



Cowlitz County Health and Human Services

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Environmental Health Unit: 207 4th Avenue North, Kelso, WA 98626 OMSeptic@CowlitzWA.gov

Health Advisory

To: Physicians and other health care providers

Please distribute a copy of this information to each provider in your organization.

Questions regarding this information may be directed to the office of:

Steven Krager, MD, MPH
Health Officer

Cowlitz County Communicable Disease Program

Phone: (360) 414-5599, choose option 2, OR extension 6431

Monday-Thursday, 7:30 am to 5:00 pm

Alert Categories

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.

Summary

Measles cases are rising across the United States, including in the Pacific Northwest. On January 16, the Washington State Department of Health (DOH) [announced the first measles outbreak in the state since 2023](#) with three cases in Snohomish County. [Clark County recently announced an outbreak](#) with seven cases. Cases have also been confirmed in Kittitas County, Wash., and Linn County, Ore.

Due to the increased measles activity in the region, Cowlitz County Health & Human Services (CCHHS) is encouraging health care providers to consider measles in patients with compatible symptoms, report suspect cases immediately to CCHHS, collect specimens and obtain testing for suspect measles cases, take infection prevention measures to prevent health care exposures, and encourage routine measles vaccination.

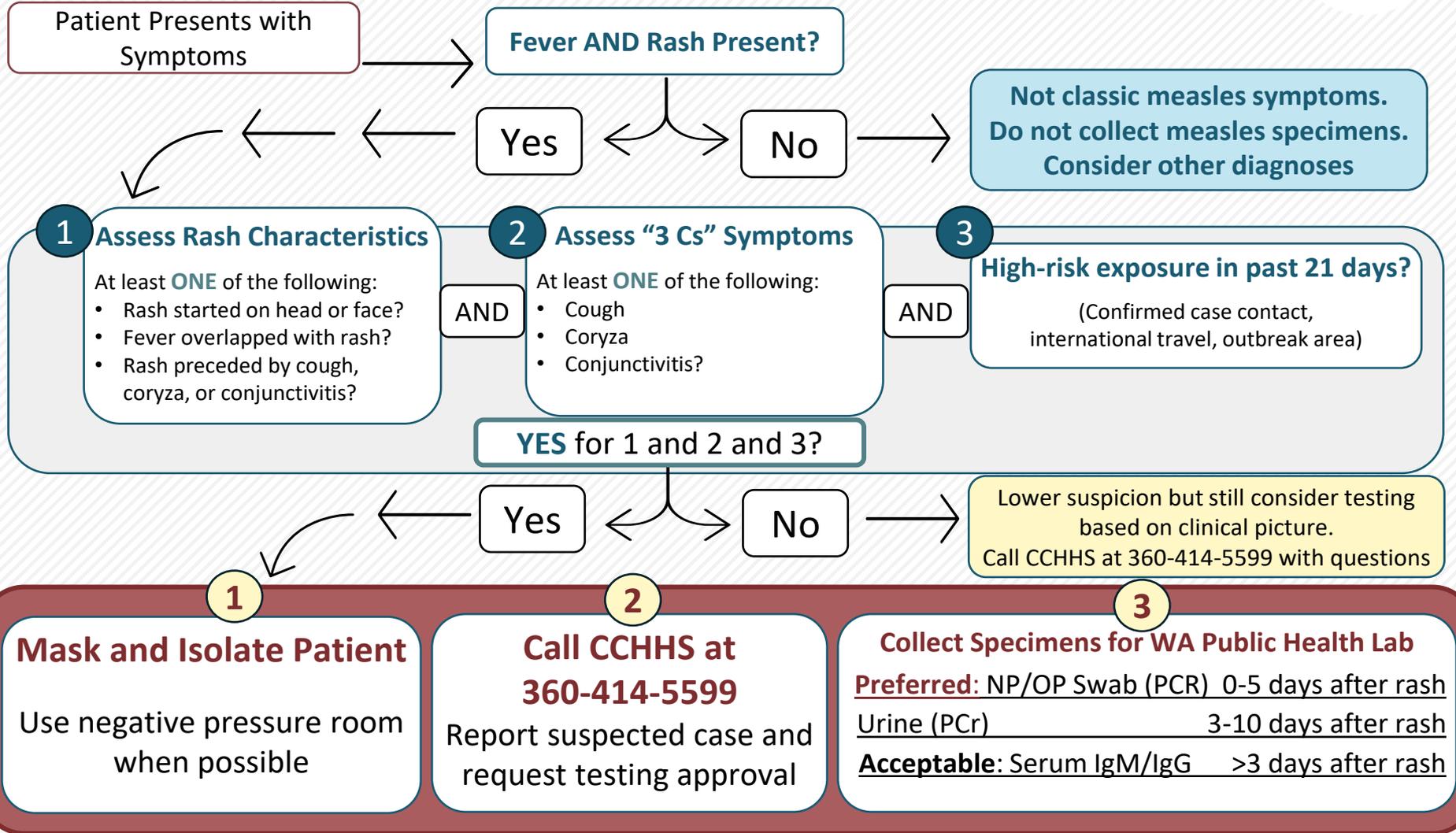
Requested Actions

- 1. Consider measles in patients who present with febrile rash illness and the “three Cs”: cough, coryza (runny nose) or conjunctivitis (pink eye).**
- 2. Report suspect measles cases immediately to CCHHS**
 - Complete the [Suspect Measles Worksheet](#) and call our Communicable Disease team at 360-414.5599, option 2.
 - The evaluating clinic is responsible for obtaining specimens and ordering testing, regardless of private or Washington Public Health Lab (PHL) use. If testing through the WA PHL, approval is required in advance from CCHHS.
- 3. Collect all the following specimens if using a commercial lab or testing through the state public health lab is approved:**
 - Nasopharyngeal (NP) swab for measles PCR (preferred respiratory specimen):
 - NP swab should be collected 0-72 hours after rash onset; after ≥72 hours, NP swab should be accompanied by urine PCR.
 - Swab the posterior nasal passage with a Dacron or rayon swab and place the swab in 2-3 mL of viral transport medium. Store specimen in refrigerator and transport on ice.
 - Throat swab is also acceptable.
 - Urine for measles PCR:
 - Urine PCR test is most sensitive between ≥72 hours and 10 days after rash onset.
 - Collect at least 50 mL of clean voided urine in a sterile container (sputum specimen containers also work very well for transporting urine) and store in refrigerator.
