Washington State Department of HEALTH

WA MEASLES UPDATE 2025

April 2, 2025

Before We Start

- All participants will be muted for the presentation.
- You may ask questions using the Q&A box, and questions will be answered at the end of the presentation.
- Continuing education is available for nurses, medical assistants, and pharmacists/pharmacy techs.
- If you're watching in a group setting and wish to claim CE credit, please make sure you register for the webinar and complete the evaluation as an individual.

Continuing Education

- This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation. Upon successful completion of this activity, 1.0 contact hours will be awarded.
- This program has been granted prior approval by the American Association of Medical Assistants (AAMA) for 1.0 administrative continuing education unit.
- This knowledge activity was approved by the Washington State Pharmacy Association for 1.0 contact hours. The Washington State Pharmacy Association is accredited by the Accreditation Council for Pharmacy Education as a Provider of continuing pharmacy education.

Disclosures

The planners and speakers of this activity have no relevant financial relationships with any commercial interests pertaining to this activity.

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Learning Objectives

- Describe measles surveillance in WA and nationally
- Describe measles clinical manifestation, transmission, and vaccine recommendations
- Discuss vaccination coverage in Washington State
- Identify guidelines related to measles specimen collection, reporting and outbreak control

Agenda

Welcome & introductions

Surveillance

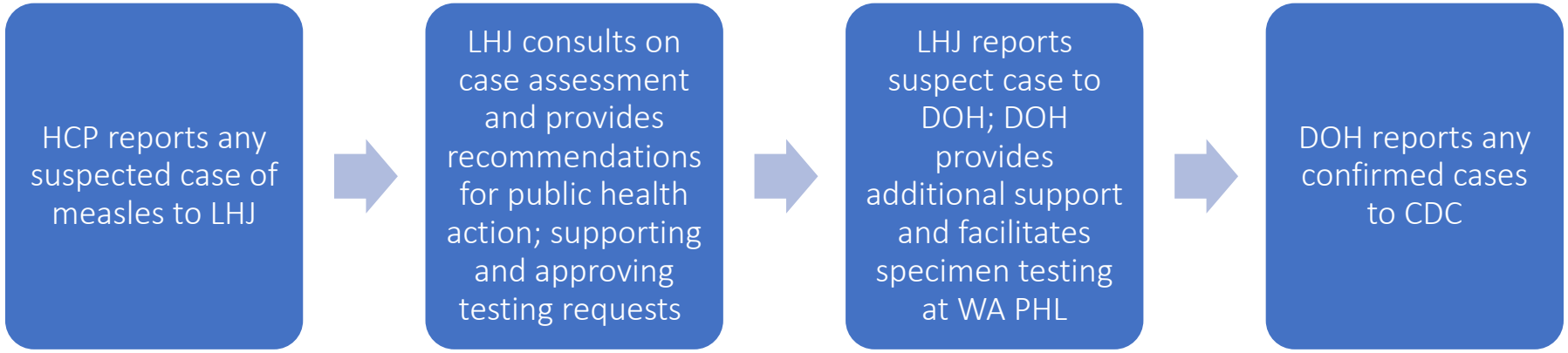
Clinical overview & vaccine recommendations

Exposure assessment & follow-up actions

Communication toolkit and resources

Measles Surveillance

Reporting



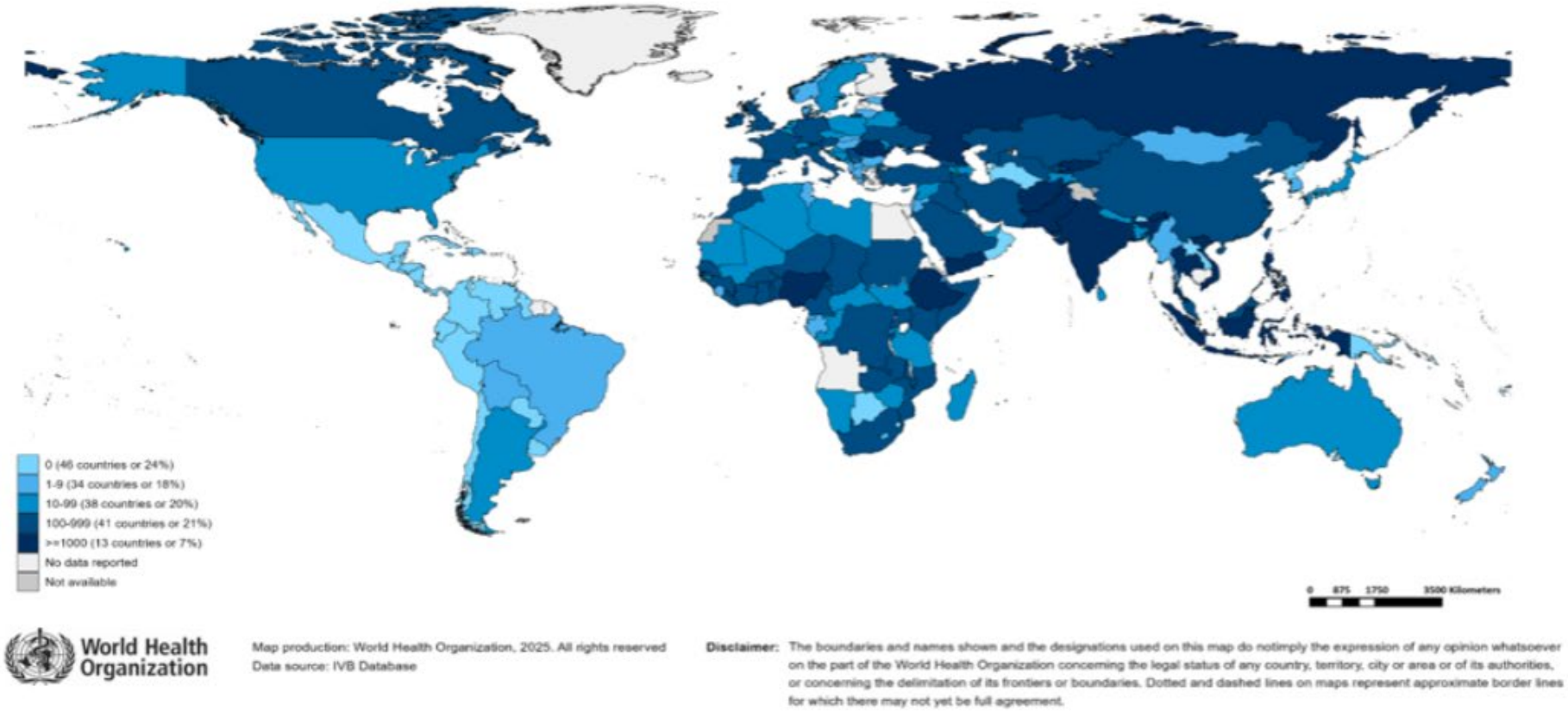
B. Legal Reporting Requirements

1. Health care providers and Health care facilities: **immediately notifiable to local health jurisdiction**
2. Laboratories: **immediately notifiable to local health jurisdiction**; specimen submission required - isolate or clinical specimen associated with positive result (2 business days)
3. Local health jurisdictions: **immediately notifiable to Washington State Department of Health (DOH) Communicable Disease Epidemiology (CDE)**

Global Measles

Number of Reported Measles Cases (Last 6 months)

Based on data received 2025-03 – Surveillance data from 2024-08 to 2025-01



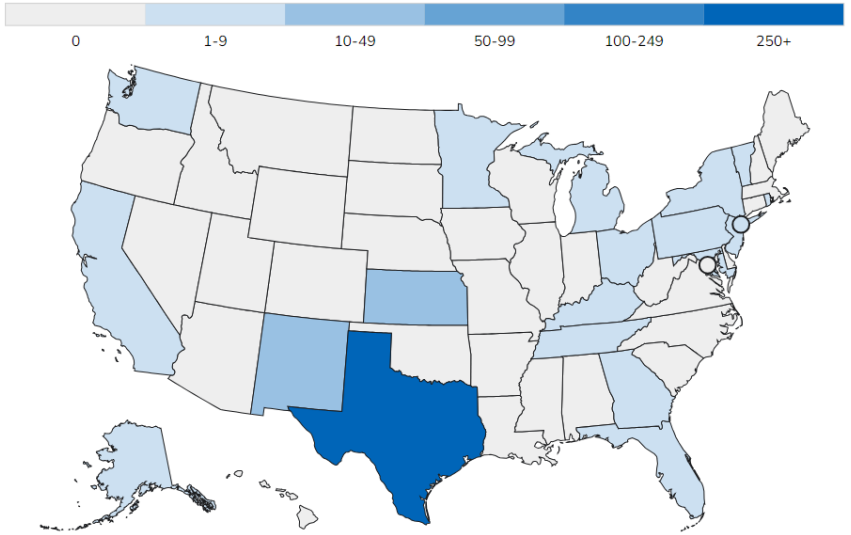
Country	Cases*
Yemen	7,584
Pakistan	6,661
India**	6,532
Thailand	6,224
Ethiopia	4,596
Romania	4,478
Afghanistan	4,358
Indonesia	3,346
Kyrgyzstan	2,966
Viet Nam	1,835

[WHO Measles and Rubella Global Update March 2025]

Measles in the US

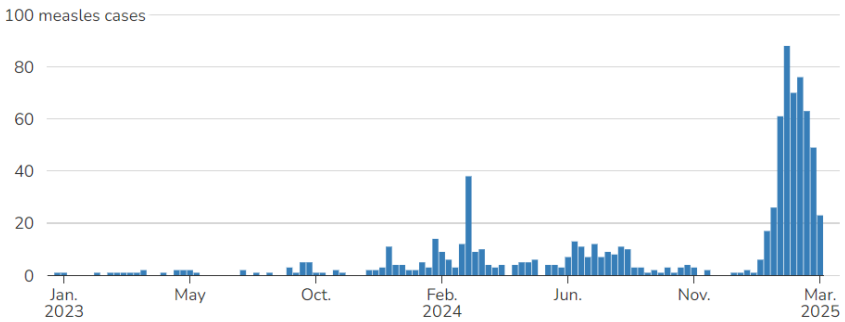
- Total of 483 confirmed cases in the US reported as of March 27, 2025
  - 5 outbreaks (≥ 3 cases)
  - 93% of cases are outbreak-associated
  - 75% of cases have been ≤ 19 years old
  - 97% of cases were unvaccinated or had unknown vaccination status
  - 14% of cases hospitalized
    - 25% of cases under 5 years hospitalized
  - 2 deaths (1 confirmed death from measles and 1 death under investigation)

