persons (medical or nonmedical, paid or volunteer, full- or part-time, student or nonstudent, with or without patient-care responsibilities) who work facilities that provide health care to patients (i.e., inpatient and outpatient, private and public). Facilities that provide care exclusively for elderly patients who are at minimal risk for measles and complication of the disease are a possible exception.
- If documentation of adequate evidence of immunity has not already been collected, it might be difficult to quickly obtain documentation of immunity for health care personnel during an outbreak or when an



exposure occurs. Therefore, health care facilities may want to ensure that the measles immunity status of health care personnel is routinely documented and can be easily accessed.

Routine Evidence of Immunity -

- 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 2 doses of measles-containing vaccine separated by at least 28 days.
- Laboratory evidence of immunity or lab evidence of disease.
- Born before 1957. Unless there is a local outbreak of measles. **Grant County Health Officer recommends vaccine for all patients over the age of one regardless of birth year.**

Recommended MMR Doses - Documentation of age-appropriate vaccination with a live measles virus-containing vaccine:

Preschool-aged children & adults not at high risk	1 Dose
Infants 6-11 months who travel internationally	1 Dose
<i>**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).</i>	
School-aged children (K-12)	2 Doses
<i>**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.</i>	
Healthcare 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 ≥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.