



Public Health
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- **Measles Outbreaks Continue Throughout the US, Including Washington State**
- **Temporary Unavailability of Rabies Vaccine for Pre-exposure Vaccination**
- **Travel Health Information for the 2008 Beijing Olympic Games, August 8-24, 2008**

Measles Outbreaks Continue in the US, Including Washington State

Since April 30, Washington State has confirmed eighteen cases of measles in Grant County. This outbreak is associated with a large church gathering held in King County in March and the index case may have been a student from Japan who had a clinically compatible illness while attending the conference. The most recent onset of illness was May 10th. None of the 18 cases were immunized and several of the cases occurred in children whose parents had claimed exemption from school vaccination requirements due to religious or personal beliefs.

In addition to the 18 cases in Washington State, the Centers for Disease Control and Prevention (CDC) received 64 reports of confirmed measles cases in nine other states between January 1 and April 25, 2008 --- the highest number for the same time period since 2001. In four of the states (Arizona, New York, Michigan, and Wisconsin) outbreaks of measles (3 or more cases linked in time or place) are ongoing. Of the 64 people infected, only one had documentation of prior measles vaccination. Among the other 63 cases, 14 were infants who were too young to be vaccinated. Disease transmission occurred in a variety of community and healthcare settings, including homes, childcare centers, schools, hospitals, emergency rooms, and doctor's offices. Ten of the recent cases (5 U.S. residents and 5 visitors to the U.S.) acquired measles abroad, and the remaining cases are considered linked to the imported cases.

What are some of the lessons learned from the recent measles outbreaks in the United States?

- **Immunization against diseases that are no longer endemic in the United States is still important.** Even with high immunizations rates (93.5% for 19-35 months olds), highly infectious diseases like measles can easily spread through a community when it is re-introduced, particularly in groups of un- and under-immunized persons. Health care providers should check their patients' immunization status at every visit to ensure that all immunizations are up-to-date. All staff working in a health care setting and international

travelers should receive two doses of a measles containing vaccine, unless immunity can be documented through serological testing or history of disease. More information about immunizations for persons working in a health care setting can be found at www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm#00002863.htm

- **Health care facilities need to develop infection control plans for triaging patients presenting with rash and fever.** In several of the outbreaks this year, disease transmission occurred in waiting rooms of health care provider offices and hospital emergency rooms. Patients presenting with rash and fever should be roomed immediately, and airborne transmission precautions should be taken. When this is not possible the patient should be masked and kept away from other patients. Ideally, exam rooms where a suspect measles case was treated should not be used for 2 hours after the patient has left.
- **Suspect measles cases should be reported to Public Health immediately.** Measles patients often feel ill enough to seek medical care prior to the onset of rash. However, some do not present until they experience complications. Complications of measles can include otitis media, broncho-pneumonia, laryngotracheobronchitis, diarrhea, and encephalitis. If you suspect measles and/or would like assistance with diagnosis, please contact Public Health immediately by calling (206) 296-4774. We can help facilitate specimen collection and rapid testing at a Public Health laboratory. **To avoid delays in diagnosis, report suspected cases immediately; do not send specimens to a commercial lab and do not wait for serologic confirmation before reporting.**

Temporary Unavailability of Rabies Vaccine for Pre-exposure Vaccination

On May 19th, 2008, Sanofi Pasteur announced that their Rabies Vaccine (IMOVAX Rabies) would temporarily only be available for rabies post-exposure

prophylaxis. A shortage of the vaccine is a result of current renovations of a Sanofi Pasteur production facility in France. The facility is scheduled to be approved and operational by mid-to-late 2009.

The only other rabies vaccine licensed in the US, RabAvert, (Novartis) is also currently in short supply and has not been available for pre-exposure vaccination since early 2008. Additional RabAvert is expected to be available by approximately July 2008.

As a result of rabies vaccine shortage, pre-exposure rabies vaccine should be delayed until additional vaccine is available. Persons at increased risk for rabies exposure should take appropriate precautions to avoid rabies exposure and understand the importance of thorough wound cleaning in prevention of rabies.