Map of measles cases in 2025
As of March 27, 2025



Weekly measles cases by rash onset date

2023–2025* (as of March 27, 2025)



Health Alert Network (HAN) – 00522 | Expanding Measles Outbreak in the United States and Guidance for the Upcoming Travel Season (cdc.gov)

https://www.cdc.gov/measles/data-research/index.html

Measles in WA

Year	Case Count
2019	**90**
2020	**1**
2021	**0**
2022	**1**
2023	**12**
2024*	**6***
2025* (As of March 31)	**2***

***Preliminary case counts**

2019 Clark County and Sea-Tac Airport Outbreaks

COVID-19 Pandemic

Statewide by Year

Year	Cases	Rate*	Deaths
1984	178	4.1	0
1985	178	4	0
1986	176	3.9	0
1987	47	1	0
1988	7	0.2	0
1989	56	1.2	0
1990	357	7.3	2
1991	67	1.3	0
1992	11	0.2	0
1993	0	0	0
1994	5	0.1	0
1995	17	0.3	0
1996	38	0.7	0
1997	2	0	0
1998	1	0	0
1999	5	0.1	0
2000	3	0.1	0
2001	15	0.3	0
2002	1	0	0
2003	0	0	0
2004	7	0.1	0
2005	1	0	0
2006	1	0	0
2007	3	0	0
2008	19	0.3	0
2009	1	0	0
2010	1	0	0
2011	4	0.1	0
2012	0	0	0
2013	4	0.1	0
2014	33	0.5	0
2015	10	0.1	1
2016	0	0	0
2017	3	0	0
2018	8	0.1	0
2019	90	1.2	0
2020	1	0	0
2021	0	0	0
2022	1	0	0
2023	12	0.2	0

Statewide case data published annually by WA DOH:

2023 Communicable Disease Report

Knowledge Check

- Is Washington State currently at elevated risk for measles?

Knowledge Check

- Is Washington State currently at elevated risk for measles?

- Yes. Even though there is not a current measles outbreak in Washington, we are at increased risk of international and domestic measles importations based on current disease transmission levels in the United States and globally.
  - CDC provides recommendations for healthcare providers to aid in the prevention and identification of measles in a recently published Health Alert Network (HAN)

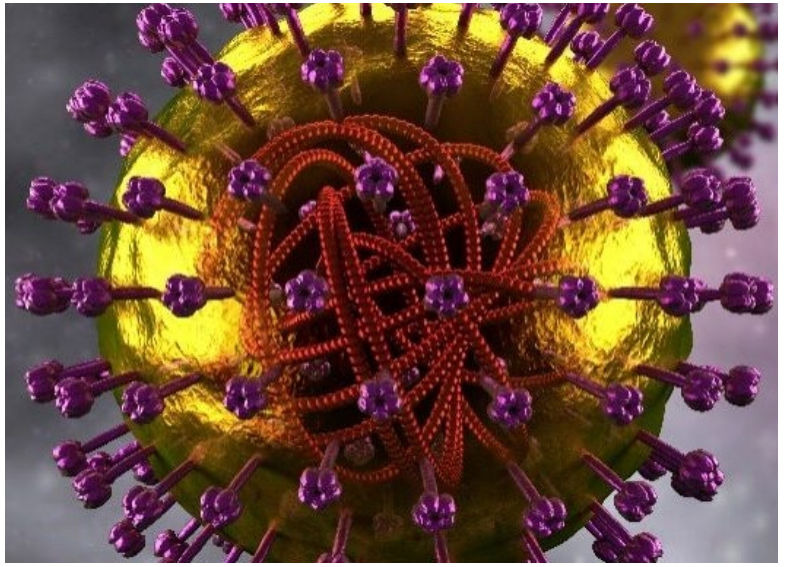
"With spring and summer travel season approaching in the United States, CDC emphasizes the important role that clinicians and public health officials play in preventing the spread of measles. They should be vigilant for cases of febrile rash illness that meet the measles case definition and share effective measles prevention strategies, including vaccination guidance for international travelers."

Health Alert Network (HAN) – 00522 | Expanding Measles Outbreak in the United States and Guidance for the Upcoming Travel Season (cdc.gov)

Measles Clinical Overview and Vaccine Recommendations

Measles infection

- **An acute, highly infectious, respiratory viral disease**
- Pre-vaccines, childhood infection was a *nearly universal* occurrence
- Measles vaccinations in the US available since 1963
  - Current strain (Edmonston-Enders) since 1968
  - Combined MMR since 1971
  - Combined MMR-V since 2005
- Measles was declared ‘eliminated’ in the US in 2000
- Due to global prevalence of measles and unimmunized populations, cases and outbreaks in the US still occur

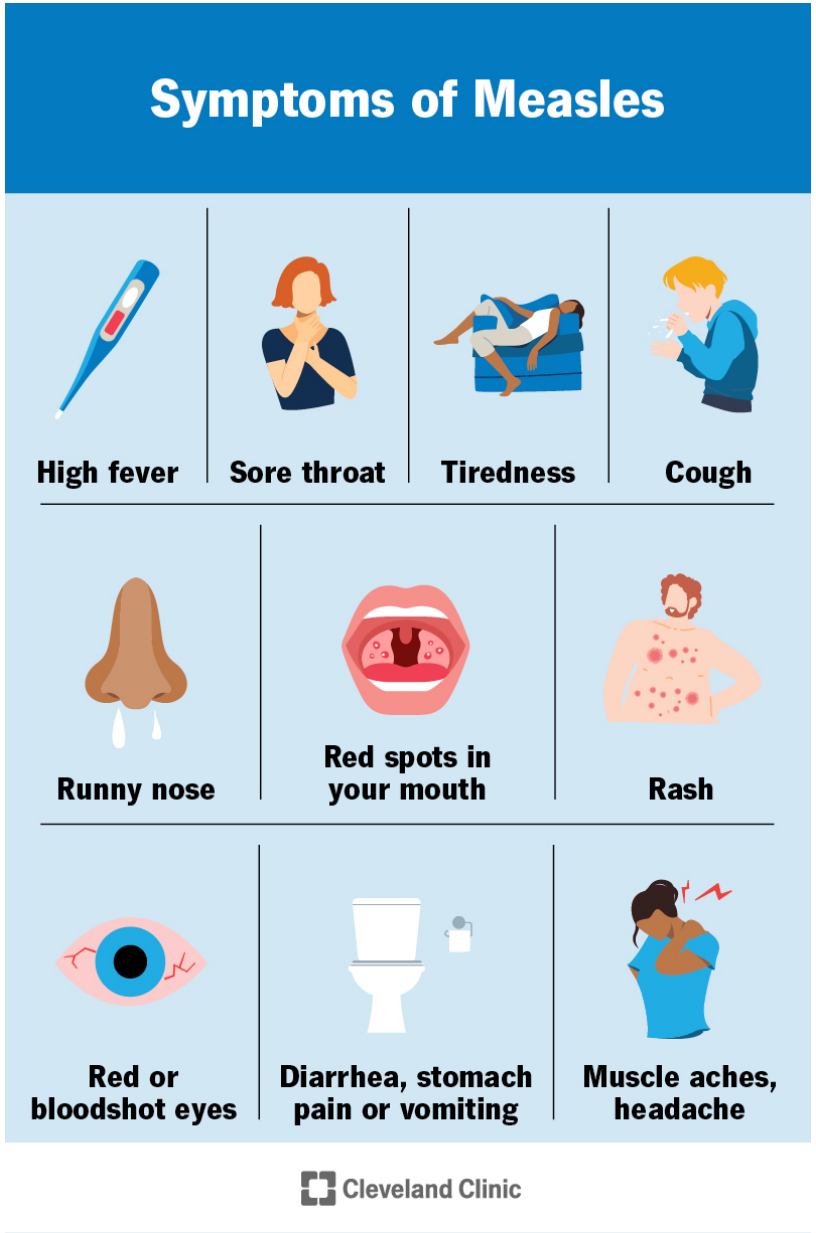


NFID

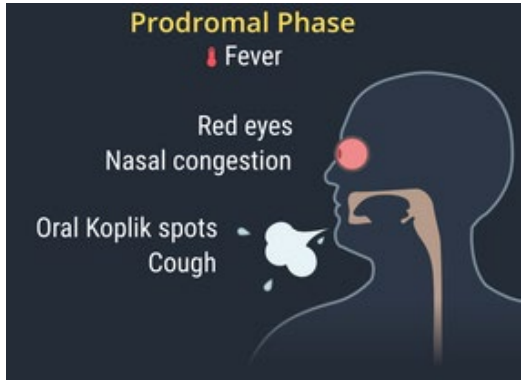
Clinical Features

Characteristic features:

- Prodromal high fever, malaise, and the three ‘C’s (cough, coryza, conjunctivitis)
- +/- Rash of the mucous membranes (Koplik spots)
- THEN Maculopapular rash with downward spread



Timeline of Clinical Presentation



Visual Dx

CDC PHIL

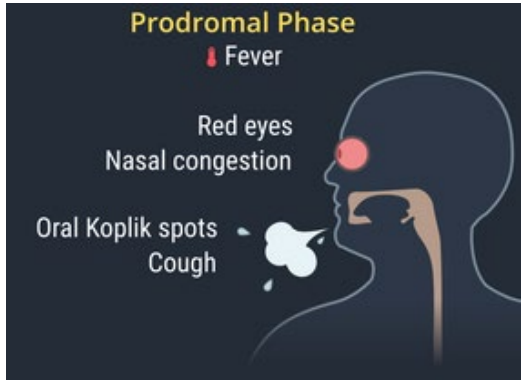
Incubation period
5-21 days
(12 days avg)

