



**Marion County**  
OREGON  
Health & Human Services

# ALERT

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PROVIDERS**

To: Health Care Providers  
Fax number:

From: Marion County Communicable Disease  
Fax number: 503-566-2920

Date: **1/12/2024**

Regarding: Measles cases in Washington State

Phone number for follow-up: 503-588-5621

Dear Healthcare Provider,

As of January 6, there have been six epidemiologically linked cases of measles identified by the Clark County and Wahkiakum County health departments. The onset of illness was mid to late December. Clark County is not aware of any public exposures. Based on the information they have so far, they believe the risk to the public is low. All six cases are unvaccinated.

Currently, there have been no defined public exposures and there are no known cases of measles in Oregon; however, we are monitoring the situation closely.

We request that area clinicians:

- Keep measles in the differential for patients who present with compatible symptoms IF they report an exposure OR have recent travel history abroad or to Clark or Wahkiakum Counties AND/OR are unvaccinated or undervaccinated for measles.
- Encourage vaccination in eligible individuals 12 months and older who have not started or completed measles vaccination.
- Call Marion County Communicable Disease reporting line immediately if you suspect a measles infection **(503) 588-5621**.

Measles is a highly contagious virus that passes from one infected person to another through coughing or sneezing and is considered to have both droplet and airborne transmission. It is typically characterized by prodrome (mild to moderate fever, malaise, conjunctivitis, coryza, cough, and sometimes Koplik's spots). The rash usually appears within 3-4 days after the onset of prodrome symptoms and starts on the face and moves down the body. Fever typically spikes with rash onset. [Measles Clinical Features and Diagnosis - YouTube](#)

If you suspect measles based on symptoms, exposure, and lack of vaccination, please contact Marion County Health and Human Services to obtain recommended PCR testing through OSPHL. Recommended testing includes all the following:

1. Nasopharyngeal (NP) swab for measles PCR (This is the preferred test for diagnosis given its sensitivity and reliability early in disease.):
  - a. NP swab should be collected 0-5 days after rash onset; after 5 days, NP swab should be accompanied by urine.
  - b. Throat swab is also acceptable.
2. Urine for measles PCR:
  - a. Urine PCR test is most sensitive between  $\geq 72$  hours and 10 days after rash onset.
3. Serum for measles IgM and IgG testing:
  - a. Measles specific IgM antibody may not be present until  $\geq 72$  hours after rash onset but persists for about 30 days after rash onset.
  - b. A positive IgG early in illness may suggest prior immunity.

According to the CDC, the virus can be transmitted through the latter route up to 2 hours after a contagious patient coughed or sneezed. Preventing healthcare exposures is critical to keep high-risk groups safe.

Please implement these interventions in a clinical setting to minimize exposure to others:

- If a patient with possible measles arrives unexpectedly, require the patient to mask and room them promptly (negative pressure room if available) keeping the door closed.
- Report any possible measles cases immediately to Marion County Communicable Disease 503-588-5621
- If feasible and appropriate, consider patient evaluation outdoors at least 30 feet away from others.
- If possible, suspected measles patients should be escorted into the building via an entrance that allows them to access an exam room without exposing others.
- Minimize the number of health care workers interacting with the patient. Caregivers should have documented immunity to measles and wear an N-95 mask or PAPR.
- Perform all labs and clinical interventions in the exam room if possible.
- The exam room should not be used for 2 hours after the patient has left.
- Patients who are under evaluation for measles should isolate at home until the diagnosis is clarified. [Interim Measles Infection Prevention Recommendations in Healthcare Settings | CDC](#)

