

MEASLES UPDATE

FOR INDIAN HEALTHCARE FACILITIES

February 26, 2019

Dear Indian Healthcare Provider

Health officials in Washington are responding to an outbreak of measles. Here's what we know:

- **Number of Cases in Washington State:** 65 cases in Clark County, 1 in King County (4 cases in Multnomah County, Oregon)
- **Number of Cases in Tribal or Urban Indian Communities:** NONE
- **NOTE:** History of 2 doses of MMR vaccine does not exclude a measles diagnosis



Watch for Measles Symptoms

Prodrome

- Mild to moderate fever
- Cough
- Coryza (runny nose)
- Conjunctivitis

Rash Onset

- Fever spikes, often as high as 104° to 105° F
- Red, maculopapular rash that may become confluent—typically starts at hairline, then face, then down body
- Koplik's spots (tiny blue/white spots on the bright red background of the buccal mucosa may be present)

If You Suspect Measles

If possible, schedule suspect measles patient at the end of the day

Mask the patient with procedure or surgical mask (preferably before they enter your facility)

Isolate the patient in Airborne Infection Isolation Room (AIIR) (also known as a “negative air-flow room” or “negative pressure room”), if available; if you do not have a AIIR available, place the patient in a private room with the door closed

Have the masked patient enter (and exit) through a separate entrance to avoid the reception and registration areas and contact with other patients

Only staff immune to measles should be near the patient

Call your local health department WHILE YOUR PATIENT IS PRESENT to discuss testing for measles

Before referring a patient to another facility, contact the facility to assure they prepare with airborne infection control precautions

TOOLKIT FOR HEALTHCARE PROVIDERS AND ADDITIONAL INFORMATION AT:
<https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Measles/>

Standard Precautions + Airborne Precautions

**PROTECT YOUR
PATIENTS AND STAFF**

Personal Protective Equipment

- Gloves (single use)
- Gowns—fluid-resistant, non-sterile (single use)
- N95 Masks (single use)



Additional Procedures

Discard single use items properly

Clean, disinfect or reprocess non-disposable equipment before reuse with another patient

Make note of the staff and patients who were in the area during the time the suspect measles patient was in the facility and for two hours after they left; if measles is confirmed in the suspect case, others exposed will need to be assessed for measles immunity

Exam Room

- If your facility has a Airborne Infection Isolation Room (AIIR) (also known as a “negative airflow room” or “negative pressure room”) follow the procedures provided by your vendor
- If your facility does NOT have a AIIR:
 - Do not use the exam room for at least 2 hours after the suspect measles patient leaves
 - Clean and disinfect surfaces and environments



SEE “CDC GUIDELINE FOR ISOLATION PRECAUTIONS AT: <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>