Prodrome
2-4 days

Rash
5-6 days

Recovery

Timeline of Clinical Presentation



Visual Dx

CDC PHIL

Incubation period
5-21 days
(12 days avg)

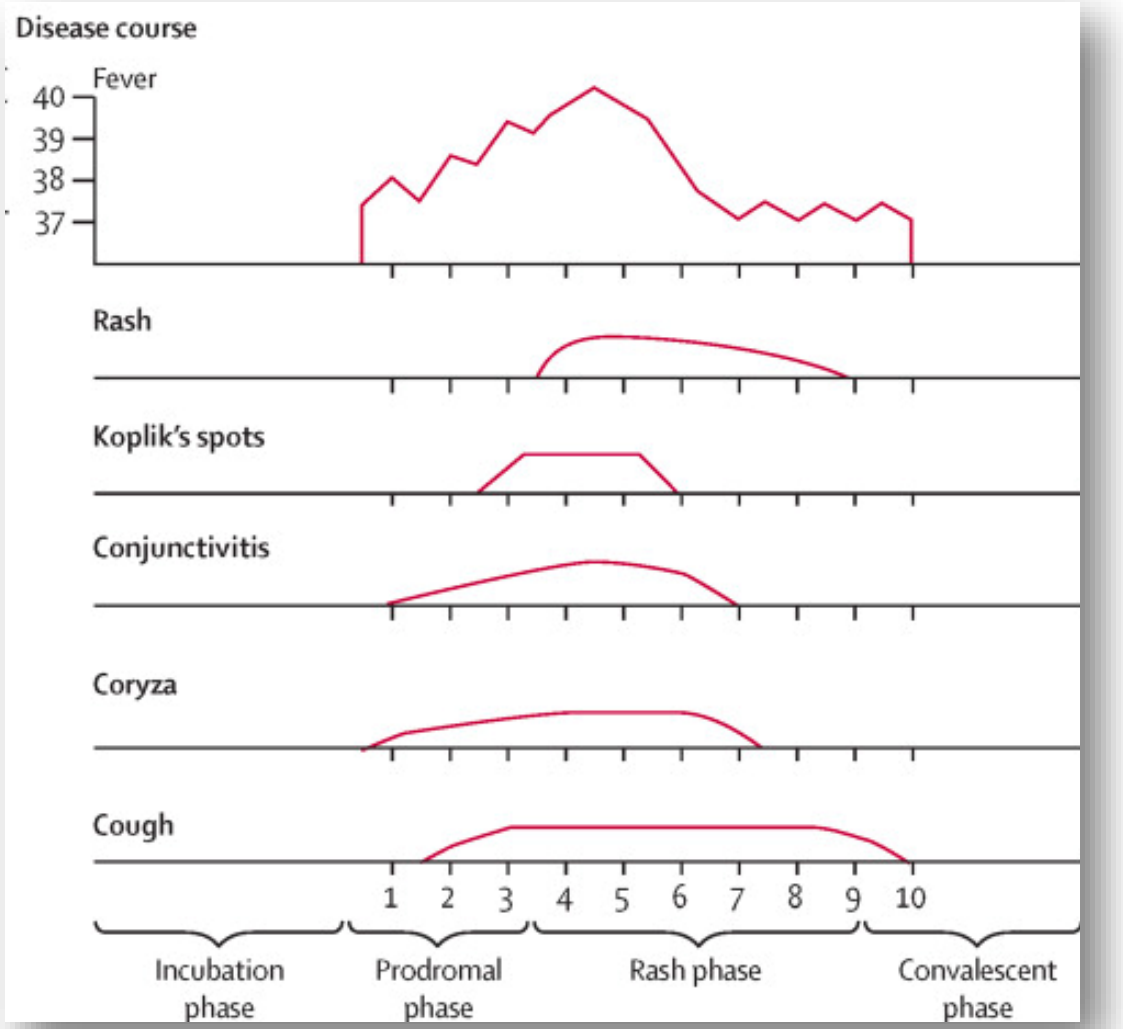
Prodrome
2-4 days

Rash
5-6 days

Recovery

Infectious Period

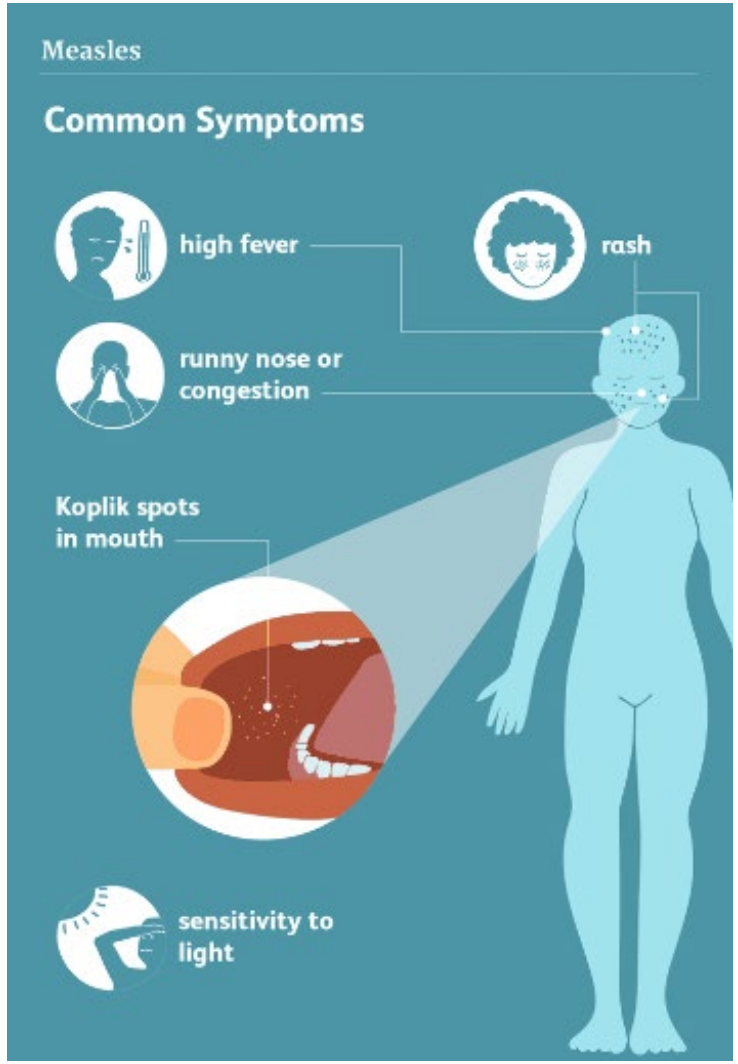
4 days before to 4 days after rash appearance



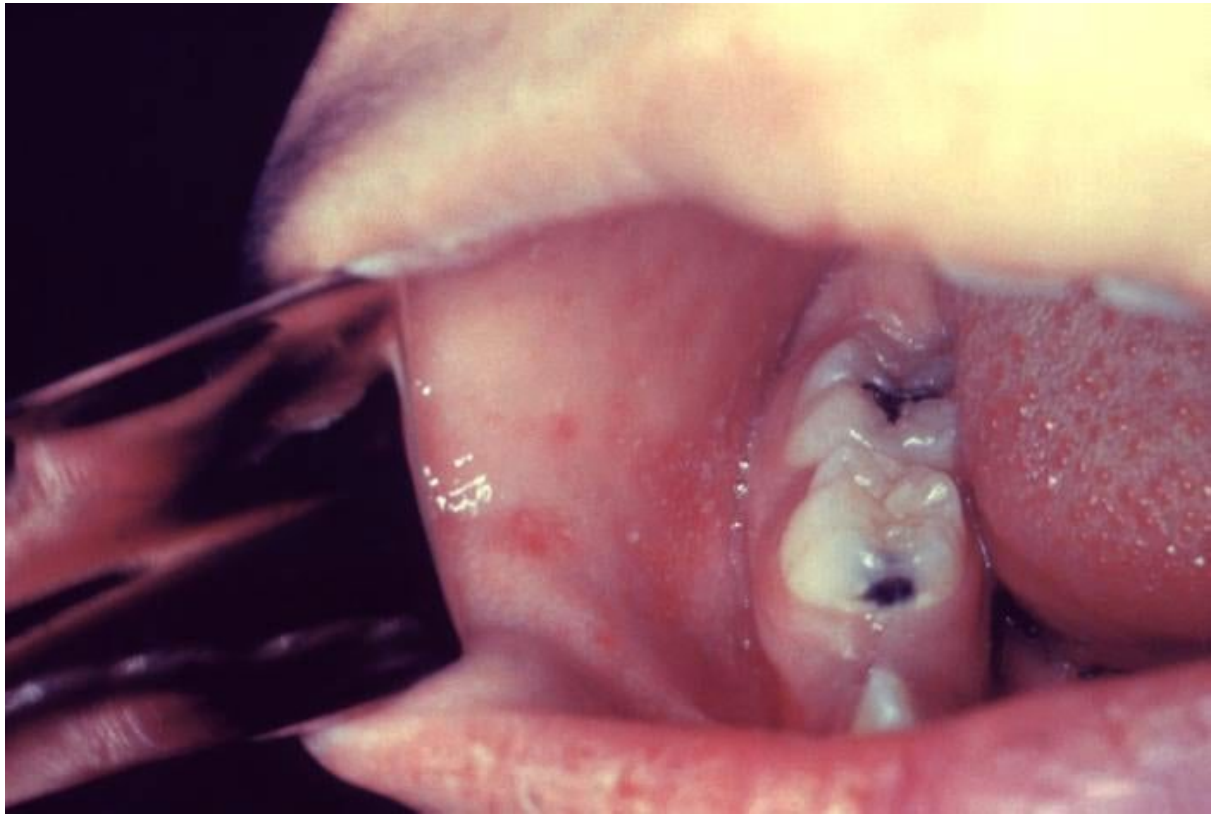
Moss, W.J. (2017) 'Measles', *The Lancet*, 390(10111), pp. 2490–2502. doi:10.1016/s0140-6736(17)31463-0.

