

**Communicable Disease Epidemiology
and Immunization Section**

401 5th Avenue, Suite 1250
Seattle, WA 98104

206-296-4774 Fax 206-296-4803

TTY Relay: 711

www.kingcounty.gov/health

Health Advisory – Guidance on Measles for the Summer Travel Season – June 30, 2023

Action Requested:

- Ensure all patients without evidence of measles immunity, especially those planning international travel, are up to date on [MMR vaccine](#) and [other recommended vaccines](#) before their international travel.
 - Assess [immunization status of patients](#) at every visit and strongly recommend vaccination based on [recommended schedule](#), and other risk factors.
 - Under-vaccinated individuals may be at risk for measles infection due to outbreaks that occur in the U.S. or [anywhere else in the world.](#)
- [CDC recommends](#) that all U.S. residents older than age 6 months who will travel internationally, without evidence of immunity, receive MMR vaccine prior to departure. Travelers should be fully vaccinated according to age at least 2 weeks before departure.
- Be vigilant in clinical settings for possible measles cases. Consider measles infection in patients with recent international travel, especially in countries with ongoing [outbreaks](#) (e.g., India, Somalia, and Yemen) or suspected measles exposure and compatible symptoms, including:
 - Prodrome of fever, cough, coryza and conjunctivitis for 2-4 days
 - Generalized maculopapular rash that usually begins on the face at the hairline and then spreads to the neck, trunk, and extremities
 - Koplik spots may appear on buccal mucosa 1-2 days prior to rash
- Be prepared for the possibility of patients with measles at your facility:
 - **Suspected patients should wear a mask covering the nose and mouth**
 - In urgent/emergency healthcare settings:
 - Suspected patients should be triaged immediately away from waiting rooms
 - Room patient in airborne isolation if available
 - In outpatient clinic settings:
 - Schedule suspected patients to be seen at end of day, if possible, and keep them out of waiting rooms
 - Use standard and airborne infection control precautions
 - Only staff with documented immunity to measles should enter patient's room.
 - **After patient is discharged, do not use or have staff enter the room for 2 hours.**
- Collect specimens on patients with suspected measles for diagnostic testing:
 - For PCR and virus isolation:
 - Nasopharyngeal swab placed in viral transport media (VTM)
 - Urine, minimum 20mL, in sterile leak proof container
 - For measles IgM serology:
 - Serum, minimum 1mL, in red top or red-grey top tube
- Route specimens through Public Health to expedite testing (do not use commercial laboratory).

- **Report suspected cases of measles to Public Health (206) 296-4774 immediately before discharging or transferring patients.**

Background

[Declines in measles vaccination rates globally during the COVID-19 pandemic](#) have increased the risk of larger measles outbreaks worldwide, including in the U.S.. Large and disruptive outbreaks have been reported in the European, African, Eastern Mediterranean, Western Pacific, and Southeast Asian regions during 2023. In the U.S., measles is commonly associated with unvaccinated U.S. travelers returning from other countries where measles is actively circulating. International visitors and returning U.S. travelers can expose U.S. residents in transit and after arrival, leading to additional cases and the possibility for larger outbreaks.

The U.S. has seen an [increase in measles cases](#) in the first 5 months of 2023, with 16 reported cases (88% linked to international travel) compared with 3 in 2022 during the same period. Most of these cases were among children who had not received measles-mumps-rubella (MMR) vaccine. Based on current estimates, twice as many Americans are planning to travel internationally in 2023 compared with 2022.

A single case of measles prompts a coordinated response between healthcare systems, local public health and state departments of health that are costly and resource intensive. During January–June, 2023, Public Health – Seattle & King County identified three confirmed cases of measles with two linked to travel and one secondary case through household exposure. All three cases were among individuals who were unvaccinated or did not have evidence of measles immunity. Subsequent case investigation for the 3 confirmed cases of measles identified 1,127 potentially exposed contacts in multiple settings such as household, healthcare, school, and air travel.

Resources

- [Public Health - Seattle & King County Measles Resources](#)
- **Washington State Department of Health:**
 - [Measles resources](#)
 - [Managing Measles Exposures in Healthcare Workers](#) (PDF)
 - [Measles specimen collection and shipping guidance](#)
- **CDC measles information for healthcare providers:**
 - [Measles information for healthcare providers](#)
 - [Infection prevention recommendations for measles in healthcare settings](#)
 - [Global measles outbreak information](#)
 - [Rubeola / Measles | CDC Yellow Book 2024](#)
 - [CDC HAN: Guidance on measles during the summer travel season](#)
- **CDC measles information for International Travelers**
 - [Plan for Travel - Measles | CDC](#)
 - [Safety Information for Measles, Mumps, Rubella \(MMR\) vaccine](#)

To be added to the King County health advisory email distribution list, please visit:

<https://kingcounty.gov/depts/health/communicable-diseases/health-care-providers/advisories.aspx>