

FOR IMMEDIATE RELEASE 3/18/2025

TO: Grant County Healthcare Partners

FOR INFORMATION, CONTACT

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Measles Preparedness for Healthcare Partners

One case reported in WA, no cases reported in Grant County.

GRANT COUNTY, WA – As reports of measles continue to rise nationally, the Grant County Health Officer, Dr. Alexander Brzezny, is urging our healthcare partners to heighten awareness, review guidance, and consider measles in patients who may have been exposed or are presenting with measles symptoms.

Current Situation

Of the 301 measles cases reported in the United States in 2025, 280 have been associated with outbreaks occurring within the country. One case has been reported in [Washington \(King County\)](#), likely linked to international travel. The 21-day incubation period for those exposed to the King County case ends on Tuesday, March 18th. As a result of the ongoing investigation other linked cases are possible.

No measles cases have been reported in Grant County. The last confirmed case of measles in Grant County occurred in 2008.

Recognizing Measles

The symptoms of measles generally appear about seven to 14 days after a person is exposed. Measles typically begins with high fever, cough, coryza, and conjunctivitis. Two or three days after symptoms begin, tiny white spots, (Koplik spots) may appear inside the mouth.

Three to five days after the start of symptoms, a red or reddish-brown rash appears. The rash usually begins on a person's face at the hairline and spreads downward to the neck, trunk, arms, legs, and feet. When the rash appears, a person's fever may spike to more than 104° F. After a few days, the fever subsides and the rash fades.



Preparation and Guidelines

- **Review Guidance**
 - Healthcare providers should review Washington State Department of Health (DOH) [measles guidance](#).
 - Before testing for measles refer to the measles assessment quick sheet to determine if testing is necessary
 - **Measles Presentation**
 - The Grant County Health Officer invites the Grant County healthcare community to attend a regional presentation on the “Clinical Preparedness for Measles” by Dr. James Wallace, Health Officer for Chelan, Douglas, and Okanogan Counties, and Chas DeBolt, DOH Senior Nurse Consultant for Public Health Surveillance. This presentation, hosted by Chelan-Douglas Health District, will occur via Zoom on Wednesday, March 19th. See the attached flyer for more details.
 - **Verify Immunity for Healthcare Workers**
 - Measles immunity should be determined and tracked for all healthcare staff.
 - Healthcare workers include all persons who work or volunteer at facilities that provide healthcare to patients (i.e., inpatient and outpatient, private and public).
 - **People are considered immune to measles if:**
 - They were born before January 1, 1957 (except healthcare workers who should consider receiving at least one dose of measles-containing vaccine), **OR**
 - Have documentation of healthcare provider-diagnosed measles, **OR**
 - Have laboratory evidence of immunity to measles, **OR**
 - Have written documentation to 2 doses of MMR vaccine.
 - GCHD recommends checking titers if unable to prove immunity to measles
 - Two doses of MMR vaccine should be given at the appropriate interval for non-immune healthcare personnel regardless of age.
 - **Isolate Patient**
 - Have a planned triage process for patients with fever and rash so these patients are not waiting in common areas with other people.
 - Patients with rash and fever should not stay in waiting rooms or other common areas.
 - Immediately isolate patients with suspected measles in an airborne infection isolation room (AIIR) or a private room with a closed door.
 - Follow standard and airborne precautions when evaluating suspected cases, regardless of vaccination status.
 - **After the patient is discharged, do not use or allow staff to enter the room for 2 hours.**
 - **Notify GCHD**
 - Report suspected measles cases to GCHD immediately by calling investigations & response staff directly at 509-766-7960 EXT 0 (or after hours, call 509-398-2083). State that you are calling about a suspected measles case.
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- Do not discharge or transfer patients before reporting to GCHD.
 - GCHD staff will ensure appropriate, rapid testing and investigation. Testing for measles requires preapproval by GCHD.
 - **Collect Specimen**
 - Notify GCHD prior to submitting specimen.
 - **What specimen to collect:**
 - Swab of nasopharyngeal (NP) swab for PCR testing (Preferred specimen type, if within 72 hours of symptom onset)
 - Urine for PCR testing (In addition to the NP swab if \leq 10 days post symptom onset)
 - Serum for IgM
 - **How to collect:**
 - **NP:** Collect only using synthetic tip swabs (i.e., Dacron, Nylon, Polyester) with non-wooden shaft. Place swab directly in 2-3 ml of viral transport media (VTM).
 - **Urine:** Collect in sterile screw capped specimen container. Collect a minimum of 20 ml of urine (50 ml preferred)
 - **Serum for IgM:** Centrifuge blood collection tubes (10 minutes at 1000-1300 g) to separate serum from clot. Gel separation tubes should be centrifuged no more than 2 hours after collection. Aseptically transfer serum to a sterile tube that has an extremely threaded cap. Minimum serum volume 0.6 ml (1 ml preferred)
 - **When to collect:**
 - **NP:** Collect at illness. For optimal isolation, collect within 72 hours of symptom onset.
 - **Urine:** Collect \leq 10 days post symptom onset.
 - **Serum for IgM:** Not preferred for confirmatory testing. Call GCHD for further guidance.
 - See section 4C for more [specimen collection and shipping guidelines](#).
 - **Vaccinate**
 - Review patient immunization records
 - Evidence of adequate vaccination for school-aged children, college students, and students in other postsecondary educational institutions who are at risk for exposure and infection during measles outbreaks consists of 2 doses of measles-containing vaccine separated by at least 28 days.
 - Laboratory evidence of immunity or lab evidence of disease.
 - Recommend the MMR vaccine for all patients over the age of one regardless of birth year. Documentation of age-appropriate vaccination with a live measles virus-containing vaccine: [Immunization Schedules | Vaccines & Immunizations | CDC](#)
 - **Post-Exposure Prophylaxis of Close Contacts**
 - To potentially provide protection or modify the clinical course of disease among susceptible persons, either administer MMR vaccine within 72 hours of initial measles exposure, or immunoglobulin (IG) within six days of exposure. **Do not administer MMR vaccine and IG simultaneously, as this practice invalidates the vaccine.**
 - Individuals who should receive immunoglobulin (IG) due to severe disease and complications include:
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- Infants <12 months of age
 - Infants 6-11 months of age can receive MMR vaccine in place of IG, if administered within 72 hours of exposure.
 - Pregnant women without evidence of measles immunity
 - Severely immunocompromised persons regardless of vaccination status.
- IG can be given to others who do not have evidence of measles immunity, however, those with intense, prolonged, close contact exposure should be prioritized.

Healthcare Resources

- [Measles Cases and Outbreaks | Measles \(Rubeola\) | CDC](#)
- [Reporting Form For Measles](#)
- [Think Measles](#)

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