Prodromal Phase

- Symptoms of upper respiratory infection
  - Runny nose (coryza)
  - Red, watery eyes (conjunctivitis)
  - Cough
- Fever which increases in a stepwise fashion as high as 103°F-105° F(39.4 °C – 40.5 °C)
- Tiny white spots inside the mouth (Koplik spots)
  - 2 -3 days after symptoms begin
  - **Pathognomonic**



Koplik's Spots



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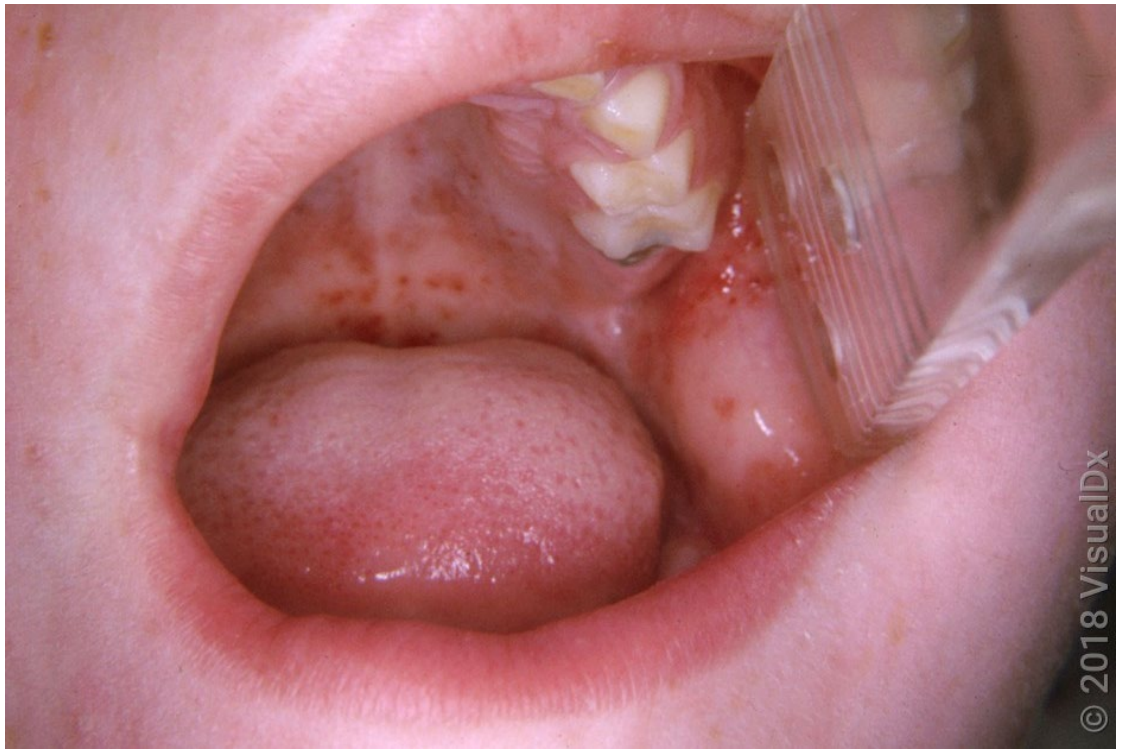


CDC PHIL

Febrile Rash

- Rash is concurrent with high fever, typically 2-4 days after symptom onset
- The rash usually begins as flat red spots at the **hairline** and spreads down the body

CDC

Differential Diagnosis

- Enterovirus with Exanthem
- Adenovirus
- Parvovirus B19
- Kawasaki Disease
- Rubella
- Drug Reaction
- Streptococcus (Sore Throat)
- Roseola (HHV6)
- Vector Borne Illness
- Mononucleosis
- Acute HIV

Pay attention to…

- Fever pattern
- Timing of fever with rash
- Immunization status
- Risk factors for exposure
- Associated symptoms

Management

There is no specific treatment for measles

Supportive care and management of complications

Vitamin A:

- Recommended by WHO and CDC for children with acute infection (especially if severe, hospitalized)
- Does NOT prevent measles

Complications

About 1 in 5 unvaccinated people in the U.S. who get measles are hospitalized

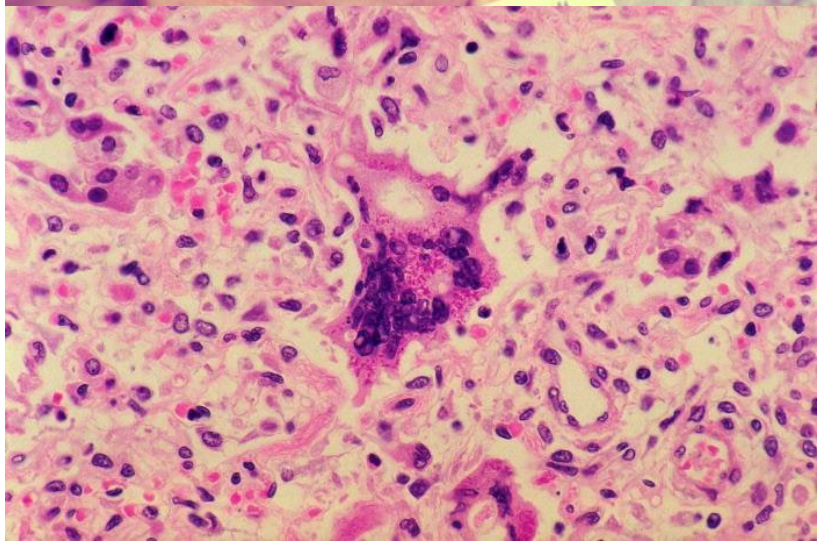
Children <5 years old and adults are more likely to suffer complications

Common complications:

- Diarrhea and vomiting
- Otitis media
- Croup
- Pneumonia

Severe complications:

- Acute encephalitis
- Pregnancy complications
- Death
- Subacute sclerosing panencephalitis
- Immune suppression



Images: CDC PHIL

Vaccination is the best protection

One dose of MMR (measles-mumps-rubella) vaccine is 93% effective at protecting against measles infection

Two doses of MMR are 97% effective

Recommended Vaccine Schedule

Children – **2-dose series**

- 1st dose MMR: Age 12 – 15 months
- 2nd dose MMR or MMRV: Age 4-6 years

Minimum interval between doses is 28 days.

Recommended Vaccine Schedule

Adults - 0, 1, or 2 doses

- ZERO doses: adults born before 1957 who are not healthcare personnel, or low-risk adults with documented vaccination or evidence of infection/immunity
- ONE dose: adults born 1957 or later who are low-risk and have no documented vaccination or evidence of infection/immunity
- TWO doses: international travelers born 1957 or later, healthcare personnel, people attending post-high school education, people with HIV & close contacts with immunocompromised who do not have documented adequate vaccination or infection/immunity

Minimum interval between doses is 28 days

Presumptive evidence of Immunity

Evidence of Immunity to Measles

- Documentation of age-appropriate vaccination with a live measles-containing vaccine
  - Healthcare workers required documentation of 2 doses after the 1st birthday, spaced at least 28 days apart
- Documented laboratory confirmation of immunity
- Documented laboratory confirmation of disease
- Born before 1957
  - If a healthcare worker, birth before 1957 does not apply as a criterion for immunity

Special Populations

Infants 6-11 months

- Should receive 1 dose before international travel or if residing in an area of outbreak; consider for domestic travel to an area with an outbreak (no CDC recommendation)
- Follow standard vaccine schedule with 2 doses after 12 months of age

Children 12 months to 4 years

- Can administer dose 2 early if >28 days have passed

Adults

- People born before 1957 considered immune
- People who received inactivated vaccine between 1963 and 1967 need re-vaccination

Special Populations

Few true contraindications to vaccination

- Severe allergy
- Pregnancy
- Severe immunocompromise
- Prolonged high-dose systemic steroids
- HIV – MMRV only; CAN receive MMR

MMR(V) Vaccines are Safe

- MMR
  - Fever ≥103 F (5-15%)
  - Rash (5%)
  - Febrile seizures (1 in 3,000 to 4,000)
  - Arthralgias/joint symptoms (25% adult women)
  - Anaphylactic reactions (1.8 to 14.4 cases per million)
- MMRV
  - Fever ≥102 F (5%)
  - Febrile seizures (1 additional per 2,300 to 2,600 in children ages 12-23 months)

Knowledge Check

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What are the **special circumstances** which should prompt consideration of **early MMR vaccination** in infants between 6 and 11 months of age?

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What are the **special circumstances** which should prompt consideration of **early MMR vaccination** in infants between 6 and 11 months of age?

