



Health Alert

Date: April 22, 2015
From: Spokane Regional Health District Epidemiology
To: Spokane County Healthcare Providers
Subject: Measles Case

Please ensure that this information is shared with the appropriate personnel in your facility. Thank you.

A case of measles (rubeola) has been diagnosed in an unvaccinated adult resident of Spokane. At this time, it is unknown where the individual was exposed to measles. There have been no diagnosed cases in Spokane County in over 20 years and the individual did not travel and had no known ill contacts.

Before receiving the measles diagnosis, the individual was in the following public locations. Anyone who was at the following locations during the times listed was possibly exposed to measles:

Sunday, April 12, 2015
3:00 p.m. – 11:00 p.m.
Qdoba – 901 S. Grand, Spokane, WA 99202

Monday, April 13, 2015
1:00 p.m. – 6:00 p.m.
North Park Racquet and Athletic Club – 8121 N. Division, Spokane, WA 99208

Wednesday, April 15, 2015
3:45 p.m. – 7:30 p.m.
Franklin Park Urgent Care – 5904 N. Division, Spokane 99208

Thursday, April 16, 2015
9:45 p.m. – Midnight
Providence Holy Family Hospital - Emergency Department – 5633 N Lidgerwood, Spokane, WA 99208

Friday, April 17, 2015
Midnight – 5:00 a.m.
Providence Holy Family Hospital - Emergency Department – 5633 N Lidgerwood, Spokane, WA 99208

Sunday, April 19, 2015
11:30 a.m. – 7:30 p.m.
Providence Holy Family Hospital - Emergency Department - 5633 N Lidgerwood, Spokane, WA 99208

Whenever possible, contacts of a measles case are notified of their exposure, but in a public setting it is not possible to determine everyone who may have been exposed. If susceptible persons, including

close contacts, were exposed to this individual, we would expect to see resultant cases become ill 4/18/2015 through 5/10/2015. At this time we are not aware of additional cases. However, we urge your office to be prepared for handling potential cases of measles.

If possible, schedule a suspect measles patient at the end of the day. Mask the suspect case immediately and do not allow him/her to remain in the waiting room or other common areas. Isolate the patient immediately in a private room with the door closed. Allow only healthcare personnel with acceptable evidence of immunity (2 documented doses of MMR or MMRV vaccine or an IgG titer indicating measles immunity) to enter the patient's room.

If a person communicable with measles or suspected measles is examined in a healthcare facility, the examination room should be cleaned as per usual and be unused for 2 hours. Keep a record of all persons including staff, patients and others who were in the facility at the time the suspect measles patient was in the facility and for two hours after they have departed. If measles is confirmed, those individuals will need to be assessed for immunity.

Recognizing a potential case of measles: Measles is a viral illness consisting of fever, cough, coryza, conjunctivitis, maculopapular rash, and Koplik spots. Usually cold symptoms and fever precede the onset of the rash by two to four days and a measles case will often feel ill enough to seek medical care BEFORE rash onset. If a patient has presented with coryza, light sensitivity, or cough with high fever (up to 104 degrees) and has a history of having been present in one of the settings mentioned above, please consider measles a possibility and notify Spokane Regional Health District Epidemiology at 509-869-3133 immediately.

The red rash following the prodrome usually begins on the face and spreads to the rest of the body. Koplik spots appear inside the mouth on the buccal mucosa and look like grains of sand; however, the absence of Koplik spots does not rule out measles. Complications of measles can include otitis media, bronchopneumonia, laryngotracheobronchitis, diarrhea, and encephalitis.

Attached is a quick measles assessment tool for your use.

SRHD will assist you with collection of specimens and rapid testing at a public health laboratory. Please do not send specimens to a commercial lab and do not wait for serologic confirmation in order to report. Control measures are most effective if public health is able to contact those exposed within 72 hours of exposure.

Please note: If your patients are calling to get MMR vaccine and you do not have any, check with your distributor, or refer them to their local pharmacy.