

Provider Alert: Measles



Dear Colleagues-

Please share the following message with your health care providers.

Date: August 21, 2018

Oregon Public Health officials are investigating a confirmed case of measles whose rash onset was August 18th. This case had been exposed to a confirmed case of measles in Oregon. Based on the infectious period of this case, new cases could occur until September 8, 2018. Individuals who were at the following locations may have been exposed:

- August 17, Portland International Airport, 9:15-10:45 p.m.
- August 18, Marco's Café and Espresso Bar, 7910 SW 35th Ave., Portland, 8-11 a.m.

We know of no other public locations where people were exposed.

This is the 5th Oregon case since June 2018. Two were imported, and another 3 were linked to importation. The median age of cases has been 23 years (range, teens to 40s). Three cases were unvaccinated, one had documentation of vaccination, and one could not provide documentation.

There is no connection between these two cases and the cases reported in Multnomah County in June and July.

Public health officials are contacting individuals known to have been exposed to the most recent case at a couple of private locations. Contacts are being advised to watch for signs and symptoms of measles and to seek health care for diagnosis by calling ahead to avoid exposing others in waiting rooms and lobbies.

Clinical Presentation:

Please 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 were exposed to someone who recently traveled
- Have not been vaccinated against measles

Health care providers should also consider measles when evaluating patients for other febrile rash illnesses, including dengue (www.cdc.gov/dengue/) and Kawasaki disease (www.cdc.gov/kawasaki/).

If you suspect measles, please do the following immediately:

1. Mask and isolate patients (in a negative-pressure room, if possible) to avoid disease transmission.

2. Report the suspect measles case to their health department. The directory of local public health communicable disease programs, including after-hours phone numbers, is here: www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Documents/reportdisease.pdf.
3. Obtain appropriate specimens for testing. Detailed information can be found in the Oregon Investigative Guidelines (www.oregon.gov/oha/ph/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Documents/measles.pdf).

Ways to minimize exposure to others:

- If possible and appropriate, patient may be scheduled as the last patient of the day.
- If feasible, and patient privacy can be protected, evaluate patient briefly evaluated outside, at least 30 feet away from others. Once mask is placed and a clear path to exam room prepared, patient may be escorted into the building.
- Whenever possible, escort patient through a separate clinic entrance that allows access to the exam room directly—i.e., without exposing others.
- Minimize the number of health care workers who interact with the patient.
- If the patient is already in the clinic, transfer the patient to a private room immediately to minimize the time the patient spends in a lobby.
- Keep the exam room door closed at all times; collect any specimens and undertake all clinical interventions in the exam room.
- Ensure that the patient remains masked during the entire visit.
- Do not use the exam room for other patients for 2 hours until after the patient with suspected measles has left.
- In the Emergency Department, immediately place any patient with suspected measles in a negative-pressure room; and assign to the patient only staff who are immune to measles.

General recommendations to prevent measles

For persons who plan to travel internationally, health care providers should encourage timely vaccination of all persons ≥ 6 months of age 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. Two appropriately spaced doses of MMR vaccine are recommended for health care personnel, college students and international travelers.

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

Additional guidance for health care providers can be found at:

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

<https://public.health.oregon.gov/DiseasesConditions/DiseasesAZ/Pages/disease.aspx?did=52>

Oregon Measles Investigative Guideline

<https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Documents/measles.pdf>

* *Presumptive evidence of measles immunity is defined as:*

1. *Birth before 1957 (but see §6.2 of the Oregon Investigative Guidelines)*
2. *Laboratory-confirmed disease*
3. *Laboratory evidence of immunity (protective antibody titers) or*
4. *Documentation of age-appropriate vaccination with a live measles virus-containing vaccine:*
 - *Pre-school children: 1 dose*
 - *Children in grades K–12: 2 doses*
 - *Women of childbearing age: 1 dose*
 - *Health care personnel born during or after 1957: 2 doses*
 - *Students at post-high-school educational institutions: 2 doses*
 - *International travelers ≥12 months of age: 2 doses*
 - *Children 6–11 months of age who plan to travel internationally: 1 dose*
 - *All other adults: 1 dose.*