1. International travel
2. Residing in area of outbreak
3. Domestic travel to area of risk (no CDC recommendation)

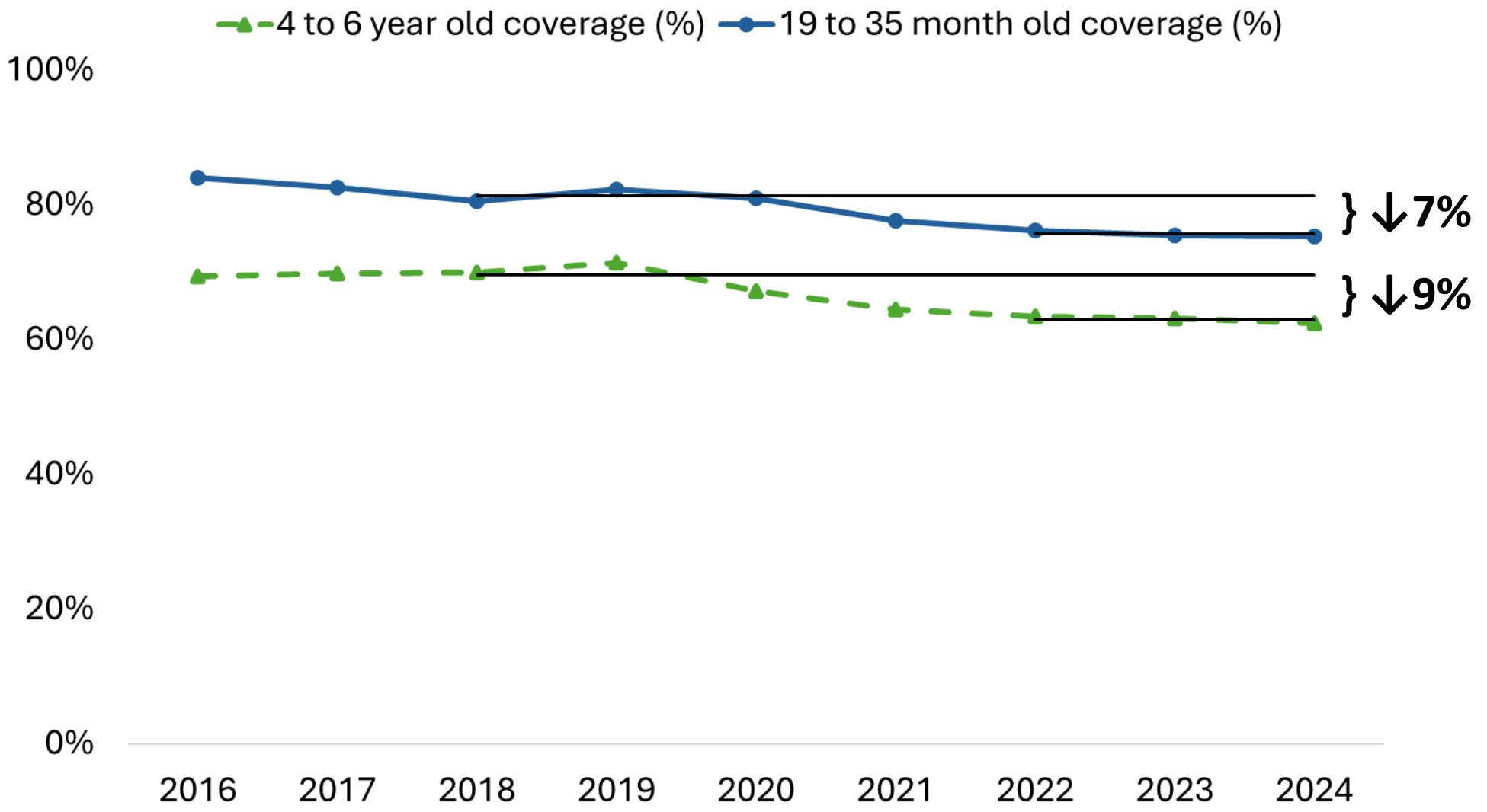
Knowledge Check

What are the **special circumstances** which should prompt consideration of **early MMR vaccination** in infants between 6 and 11 months of age?

1. International travel
2. Residing in area of outbreak
3. Domestic travel to area of risk (no CDC recommendation)

Vaccines prevent measles; vaccines save lives!

MMR coverage in Washington State among 19-35 month-olds and 4-6 year-olds, December 2016 to December 2024



Three-year average comparison of recent high (2018-2020) vs last available years (2022-2024)

Measles Exposure Assessment and Follow up Actions

Measles is Suspected

Does the person meet the clinical case definition?

- An acute illness characterized by:
  - Generalized, maculopapular rash lasting ≥3 days; and
  - Temperature ≥101°F or 38.3°C; and
  - Cough, coryza, or conjunctivitis

Exposure or Travel History in the prior 21 days

Immunization History

Call your Local Health Department immediately for all suspect cases

Measles Assessment

Report all SUSPECT measles cases immediately to your local health department.
www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/Measles

✓ **Consider measles in the differential diagnosis of patients with fever and rash:**

	Yes	No	Comments
A) What is the highest temperature recorded?		°F	Fever onset date: ___/___/_____
B) Does the rash have any of the following characteristics?			Rash onset date: ___/___/_____
Was the rash preceded by one of the symptoms listed in (C) by 2-4 days?			Measles rashes are red, maculopapular rashes that may become confluent – they typically start at hairline, then face, and spreads rapidly down body.
Did fever overlap rash?			
Did rash start on head or face?			
C) Does the patient have any of the following?			Rash onset typically occurs 2-4 days after first symptoms of fever (≥101°F) and one or more of the 3 C's (cough, conjunctivitis, or coryza).
Cough			
Runny nose (coryza)			
Red eyes (conjunctivitis)			
D) Unimmunized or unknown immune status?			Dates of measles vaccine: #1 ___/___/_____ #2 ___/___/_____
E) Exposure to a known measles case?			Date and place of exposure:
F) Travel, visit to health care facility, or other known high-risk exposure in past 21 days?			See local health department for potential exposure sites.

✓ **Measles should be highly suspected if you answered YES to at least one item in B and C, PLUS a YES in D or E or F. IMMEDIATELY:**

- ❑ Mask and isolate the patient (in negative air pressure room when possible) AND
- ❑ Call your local health department to arrange testing at the WA State Public Health Laboratories (WAPHL). All health care providers must receive approval from [name of local health jurisdiction] prior to submission.
  - **[LHJ phone number] during normal business hours**
  - **[after hours phone number] after hours (duty officer)**

- Measles Assessment Quicksheet for Providers

Evaluating a patient presenting with rash when there is no local measles transmission[1]

Placeholder for state/local department contact info

START HERE

Needs ALL 3:
- ❑ Fever[2]
- ❑ Generalized, maculopapular rash
- ❑ No vesicular lesions / vesicles[3]

No → **Measles unlikely. If vesicular rash, consider varicella or alternative cause of rash.**

Yes

Epidemiologic risk for measles in the 21 days before rash?
ANY of the following:
- ❑ International travel in last 21 days
- ❑ Domestic travel in last 21 days to an area with known measles transmission
- ❑ Known exposure to measles

No → **Measles clinical criteria?[4]**
- ❑ Fever[2] and rash
  AND
- ❑ Cough, runny nose, OR conjunctivitis

No → **Measles unlikely. If measles still suspected, contact state or local health department for guidance.**

Yes

Received MMR vaccine in the last 21 days?

Yes → **Likely a reaction to MMR vaccination[5]**

No

Prior measles vaccination?
- ❑ Age ≤6 years: 1 dose MMR*
- ❑ Age >6 years: 2+ doses MMR

*or other measles-containing vaccine

Yes → **Measles uncommon among people with age-appropriate vaccination. Measles can occur among vaccinated people, but generally during intense exposure (e.g., daycare or household exposure).**

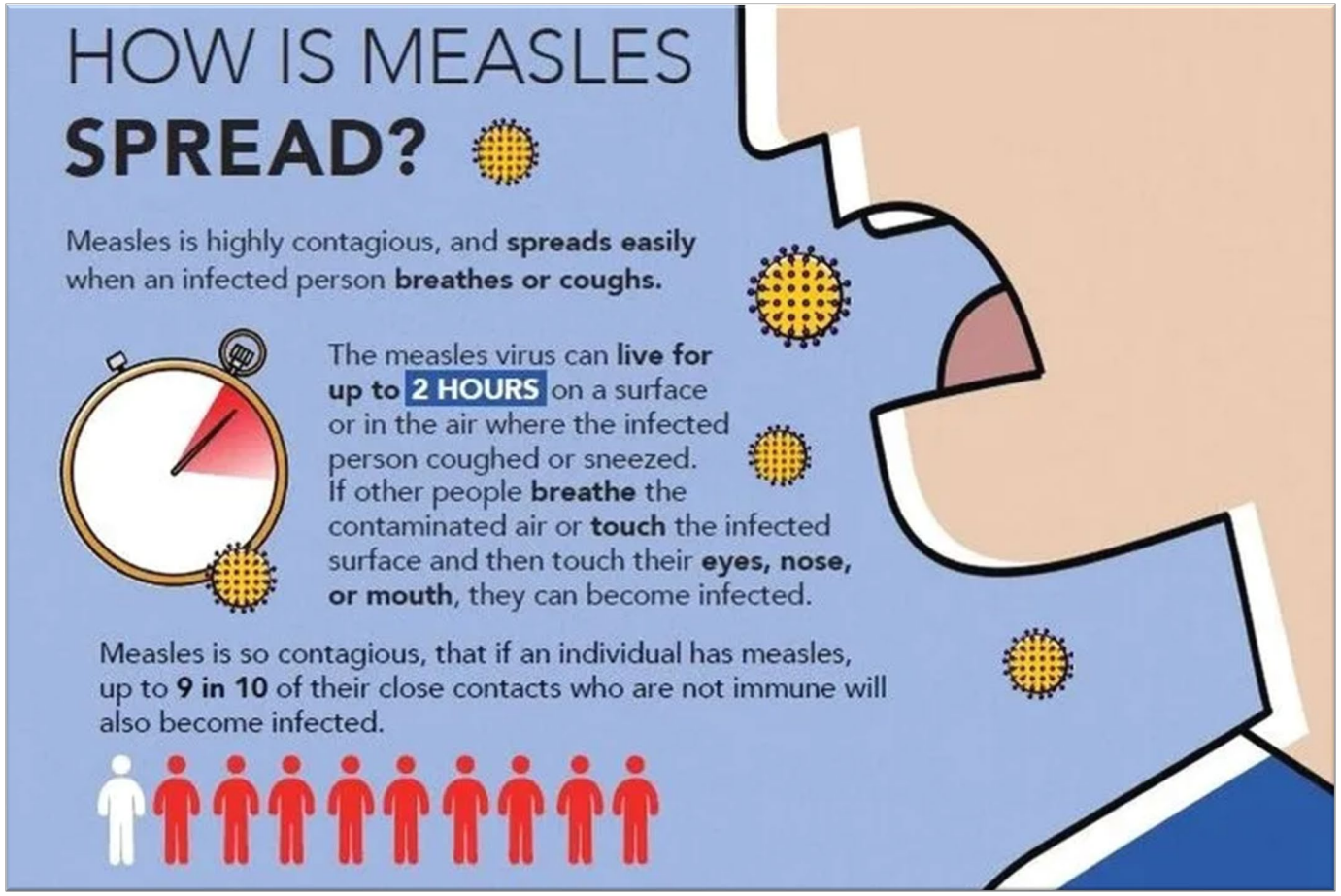
If measles suspected based on clinical presentation or severity of illness, contact state or local health department for guidance.