 - Serum for measles IgM and IgG testing:
 - Measles specific IgM antibody may not be present until ≥72 hours after rash onset but persists for about 30 days after rash onset.
 - Draw blood in a red or tiger top (serum separator) tube. The ideal amount of blood is 4-5mL, 1mL being the minimum in order to yield enough serum to perform testing.
 - Let specimen sit at room temperature for one to four hours to clot, then spin down to separate serum.
 - Pipette serum into a new red top tube. Can send a tiger top tube as is.

- Store serum specimen in a refrigerator until it can be transported on ice.
- 4. If measles is suspected, implement infection prevention practices to prevent health care exposures.**
The virus can be transmitted through the air up to two hours after a contagious patient coughed or sneezed.
- If the patient is already in the clinic/waiting room, move them immediately.
 - Use a negative pressure room if available; regardless, keep exam room door closed.
 - Staff maintain airborne precautions with appropriate PPE/fit tested N-95.
 - Perform all labs and clinical interventions in the exam room if possible.
 - The exam room should not be used for two hours after the patient has left.
 - **Patients who are under evaluation for measles should isolate at home until the diagnosis is clarified.**
- 5. Encourage vaccination in patients 12 months and older who are not up to date with measles vaccination and for whom measles is not suspected and there is no known measles exposure.**
- 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. Refer to WA DOH's [interim Pediatric Measles Outbreak Vaccine Recommendations](#) for children who visit counties with active measles outbreaks.
 - Unless they have other evidence of immunity, adults born after 1956 should get at least one dose of MMR vaccine, and two appropriately spaced doses of MMR vaccine are recommended for health care personnel, college students and international travelers.
 - Unvaccinated eligible children and adults who were exposed to measles should only receive vaccine within 72 hours (unlikely given how long it takes to identify, diagnose and report) and should NOT receive the vaccine before the end of the incubation period, because of the 5 percent chance of a vaccine rash, which could be confused with measles.

Additional Resources

- CCHHS: [P3005 Measles Assessment Flow Chart](#)
- WA DOH: [Notifiable conditions, measles](#)
- WA DOH: [Interim Pediatric Measles Outbreak Vaccine Recommendations](#) (for children who live in or visit counties with active measles outbreaks)
- American Academy of Pediatrics: [Recommended Child and Adolescent Immunization Schedule](#)



Measles is IMMEDIATELY NOTIFIABLE. Must be reported as soon as clinically suspected. Requires a phone call to reach a person at the local health jurisdiction, 24/7.