

Title: Provider Alert – Measles in the Oregon

Dear Colleagues,

Be on the lookout for symptoms of measles among your patients: prodrome of fever, cough, coryza, and conjunctivitis, followed a few days later by maculopapular rash that typically starts at the hairline, face, or neck, and spreads to the trunk and extremities. Recent reports confirm ongoing community transmission of measles amongst susceptible individuals. As of August 2nd, 23 cases have been identified in Clackamas, Marion, and Multnomah counties since mid-June.

OHA has developed measles outbreak signage in English, Russian, Spanish, and Ukrainian for healthcare facility use. These signs, along with press releases, information for the public, and testing and reporting guidelines, are posted to the OHA [measles webpage](https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/DISEASESAZ/Pages/measles.aspx) **or** <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/DISEASESAZ/Pages/measles.aspx>

As a guide for any suspected cases: **collect** specimen, **call** the local public health authority (LPHA), **isolate** cases, and **vaccinate** contacts.

While measles is circulating in Oregon, the **Oregon State Public Health Laboratory (OSPHL)** will conduct **PCR** testing of specimens from suspected measles cases without prior public health approval. Clinicians are encouraged to submit appropriate specimens directly to OSPHL if **both** of the following criteria are met:

1. Rash illness compatible with measles and with no other explanation for the clinical presentation;

AND

2. The patient is unvaccinated or under-vaccinated for measles (i.e., fewer than 2 doses of measles-containing vaccine).

All specimens sent to OSPHL must meet the specimen collection and submission criteria outlined in the **OSPHL Measles Testing Guidance**, available at www.bitly.com/phl-news. Please adhere to the specified measles infection control practices throughout the patient evaluation to prevent exposures in other patients.

Collect specimens, listed in order of preference:

1. **Nasopharyngeal (NP) swab for measles PCR** (for testing at OSPHL or commercial laboratory). **This is the preferred specimen for diagnosis given high sensitivity and reliability early in disease:**

- NP swab should be collected 0-3 days after rash onset but no later than 10 days after onset.
- Throat swab is also acceptable.

2. Urine for measles PCR (for testing at OSPHL or commercial laboratory):

- 10-50mL urine in a sterile container is acceptable but not preferred.

3. Serum for measles IgM and IgG testing (for testing at commercial laboratory):

- Measles-specific IgM antibody may not be present until ≥ 3 days after rash onset but persists for about 30 days after rash onset.
- A positive IgG early in illness may suggest prior immunity.

Specimens should be transported to OSPHL using facilities' available transport mechanisms, if available.

Timely laboratory confirmation of measles is critical to tracking the spread and prioritizing prevention efforts. Tests for measles can be ordered from most commercial labs or through OSPHL. Testing through OSPHL is preferred since this lab can have a faster turnaround time (usually within 3 working days after specimen receipt).

Call the Local Public Health Authority (LPHA): Clinicians, please promptly report the following information for suspect cases to the LPHA (www.healthoregon.org/lhddirectory) where the patient resides: patient name, date of birth, address, contact information, language spoken, clinical presentation, date of rash onset, travel history, any known exposures to measles, and vaccination history.

See also the [Measles Investigative Guidelines](#) for detailed information about testing, isolation, and vaccination, available at www.healthoregon.org/iguides.

Here is a helpful guide developed by CDC for testing for measles and some other vaccine-preventable diseases: <https://www.cdc.gov/chickenpox/downloads/MMRV-Testing-for-Clinicians.pdf>.

Thank you for your partnership.

This email was sent to Hospital ED Managers, Oregon Infection Preventionist, Oregon Laboratory Managers, and Local and Tribal Public Health Officials.