No → **Suspect measles. Immediately contact local or state health department to discuss testing options. See Testing Recommendations.**

Yes → **Suspect measles. Immediately contact local or state health department to discuss testing options. See Testing Recommendations.**

Transmission

- Airborne transmission from an infected person who breathes, coughs or sneezes
- Virus can remain active and infectious for up to 2 hours in the air and on surfaces
- 90% of susceptible people close to an infected person who are not protected also become infected.

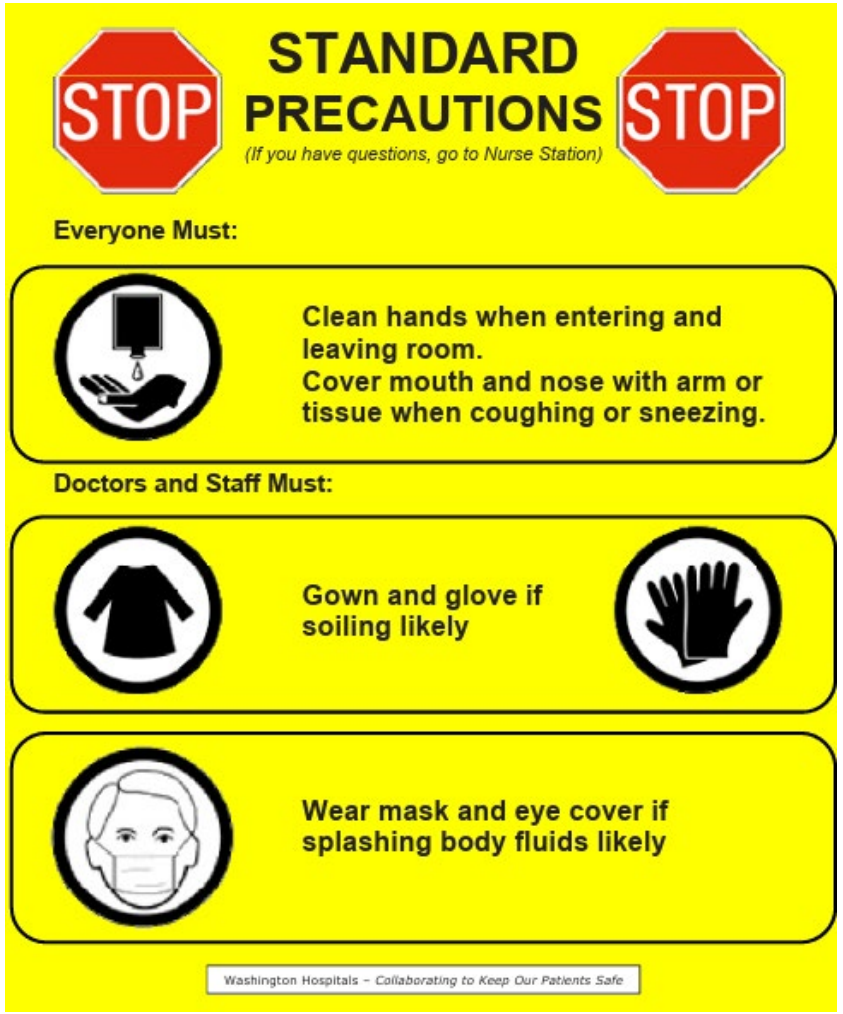


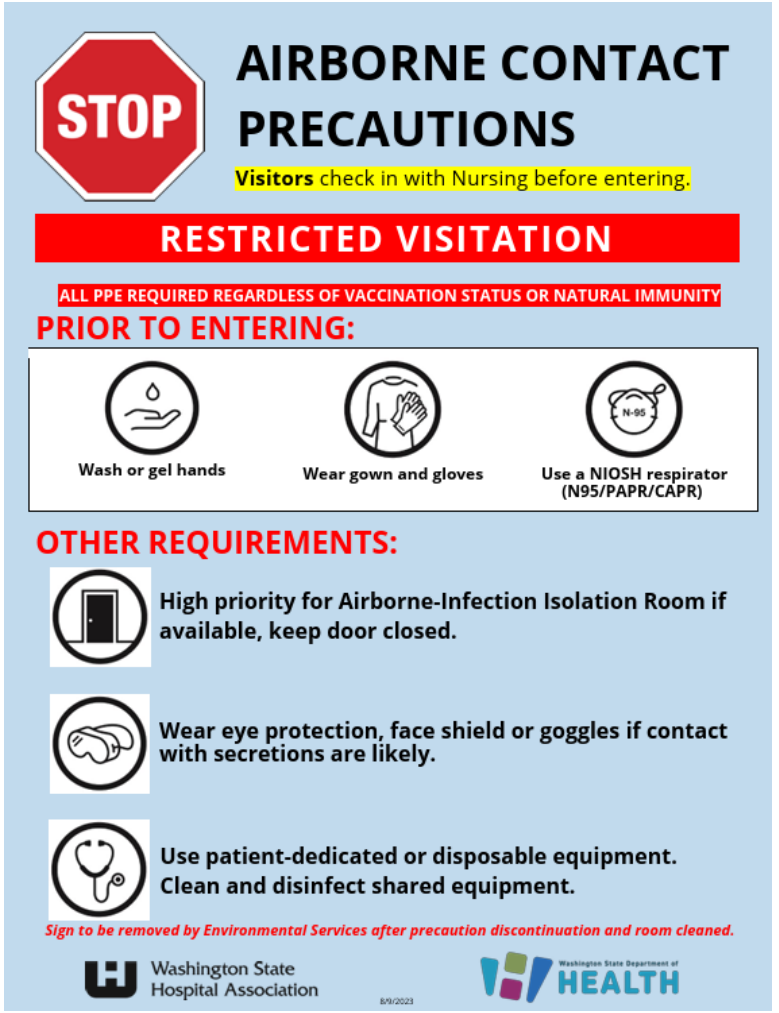
Measles is suspected: Isolate the suspected case

- Mask and Isolate suspected patient immediately
  - Single-patient airborne infection isolation room (AIIR)
  - Private room with door closed
  - Standard plus Airborne precautions
- People with suspected or confirmed measles should isolate for 4 days AFTER the rash onset (rash onset is day 0)

- Protect your staff:
  - All staff interacting with the patient should follow standard plus airborne precautions regardless of immunity status
  - Only staff with proof of immunity should attend to the patient

Standard plus Airborne Precautions in a Healthcare Setting





Notify

Immediately notify state, tribal, local, or territorial health departments about any suspected case of measles to ensure rapid investigation and confirmatory testing

- Testing
- Surveillance
- Contact tracing
- Isolation, Quarantine, post exposure prophylaxis needs

Confirm the diagnosis: Laboratory Testing

All specimens sent to the State Public Health Lab for measles testing must be approved by LHJ prior to submission

- Preferred: RT-PCR
  - Collect nasopharyngeal or oropharyngeal swabs, and urine, as soon as possible after rash onset, ideally within 3 days, may be successful as late as 10–14 days after rash onset
- Acceptable: Serology:
  - Serum measles IgM antibody positive collected within the first few days of rash onset can provide presumptive evidence of a current or recent measles infection
  - A fourfold or greater increase in measles IgG antibody titer between the acute and convalescent sera is a strong indicator of a recent measles infection

https://www.cdc.gov/measles/php/laboratories/index.html#:~:text=Detection%20of%20measles%20RNA%20is,14%20days%20after%20rash%20onset.

Prophylaxis

Active Immunization with Measles Vaccine MMR vaccine

- MMR vaccine can be given within 72 hours of exposure
  - May attenuate or completely prevent disease
  - For individuals with no evidence of immunity or only 1 dose of MMR
  - Age ≥ 12 months. Must be eligible for MMR vaccine without contraindications.

Passive Immunization with Immune Globulin immunoglobulin (IG)

- Immune globulin may also be used within six days of exposure
  - May provide protection or attenuate the disease.
  - For susceptible household contacts and persons at increased risk of severe infection
  - Populations that cannot receive MMR
    - Infants less than 6 months
    - Severely immunocompromised
    - Pregnant people

Post-exposure prophylaxis (PEP) for measles exposures who are NOT pregnant or immunocompromised*

Age range	Measles immune status[a]	PEP type depending on time after initial exposure		
		≤3 days (≤72 hours)	4-6 days	>6 days
All ages	Immune *(IgG positive, 2 MMR doses, or born before 1957[b])*	• PEP not indicated. Exposed person has documented immunity		
<6 months	Non-immune *(due to age)*	• Give intramuscular immunoglobulin (IMIG)[cd] • Home quarantine[e] for 28 days after last exposure		• PEP not indicated (too late)[f] • Home quarantine[e] for 21 days after last exposure
6-11 months	Non-immune *(due to age)*	• Give MMR vaccine *(preferred over IG)* • No quarantine needed if MMR PEP given	• Give intramuscular immunoglobulin (IMIG)[cd] • Home quarantine[e] for 28 days after last exposure	• PEP not indicated (too late)[f] • Home quarantine[e] for 21 days last after exposure
≥12 months	Non-immune *(0 MMR doses or IgG negative)*	• Give MMR vaccine • No quarantine needed if MMR PEP[b,§] given	• PEP not indicated (too late)[f] • Home quarantine[e] for 21 days after last exposure, then give MMR vaccine to protect from future exposures	
≥12 months	1 dose of MMR[b]	• Give 2nd MMR dose if ≥28 days from last dose of live vaccine • No quarantine needed if MMR PEP[b,§] given	• Give 2nd MMR if not up-to-date.[h] No quarantine needed.	
Adults	Unknown measles immune status	• Give MMR vaccine • No quarantine needed if MMR PEP[b,§] given	Household member of a confirmed/suspected case • Obtain IgG titers to determine immunity. Home quarantine[e] while awaiting results; if IgG negative, quarantine for 21 days after last exposure (too late for PEP)[e,f]	
			Healthcare worker or Daycare worker • Obtain titers to determine immunity. Furlough while awaiting results; if IgG negative, quarantine for 21 days after last exposure (too late for PEP)[e,f,§]	
			Other • Consider titers to determine immunity; if IgG negative, quarantine for 21 days after last exposure (too late for PEP)[e,f]	

[a] All persons exposed to measles must be notified of their exposure.

