

Alaska Public Health Advisory

January 29, 2019

Measles Outbreak in Washington State — What Alaskans Should Know

All suspected or confirmed measles cases must be reported immediately to the Alaska Section of Epidemiology at (907) 269-8000 or 800-478-0084 (after hours).

The purpose of this health alert network message is to raise awareness about the measles outbreak in Washington State, to encourage Alaskans to be up-to-date with MMR vaccination, and to inform people about measles signs and symptoms and what to do if they think that they have measles.

On January 25, 2019, the Governor of Washington State declared an emergency in all counties in response to more than two dozen confirmed measles cases in the state. The statewide case count for the measles outbreak since January 1, 2019 is available on the Washington State Department of Health (DOH) [website](#) and is updated daily. As of January 29, 2019, DOH is reporting 35 confirmed cases in Clark County and one confirmed case in King County. The Oregon Health Authority has confirmed a case of measles in a resident of Multnomah County that is linked to the outbreak in Clark County.

Persons who have recently traveled to or have visited various public venues within Washington State and Portland, Oregon may be at risk of contracting measles if they are not up-to-date on their measles-mumps-rubella (MMR) vaccination. Additional information about the outbreak is available at the following websites: [Public Health – Seattle & King County](#) and [Clark County Public Health](#).

As of January 29, 2019, there have been no cases in Alaska.

Measles Basics

Measles is a highly infectious viral respiratory disease that spreads via the airborne route and through direct contact with respiratory secretions. Measles typically starts with a fever, runny nose, cough, and red eyes. Two or three days after symptoms begin, tiny white spots (Koplik spots) may appear inside the mouth. Three to five days after symptoms begin, a rash breaks out. It usually begins as flat red spots that appear on the face at the hairline and spread downward to the neck, trunk, arms, legs, and feet.

Small raised bumps may also appear on top of the flat red spots. The spots may become joined together as they spread from the head to the rest of the body. When the rash appears, a person's fever may spike to more than 104° Fahrenheit. After a few days, the fever subsides and the rash fades. About 30% of people who get measles will develop one or more complications including pneumonia, ear infections, or diarrhea. More serious complications, including death, can occur. Complications are more common in young children, adults, and pregnant women.

Incubation period: Symptoms typically start to appear 8–12 days (range: 7–21 days) after exposure, with rash onset typically occurring around 14 days after exposure.

Infectious period: 4 days before rash onset through 4 days after rash onset

- Clinicians should advise persons who might have measles to call ahead before arriving at the clinic or emergency department and arrange a time and place to meet with medical staff that will minimize the risk of exposing others.
- Clinicians should ensure that persons with suspected measles should avoid exposing other people during the entire infectious period.

Laboratory Diagnosis

- *Contact the Alaska Section of Epidemiology (SOE) immediately to facilitate testing: 907-269-8000, or 800-478-0084 after hours.*
- Obtain a throat or nasopharyngeal swab on a synthetic collection swab (e.g., Dacron, no natural fibers such as wood or cotton) and place into viral transport media (other media types can reduce virus stability).
- Draw 7–10 mL of blood in a red-top or serum separator tube; spin down serum if possible.
 - Capillary blood (finger or heel stick) can be used for pediatric patients, if necessary (e.g., in infants); approximately 3–5 capillary tubes are needed to yield 100 µl of serum.
- Collect 20–100 mL of urine in a clean/sterile, leak-proof container.
- See Alaska Section of Laboratories Test Directory, Rubeola (Measles) on page 56: <http://dhss.alaska.gov/dph/Labs/Documents/LaboratoryTests.pdf>.

Vaccination Recommendations

- CDC recommends routine vaccination with a 2-dose series of MMR, the first dose at 12–15 months and the second dose at 4–6 years.
- One dose of MMR vaccine is approximately 93% effective for the prevention of measles; two doses are approximately 97% effective.
- Accepted presumptive evidence of immunity against measles includes one of the following:
 - Written documentation of adequate vaccination
 - One or more valid doses of a measles-containing vaccine for pre-school age children and adults not at high risk
 - Two valid doses of measles-containing vaccine for school-age children and adults at high risk, including college students, healthcare personnel, and international travelers; or
 - Laboratory confirmation of measles; or
 - Laboratory evidence of immunity*; or
 - Birth in the United States before 1957
 - Adults born during or after 1957 who do not have evidence of immunity against measles should get at least one dose of MMR vaccine.

*Serologic testing for immunity to measles is not necessary for persons documented to be

appropriately vaccinated or who have other acceptable evidence of prior infection (see CDC Pink Book: <https://www.cdc.gov/vaccines/pubs/pinkbook/meas.html#diagnosis>).

Surveillance and Reporting

- *Health care providers should report suspected measles cases immediately by calling the Alaska Section of Epidemiology at (907) 269-8000 or (800) 478-0084 after hours.*
- Suspected cases should be promptly isolated.

Resources

- CDC. Measles – Healthcare Professionals, <https://www.cdc.gov/measles/hcp/index.html>
- IAC. Ask the Experts – MMR, http://immunize.org/askexperts/experts_mmr.asp
- CDC. *MMWR*: Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013, <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm>
- Alaska Section of Epidemiology – Measles webpage, <http://dhss.alaska.gov/dph/Epi/id/Pages/measles/default.aspx>