WHATCOM COUNTY
Health and Community Services

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July 31, 2026

To: Healthcare Partners

Re: Measles Preparedness – ensuring readiness

Dear Colleagues,

As of July 27th, the U.S. has reported 2,318 confirmed measles cases – the highest number in 35 years - with five months still remaining in 2025. Recent measles activity in Washington includes an exposure at a healthcare facility in Clark County from a person infectious with measles. In light of ongoing measles activity and the risk of healthcare-associated exposures, Whatcom County Health and Community Services (WCHCS) is encouraging all healthcare facilities in our jurisdiction to review and strengthen their measles preparedness plans.

We ask that every healthcare facility take the following steps:

1) Maintain A Measles Response Plan

- Maintain a written measles preparedness and response plan in a centralized, easily accessible location (physical and/or electronic) known to all relevant leadership and staff.
- The plan should include protocols for case identification, patient isolation, exposure investigation, contact tracing, post-exposure prophylaxis (PEP), staff furloughs, and communication with WCHCS.
- Designate a measles response coordinator or team and ensure after-hours coverage for rapid decision-making.

2) Verify Staff Measles Immunity Before an Exposure Occurs

- All Healthcare Personnel (HCP) should have documented presumptive evidence of measles immunity on file. Acceptable evidence includes:
    - Written documentation of 2 doses of MMR vaccine administered at age ≥12 months and separated by ≥28 days
    - Laboratory evidence of immunity (measles IgG positive)
    - Laboratory confirmation of prior measles disease
    - Birth before 1957 (during outbreaks, vaccination or serologic testing should still be considered for HCP born before 1957 who lack laboratory evidence of immunity)

- This documentation should be readily retrievable in the event of an exposure. Do not wait until an exposure occurs to begin collecting this information.
- Identify and address immunity gaps now. Offer MMR vaccination to any HCP who lacks documentation of immunity.

3) Ensure EMR and IT Readiness for Rapid Exposure Response

- Ensure your facility can rapidly generate electronic medical record (EMR) reports identifying:
    - All patients present in a specific location during a defined time window
    - All staff members who worked in or passed through an affected area during the exposure period
- Test this reporting capability now, before it is needed in an emergency. A measles exposure investigation may require identifying every individual who shared airspace with an infectious patient, including those in waiting rooms, hallways, shared clinical areas, and spaces occupied up to two hours after the patient departed.
- Coordinate with IT staff to ensure these queries can be executed rapidly and accurately.

4) Establish Protocols for Immediate Isolation

- Patients with suspected measles should not remain in waiting rooms or common areas.
- Any patient presenting with fever (≥101°F/38.3°C) and generalized maculopapular rash with cough, coryza, or conjunctivitis, particularly with recent international travel, domestic travel to an area with a known outbreak, or known measles exposure, should be immediately masked and placed in an airborne infection isolation room (AIIR). If an AIIR is not available, place the patient in a private room with the door closed.
- Standard examination rooms should not be reused for at least 2 hours after a suspected measles patient has left.
- Only HCP with documented presumptive evidence of measles immunity should care for suspected or confirmed measles patients. N95 respirators or powered air-purifying respirators (PAPRs) should be worn regardless of immune status.

5) Be Aware of Post-Exposure Prophylaxis (PEP) Recommendations

- If susceptible individuals are exposed, collaborate with WCHCS to identify eligible contacts and implement the appropriate PEP strategy. Key PEP principles include:

  - MMR vaccine may be administered within 72 hours of exposure to nonpregnant, immunocompetent individuals aged ≥6 months without evidence of immunity.
  - Immune globulin (IG) may be administered within 6 days of exposure and is the only PEP option for infants younger than 6 months, pregnant individuals, and severely immunocompromised persons.

- During a suspected or confirmed measles exposure, timely coordination with WCHCS is essential, as the effectiveness of PEP depends on rapid identification and management of exposed individuals.

6) Plan for Staff Furlough and Workforce Continuity

- HCP without presumptive evidence of measles immunity who are exposed must be excluded from work from day 5 after first exposure through day 21 after last exposure. This can result in significant staffing disruptions.
- Develop contingency staffing plans now to account for potential furloughs of nonimmune personnel.
- This underscores the importance of proactively verifying staff immunity.

7) Respond Rapidly to Suspected Measles Cases

- Immediately notify WCHCS of any suspected measles case. Do not wait for laboratory confirmation.
- When possible, offer measles testing outside the facility (e.g., in a parking lot or designated outdoor area) to minimize the risk of healthcare-associated transmission.
- Call ahead to receiving facilities when transferring a patient with suspected measles to ensure immediate isolation upon arrival.

8) Educate and Drill

- Conduct staff education on measles recognition, isolation procedures, and reporting protocol.
- Consider tabletop exercises or drills simulating a measles exposure in your facility to identify gaps in your response plan.
- Ensure frontline staff—including registration, triage, and security personnel—know to identify and immediately isolate patients with fever and rash.

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Summary Checklist

□ Written measles response plan in a centralized, accessible location

□ Measles response coordinator/team identified with after-hours coverage

□ Immunity status of all HCP documented and rapidly retrievable

□ Immunity gaps addressed with MMR vaccination

□ EMR/IT capability to pull reports of patients and staff by location and time tested and verified

□ AIIR availability confirmed; backup isolation plan in place

□ Be able to recognize when PEP is indicated and promptly coordinate with WCHCS

□ Staff furlough and contingency staffing plan developed

□ Reporting to WCHCS understood by key staff

□ Staff education and drills completed

Measles moves fast. Early recognition and preparation can prevent a single case from becoming a large response involving dozens of exposed patients and healthcare personnel.

WCHCS is available to assist your facility with preparedness planning, staff immunity assessments, and response coordination. Please contact us at 360-778-6100 or CommunicableDisease@co.whatcom.wa.us.

Sincerely,

Amy Harley, MD, MPH
Health Officer
Whatcom County Health and Community Services