Update on Measles Outbreak in Clark County, WA and Multnomah County

Clark County, Washington is experiencing an outbreak of measles, with 51 confirmed cases to date.

There are three newly diagnosed cases of measles in Multnomah County, bringing the total number of cases in Oregon to four. **As of February 7, 2019, there are no measles cases in Jackson County.**

Measles is a preventable disease and the best protection against measles is the measles-mumps-rubella vaccine, known as the MMR. The measles vaccine is very effective. One dose of the measles vaccine is about 93 percent effective at preventing measles. Two doses are about 97 percent effective.

Jackson County Public Health is recommending that now is a great time for all families to take action by reviewing their vaccination records and be sure that everyone is up to date and has completed the vaccination series for measles.

**For Medical Providers**

**Clinical Presentation:**
Be alert to measles symptoms, especially those who are not immune. Jackson County Public Health is asking that health care providers to consider measles in patients who:

- Present with febrile rash illness and the “3 Cs”: cough, coryza (runny nose) or conjunctivitis (pink eye)
- Recently traveled internationally or to places with current outbreaks such as to Clark County, Washington and Multnomah County, or exposed to someone who traveled internationally or to places with current outbreaks
  - Find a complete list of all Oregon public exposures here: http://healthoregon.org/measles
  - To follow the Clark County Public Health Investigation visit: https://www.clark.wa.gov/public-health/measles-investigation
- Have not been vaccinated against measles

Complications include otitis media, pneumonia, diarrhea, and encephalitis. Infants under 12 months of age who have not yet received the MMR vaccine can be particularly vulnerable to measles and its complications.

**If you suspect measles, do the following immediately:**
1. Promptly mask and isolate patients (in a negative-pressure room, if possible) to
2. Immediately report the suspect measles case to Jackson County Public Health
   - **Call Jackson County Public Health Communicable Disease immediately** by calling the 24-hour phone line at 541-618-4651.
   - If possible, it is useful to obtain pictures of the rash, as they can be used when consulting with an Infectious Disease Doctor or the Jackson County Health Officer.

3. Obtain specimens for PCR as soon as possible after rash onset. Ideally, collect within three days but no later than 10 days after rash onset.
   - Swabs: See Page 2 for additional information.
     i. Nasopharyngeal swab is preferred specimen type.
     ii. Nasal and oropharyngeal (throat) swabs are also acceptable.
   - Urine: 10–50 mL in a sterile container.
     i. Lower volumes are accepted but may yield indeterminate results.

4. **All labs for measles must be coordinated through Jackson County Public Health.**

**State Resources for Testing and Vaccination**
Access the Oregon Health Authority Measles/Rubeola page for information on measles, the current situation in Oregon and provider resources on testing and vaccination.

**Office Infection Control**
Because measles is a highly infectious disease and can spread through airborne route and through contact with patient secretions, it is important that healthcare office consider the following:

- Review policies and develop a plan to evaluate patients with suspected measles
- All healthcare workers who have contact with patients should have two documented MMR vaccines or laboratory evidence of immunity.
- Phone and front desk triage of febrile patients with fever and new rash or conjunctivitis should include assessment of measles immunity status.
- Policies should include having suspect patient wear a regular surgical mask before entering the building or as soon as symptoms compatible with measles is identified.

**Other Ways to Minimize Exposures in Healthcare Setting Include:**
- If possible and appropriate, patient may be scheduled as the last patient of the day.
- If feasible, appropriate, and patient privacy can be protected, patient can be briefly evaluated outside, at least 30 feet away from others. Once mask is placed and a clear path to exam room prepared, patient can be escorted into the building.
- Whenever possible, patient should be escorted from a separate clinic entrance that allows them to access an exam room directly without exposing others.
- The number of healthcare workers interacting with the patient should be kept to a minimum.
- If the patient is already in the clinic, patient should be roomed immediately rather than allowed to wait in the lobby.
- The exam room door should remain closed at all times, and the patient should remain masked during the entire visit.
All labs and clinical interventions should be done in the exam room.
The exam room should not be used for 2 hours until after the patient has left.
Any patient referred to an Emergency Department for evaluation should be placed immediately in a negative pressure room and seen by staff who are immune to measles and wearing a fit-tested N-95 mask or powered air purifying respirator (PAPR).

Immunization
For persons who plan to travel internationally, health care providers should encourage timely vaccination of all persons aged ≥6 months who lack evidence of measles immunity.* One dose of MMR vaccine is recommended for infants aged 6–11 months traveling internationally, and 2 doses for persons aged ≥12 months, with a minimum interval of 28 days between doses.

Routine MMR vaccination is recommended for all children, with the first dose given at age 12–15 months, and a second dose at age 4–6 years. Unless they have other evidence of immunity, adults born after 1956 should get at least 1 dose of MMR vaccine, and 2 appropriately spaced doses of MMR vaccine are recommended for healthcare personnel, college students, and international travelers.

Measles was documented as “eliminated” in the United States in 2000. However, importation of measles cases and limited local transmission continue to occur.

Additional guidance for health care providers can be found at:
- Oregon Health Authority for exposure locations, resources for healthcare providers and resources for the public:
- Measles Outbreak FAQ from Jackson County Public Health
- Follow Oregon’s measles investigation at the Oregon Health Authority
- Follow Washington State’s measles investigation at the Department of Health
- CDC measles: http://www.cdc.gov/measles/hcp/index.html
- CDC Provider Resources for Vaccine Conversations with Patients: https://www.cdc.gov/vaccines/hcp/conversations/index.html
- Oregon Health Authority Measles webpage
- Oregon Measles Investigative Guideline

The mission of Jackson County Health and Human Services is to plan, coordinate and provide public services that protect and promote the health and well-being of county residents.