[b] Birth before 1957 or 1 dose of MMR should not be considered sufficient for household members of confirmed measles cases; without documented positive measles IgG titers or 2 MMR doses, consider them to have unknown immunity.

[c] For patients who receive IG, provide these instructions: www1.nyc.gov/assets/doh/downloads/pdf/imm/stay-home-non-cases.pdf (includes extended quarantine of 28 days)

[d] Dosing of intramuscular IG for infants aged <12 months is 0.5 mL/kg of body weight (max dose 15mL). Administration of MMR or varicella vaccines must be delayed by 6 months after administration of intramuscular IG and by 8 months after intravenous IG.

[e] When instructing home quarantine, ensure that all household members of the exposed individual are immune to measles. IG prolongs the incubation period to 28 days.

[f] For patients who do not receive PEP, provide these instructions: www1.nyc.gov/assets/doh/downloads/pdf/imm/stay-home-cases.pdf

[§] Healthcare workers who are non-immune should be excluded from work from day 5 after 1st exposure through day 21 after last exposure, regardless of receipt of PEP.

[H] Acceptable presumptive evidence of immunity definitions: www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3; Note, 2 MMR doses or positive IgG titers are recommended for healthcare workers and other high-risk adults and is a requirement for child care staff in NYC.

* References: CDC. Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013. MMWR. 2013:62(4);
Rubin et. al. 201 Rubin et. al. 2013 IDSA Clinical Practice Guideline for Vaccination of the Immunocompromised Host. CID. 2014:58.

Rev 7.8.2024

Post-exposure prophylaxis (PEP) for measles exposures who ARE pregnant or immunocompromised

Category	Age range	Measles immune status[a]	PEP type depending on time after initial exposure		
			≤3 days (≤72 hours)	4-6 days	>6 days
Severely Immuno-compromised[b]	<12 months	Will need IG regardless of measles immune status	• Give intramuscular immunoglobulin (IMIG)[cd] • Home quarantine[e] for 28 days after last exposure		• PEP not indicated (too late)[f] • Home quarantine[e] for 21 days after last exposure
	≥12 months		• Give intravenous immunoglobulin (IVIG)[cd] • Home quarantine[e] for 28 days after last exposure		
Pregnant	n/a	Immune *(IgG positive or 2 MMR doses)*	• PEP not indicated Exposed person has documented immunity.		
		Non-immune *(IgG negative)*	• Give intravenous immunoglobulin (IVIG)[cd] • Home quarantine[e] for 28 days after last exposure		• PEP not indicated (too late)[f] • Home quarantine[e] for 21 days after last exposure
		Unknown immunity	• Draw titers (measles IgG) STAT to determine immunity; proceed as above based on titer results		• PEP not indicated (too late)[f] • Consider titers to determine risk of infection/risk to infant; proceed as above based on titer result

[a] All persons exposed to measles must be notified of their exposure.

[b] Management of immunocompromised persons can be challenging and may require individualized decisions with provider based on immunocompromising condition or medications.

Severely immunocompromising conditions (per ACIP and IDSA)* include:

- Severe primary immunodeficiency;
- Bone marrow transplant until ≥12 months after finishing all immunosuppressive treatment, and maybe longer in patients who have developed graft-versus-host disease;
- On treatment for acute lymphoblastic leukemia (ALL) within and until ≥6 months after completion of immunosuppressive chemotherapy;
- On cancer chemotherapy**
- Post solid organ transplantation**
- Receiving daily corticosteroid therapy with a dose ≥20mg (or >2 mg/kg/day for patients who weigh <10kg) of prednisone or equivalent for ≥14 days
- Receiving certain biologic immune modulators, such as tumor necrosis factor-alpha (TNF-α) blockers or rituximab**
- After hematopoetic stem cell transplant, duration of high-level immunosuppression is highly variable and depends on type of transplant (longer for allogenic than autologous), type of donor and stem cell source, and post-transplant complications such as graft vs. host disease and their treatments**
- AIDS or HIV with severe immunosuppression defined as CD4 <15% (all ages) or CD4 count <200 lymphocytes/mm^3 (aged >5 years).

Low-level immunosuppression: In the absence of published guidance on exposed persons with low-level immunosuppression, consider assessing presumptive immunity to measles (measles IgG positive or 2 MMR vaccine doses) to determine if PEP is indicated. If not immune to measles, give PEP as MMR (if not contraindicated[a] and within 72 hours of initial exposure). Consider intravenous IG[c] if MMR is contraindicated[a] or if it is too late for MMR (day 4-6 after initial exposure) with home quarantine for 28 days after last exposure. If no PEP is given because it is too late, home quarantine for 21 days after last exposure[e].

[c] For patients who receive IG, provide these instructions: www1.nyc.gov/assets/doh/downloads/pdf/imm/stay-home-non-cases.pdf

[d] Dosing of intramuscular IG for infants aged <12 months: 0.5 mL/kg of body weight (max dose 15mL). Dosing of intravenous IG for pregnant women not immune to measles and immunocompromised persons: 400 mg/kg. MMR or varicella vaccine administration must be delayed by 6 months and 8 months after intramuscular and intravenous IG, respectively. Reference: www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm

[e] When implementing home quarantine, ensure that all household members of the exposed individual are immune to measles. IG prolongs the incubation period to 28 days.

[f] For patients who do not receive PEP, provide these instructions: www1.nyc.gov/assets/doh/downloads/pdf/imm/stay-home-cases.pdf

* References: CDC. Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013. MMWR. 2013:62(4);
Rubin et. al. 2013 IDSA Clinical Practice Guideline for Vaccination of the Immunocompromised Host. CID. 2014:58.

** Check guidance/discuss with treating provider as duration of immunosuppression during or following chemotherapy, transplants, or biologic immune modulators may vary.

Knowledge check

What is the isolation recommendation for a confirmed measles case?

A. Until the rash fades and is no longer on the face

B. For 4 days after the appearance of the rash

C. For 10 days after the appearance of the rash

Answer: B

Infected people should be isolated for 4 days after they develop a rash; airborne precautions should be followed in healthcare settings.

A plane ride away

- **Measles is still common in many other countries.**
- **Unvaccinated travelers continue to get measles in other countries and bring it into the United States.**
- **Anyone who is not protected against measles is at risk of getting the disease.**

Measles Communication Toolkit and Resources

WASHINGTON STATE DEPARTMENT OF HEALTH

Measles Communications Toolkit for Washington State Partners

HEALTH

For use by Local Health Jurisdictions, Providers, Tribal Nations and Confederacies, Urban Indian Health Organizations (UIHOs), and Community Partners.

DOH 820-310 MARCH 2025

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Measles toolkit offers guidance and messaging

WASHINGTON STATE DEPARTMENT OF HEALTH

Measles Communications Toolkit for Washington State Partners

Resources for Addressing Misinformation, Promoting Vaccine Safety, and Strengthening Community Health

For use by Local Health Jurisdictions, Providers, Tribal Nations and Confederacies, Urban Indian Health Organizations (UIHOs), and Community Partners.

DOH 820-310 MARCH 2025

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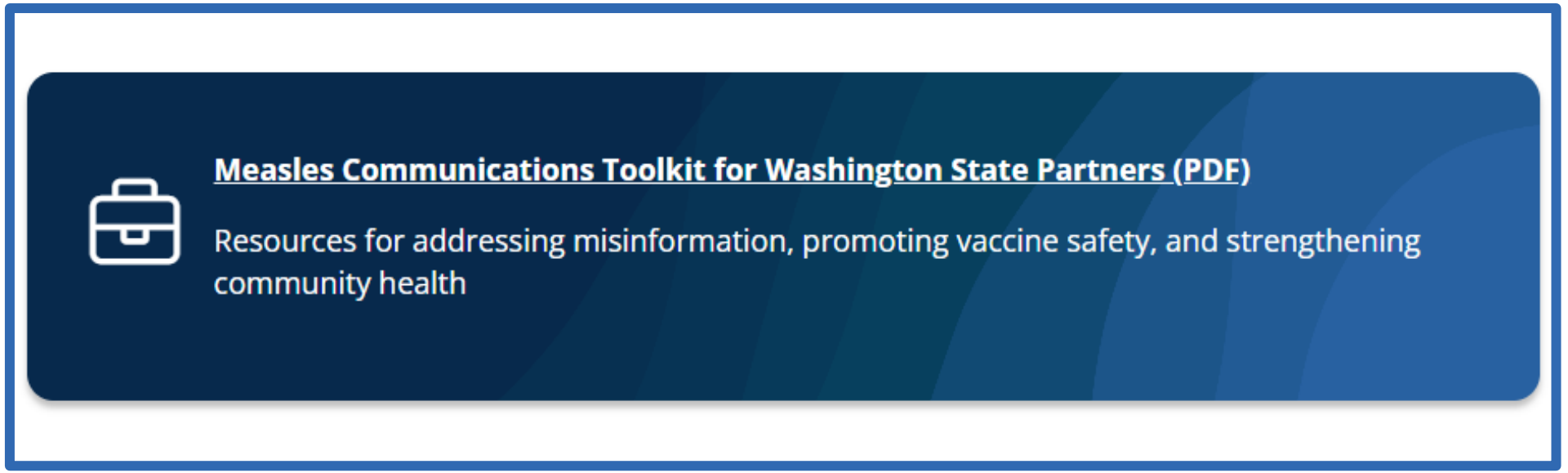
Washington State Department of HEALTH

Measles | Washington State Department of Health

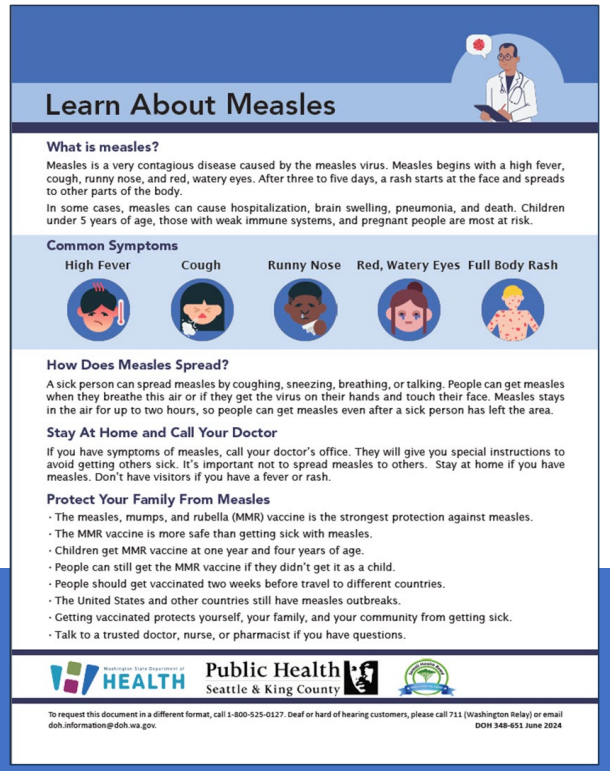
https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles



Other DOH Resources

Series of updated public-facing handouts on measles on our measles landing page

- ***Basic Measles Information*** Handout (19 languages)
- ***Are You At Risk for Measles?*** Handout
- ***Measles Vaccination: Our Best Protection*** Handout



Learn About Measles

What is measles?