Current vaccine supplies remain sufficient for rabies post-exposure vaccinations (PEP). Animal bites to humans where there is a possibility of rabies transmission, as well as bat exposures are notifiable to Public Health in Washington State. In addition, administration of rabies PEP should be reported to Public Health within 3 days of administration. To report an animal bite or administration of rabies PEP call Public Health Seattle-King County at 206-296-4774. General rabies awareness and prevention messages should be emphasized to avoid exposure (e.g., avoid wildlife contact, vaccinate pets/livestock, etc.). Whenever possible, bats (and other wild animals) that expose humans should be captured and tested for rabies to avoid unnecessary administration of PEP.

Information about the assessment, management, and reporting of animal bites and bat exposures in King County, can be found at:
www.metrokc.gov/health/providers/epidemiology/rabies/index.htm

Travel Health Information for the 2008 Beijing Olympic Games, August 8-24, 2008

The CDC has released general recommendations based on current disease risks associated with travel to China, which may help you advise your patients during pre-travel clinical consultations.

All routine vaccinations are recommended for international travelers who are not up-to-date with the recommended routine vaccinations for their age group, or who are unable to confirm their immune status by official records or laboratory testing. These routine vaccinations may include measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus vaccine (consider Tdap, when indicated) and poliovirus vaccine, etc. In addition, most travelers to China should receive hepatitis A and B, typhoid, and influenza vaccines. Other vaccines may also be recommended depending on areas to be visited and planned activities.

For additional information on recommendations for those planning travel to China, please see wwwn.cdc.gov/travel/content/OlympicsChecklistHCP.aspx

Disease Reporting

AIDS/HIV(206) 296-4645
 STDs.....(206) 744-3954
 TB(206) 744-4579
 All Other Notifiable Communicable Diseases (24 hours a day)..... (206) 296-4774
 Automated reporting line for conditions not immediately notifiable..... (206) 296-4782

Hotlines

Communicable Disease.....(206) 296-4949
 HIV/STD(206) 205-STDS

Public Health-Seattle & King County Online Resources

Home Page: www.metrokc.gov/health/
 The **EPI-LOG**: www.metrokc.gov/health/providers
 Communicable Disease listserv (PHSKC INFO-X) at:
mailman.u.washington.edu/mailman/listinfo/phskc-info-x

Influenza Surveillance Update:
www.metrokc.gov/health/immunization/fluactivity.htm

Reported Cases of Selected Diseases, Seattle & King County 2008

	Cases Reported in April		Cases Reported Through April	
	2008	2007	2008	2007
Campylobacteriosis	20	13	93	65
Cryptosporidiosis	1	6	9	11
Chlamydial infections	494	441	2,089	2,019
Enterohemorrhagic <i>E. coli</i> (non-O157)	0	0	0	2
<i>E. coli</i> O157: H7	2	1	3	6
Giardiasis	7	7	32	47
Gonorrhea	110	115	471	510
<i>Haemophilus influenzae</i> (cases <6 years of age)	0	1	2	1
Hepatitis A	4	0	9	1
Hepatitis B (acute)	0	3	11	8
Hepatitis B (chronic)	93	70	343	276
Hepatitis C (acute)	0	0	4	3
Hepatitis C (chronic, confirmed/probable)	128	115	429	475
Hepatitis C (chronic, possible)	34	15	126	101
Herpes, genital (primary)	41	41	171	66
HIV and AIDS (new diagnoses only)	*	35	*	124
Measles	0	1	0	1
Meningococcal Disease	1	1	2	2
Mumps	0	0	0	2
Pertussis	3	0	24	11
Rubella	0	0	0	0
Rubella, congenital	0	0	0	0
Salmonellosis	18	20	63	72
Shigellosis	4	10	19	23
Syphilis	13	26	67	49
Syphilis, congenital	0	0	0	0
Syphilis, late	12	8	33	25
Tuberculosis	10	8	25	46

The **EPI-LOG** is available in alternate formats upon request.

*Because of the attribution of HIV/AIDS cases to different states, accurate case counts for April 2008 are currently unavailable.