

FOR IMMEDIATE RELEASE 8/26/2025

TO: Grant County Healthcare Partners

FOR INFORMATION, CONTACT

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Increasing Regional Risk of Measles

Three measles cases identified in Idaho, one presumptive case from Spokane County; several Grant County residents exposed in Spokane area healthcare facilities

GRANT COUNTY, WA – Due to recent signs of measles transmission in northern Idaho, Grant County Health Officer Dr. Alexander Brzezny is urging healthcare partners to [review current guidance](#) and be prepared to take the necessary steps to protect staff and patients should a case present at their facility.

In the past month, Idaho has [confirmed three measles cases](#), none of which are linked to one another. The most recent case involved an unvaccinated child in Bonner County, Idaho, approximately 200 miles east of Grant County. This case had no reported travel and no known exposure. Today, Spokane Regional Health District (SRHD) announced a presumptive measles in a person from Spokane County. **This raises concern about possible community spread in Spokane/Northern Idaho and neighboring areas.**

Related to this situation, several Grant County residents were identified by SRHD staff as having been exposed to measles while visiting healthcare facilities in Spokane. The exposed residents are under symptom monitoring by GCHD throughout the remainder of the incubation period.

Current Situation

There has been a total of ten persons with confirmed measles in Washington in 3 counties (King, Snohomish, and Whatcom) in 2025. The most recent cases occurred in King County in June 2025.



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.

Use the [Suspect Measles Provider Evaluation Worksheet](#) to help determine if a patient meets criteria to be tested for measles.

Actions Requested

If you suspect your patient has measles or was exposed to measles:

(1) Assign immune healthcare personnel to provide patient care

(2) 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.
- After the patient is discharged, do not use or allow staff to enter the room for 2 hours.

(3) 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).
- Do not discharge or transfer patients before reporting to GCHD.

(4) Collect specimen

- **Testing for measles requires preapproval by GCHD.** GCHD staff will ensure appropriate, rapid testing and investigation.
- **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 ≤ 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](#).

(5) Manage patients with supportive care

- There is no specific antiviral therapy for measles. [Medical care is supportive](#) to help relieve symptoms. Complications, such as pneumonia and other infections, should be appropriately tested and treated.

(6) Post-Exposure Prophylaxis of close contacts

- [PEP](#) is recommended for individuals without evidence of immunity.
- Within **72 hours of exposure:** MMR vaccine may prevent disease if given to susceptible individuals.
- Within **6 days of exposure:** Immune globulin (IGIM or IVIG, depending on patient age and risk factors) may be administered.

MMR Vaccine

With measles activity increasing in the region, it is critical to ensure all Grant County residents are up to date on measles, mumps, and rubella (MMR) vaccination. Two doses of MMR are approximately 97% effective in preventing measles.

- Grant County MMR rates as of December 2024:
 - 78.1% of 19-35-month-olds had their 1st dose of MMR
 - 68.4% of 4-6-year-olds had their 2nd dose of MMR

Healthcare Requests to Increase MMR Coverage:

1. Assess immunization coverage rates for MMR vaccine in both primary care and pediatric clinics. This information should be shared with providers.
2. Identify patients who are due now based on age, and make sure adults are up to date.
3. Consider implementing a Reminder/Recall strategy – Remind patients when they are due for a vaccine, and clinics can recall (reach out and schedule an appointment) anyone who is over-due, due soon, or not up to date.

Healthcare Resources

- [Measles Information for Providers | Grant County Health District, WA](#)
- [Measles Cases and Outbreaks | Measles \(Rubeola\) | CDC](#)
- [Reporting Form For Measles](#)
- [WA DOH - Measles guidance](#)
- [Think Measles](#)
- [MMR Vaccine FAQ for Healthcare Providers and LHJs](#)
- [Immunization Measures by County Dashboard | Washington State Department of Health](#)

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