Measles is a very contagious disease caused by the measles virus. Measles begins with a high fever, cough, runny nose, and red, watery eyes. After three to five days, a rash starts at the face and spreads to other parts of the body.

In some cases, measles can cause hospitalization, brain swelling, pneumonia, and death. Children under 5 years of age, those with weak immune systems, and pregnant people are most at risk.

Common Symptoms

High Fever | Cough | Runny Nose | Red, Watery Eyes | Full Body Rash

How Does Measles Spread?

A sick person can spread measles by coughing, sneezing, breathing, or talking. People can get measles when they breathe this air or if they get the virus on their hands and touch their face. Measles stays in the air for up to two hours, so people can get measles even after a sick person has left the area.

Stay At Home and Call Your Doctor

If you have symptoms of measles, call your doctor's office. They will give you special instructions to avoid getting others sick. It's important not to spread measles to others. Stay at home if you have measles. Don't have visitors if you have a fever or rash.

Protect Your Family From Measles

- The measles, mumps, and rubella (MMR) vaccine is the strongest protection against measles.
- The MMR vaccine is more safe than getting sick with measles.
- Children get MMR vaccine at one year and four years of age.
- People can still get the MMR vaccine if they didn't get it as a child.
- People should get vaccinated two weeks before travel to different countries.
- The United States and other countries still have measles outbreaks.
- Getting vaccinated protects yourself, your family, and your community from getting sick.
- Talk to a trusted doctor, nurse, or pharmacist if you have questions.

HEALTH | Public Health Seattle & King County

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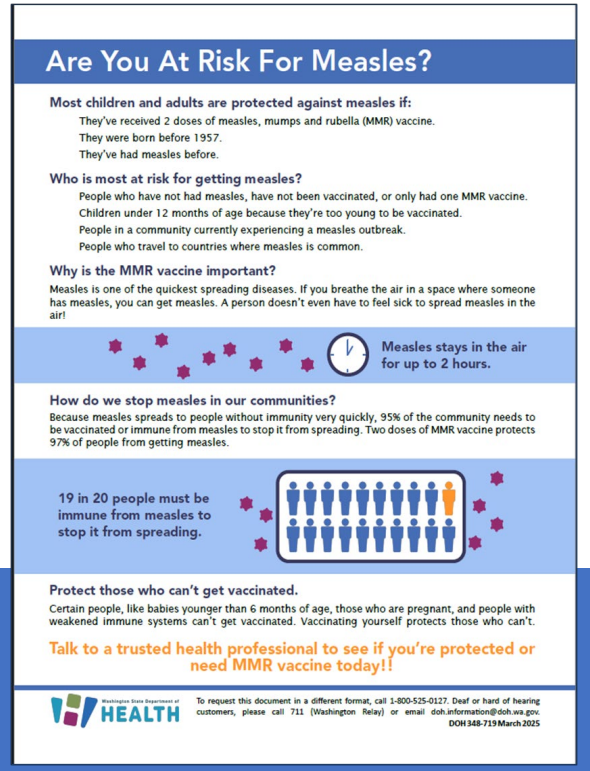
DOH 348-651 June 2024



Are You At Risk For Measles?

Most children and adults are protected against measles if:

They've received 2 doses of measles, mumps and rubella (MMR) vaccine.
They were born before 1957.
They've had measles before.

Who is most at risk for getting measles?

People who have not had measles, have not been vaccinated, or only had one MMR vaccine.
Children under 12 months of age because they're too young to be vaccinated.
People in a community currently experiencing a measles outbreak.
People who travel to countries where measles is common.

Why is the MMR vaccine important?

Measles is one of the quickest spreading diseases. If you breathe the air in a space where someone has measles, you can get measles. A person doesn't even have to feel sick to spread measles in the air!

Measles stays in the air for up to 2 hours.

How do we stop measles in our communities?

Because measles spreads to people without immunity very quickly, 95% of the community needs to be vaccinated or immune from measles to stop it from spreading. Two doses of MMR vaccine protects 97% of people from getting measles.

19 in 20 people must be immune from measles to stop it from spreading.

Protect those who can't get vaccinated.

Certain people, like babies younger than 6 months of age, those who are pregnant, and people with weakened immune systems can't get vaccinated. Vaccinating yourself protects those who can't.

Talk to a trusted health professional to see if you're protected or need MMR vaccine today!!

HEALTH

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DOH 348-719 March 2025

Measles Vaccine: Our Best Protection

What is measles?

Measles is a contagious disease which spreads through the air when a sick person coughs or breathes. Measles is commonly known for a rash of red spots that starts at the forehead and progresses down the body.

Measles can lead to severe complications including pneumonia, brain swelling, and death.

Common Symptoms

High Fever | Cough | Runny Nose | Red, Watery Eyes | Full Body Rash

There is no treatment for measles, but vaccination can prevent it.

Two doses of measles, mumps, and rubella (MMR) vaccine works very well to prevent sickness from measles in 97 out of 100 people. Measles vaccination protects you for life.

Only 3% of people are at risk for getting measles if they've been vaccinated with two doses of MMR.

100% of people are at risk for measles if they haven't been vaccinated with MMR.

MMR vaccination is a part of the national childhood vaccine schedule.

Children in Washington state can receive childhood vaccines at no cost. Talk to a trusted healthcare provider to make sure your child is up to date!

See your family's vaccination records by using MyIR. Go to **https://myirmobile.com** for more info.

Most measles cases come from international travel.

Unvaccinated people who travel internationally tend to be the most common source of measles outbreaks in the United States.

Tips for international travel

If you plan to travel out of the country, make sure you are fully vaccinated against measles at least two weeks ahead of time.

Children above 12 months of age, teens and adults who are unvaccinated should get two MMR vaccines spaced one month apart before travel.

Infants 6 to 11 months of age traveling internationally can get one MMR dose for protection.

Monitor your symptoms after returning home from travel for 3 weeks.

Talk to a trusted health professional if you plan to travel internationally or if you got sick after traveling in other countries.

HEALTH

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DOH 348-649 March 2025

Other DOH Resources (cont.)

MMR Vaccine Page

- Overview of measles, mumps, and rubella diseases and vaccination

School and Child Care Immunization Page (doh.wa.gov/scci)

- Immunization Reminder Letters
- Outbreaks and Exclusion FAQ
- Info on Staff/Volunteer MMR Requirement for Child Care Centers

Family-Friendly Immunization Requirements Page (doh.wa.gov/vaxtoschool)

- Student Immunization Requirement Charts, CIS, COE Forms
- Materials in 19 languages, page translated in 4 languages (Spanish, Russian, Vietnamese)

Other DOH Resources (cont. 2)

Watch Me Grow Washington

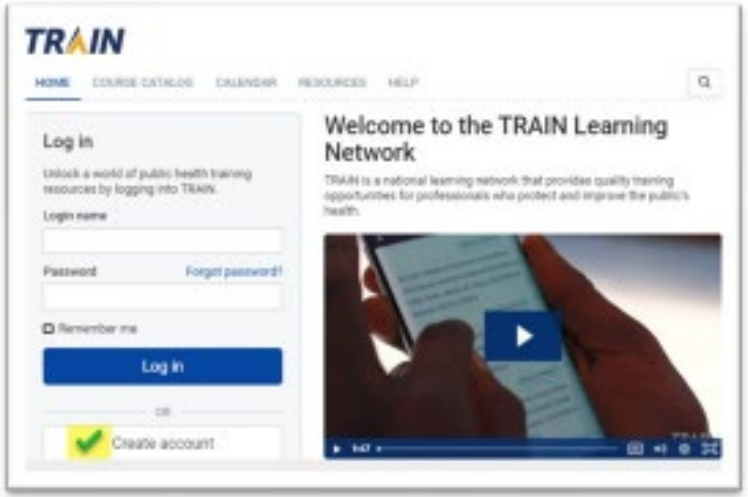
- Program that mails health information to families with children birth to 6 years of age
- Protect Your Family and Community from Measles Brochure
- Potentially helpful supplemental content for family doctors or pediatricians

Obtaining Continuing Education

- Continuing education is available for nurses, medical assistants, and pharmacists/pharmacy techs.
  - There is no cost for CEs.
- The expiration date for credit is April 2, 2026.
- Successful completion of this continuing education activity includes the following:
  - Attending the entire live webinar or watching the webinar recording.
  - Completing the evaluation after the live webinar or webinar recording.

Obtaining Continuing Education

- We are now using TRAIN.org that allows attendees to automatically generate CE certificates or certificates of completion after completing the evaluation.
- You will need to have an account to access our immunization webinars.
- You can register for webinars, watch the recording, complete an evaluation, and print or download a CE certificate from TRAIN.org.
- For any questions, please send an email to immstraining@doh.wa.gov



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