



Public Health Updates: Measles awareness, Nirsevimab updates, C. auris outbreak

February 6, 2024

Measles awareness

In January, Clark and Wahkiakum counties investigated a limited [measles outbreak](#). The infected individuals were in a closed cohort and did not identify public exposure risks. This outbreak involved unvaccinated adults. Fortunately illness in the index case was identified early and the exposed cohort appropriately quarantined to contain spread to the public.

In addition to this recent Washington outbreak, the [World Health Organization reported](#) in December that 2023 brought a 30 fold increase in the number of measles cases in the European Region through October.

Public Health requests Healthcare Providers:

- Check the MMR vaccination status of every patient and strongly recommend vaccination for unvaccinated children or adults according to [ACIP recommendations](#).
- Link patients to a vaccine location if you are unable to vaccinate. Refer adult patients to their preferred vaccinating pharmacy or have them call Public Health for bilingual assistance at 360-416-1500.
- **Please consider measles in patients who:**
 - Present with febrile rash illness and the “three Cs”: cough, coryza (runny nose) or conjunctivitis (pink eye)
 - Recently traveled internationally or were exposed to someone with confirmed measles
 - Complete the [Suspect Measles Assessment Form](#) and, if testing is indicated, immediately notify Skagit County Public Health via the 24 hour on call phone at 360-770-8852.
 - Work with Public Health to arrange for specimen submission to Washington State Public Health Lab and to begin preliminary case investigation to control further exposures.

Updates to use of Nirsevimab for prevention of RSV in young children

A nationwide increase in the supply of Nirsevimab has led CDC to recommend that healthcare providers return to the [ACIP recommendations](#) for the use of Nirsevimab in young children. Washington State Department of Health has the following guidance for the coming weeks:

- It is important to use existing Nirsevimab supplies now to maximize protection against RSV among infants while RSV continues to circulate.
- If your clinic has a supply of Nirsevimab, use doses when possible and do not reserve for infants born later in the season.
- Use Nirsevimab for any eligible baby.
- Use the vaccine advertisement tool in WAIS to advertise doses you aren't using, or to search for available doses to transfer. Find directions on using the tool [here](#).
- Limited Nirsevimab is available for ordering now through the WA Childhood Vaccine Program:
 - Prioritization for 50 mg product continues to be for birthing hospitals, tribal health clinics, and provider clinics in counties that have yet to receive much product.
 - Prioritization for the 100 mg product will be for provider clinics in counties with no or low supply, and tribal health clinics.
 - WAIS ordering will stay open and be processed weekly until allocation is depleted.

For more guidance on RSV vaccination and Nirsevimab recommendations see topics at [immunize.org](https://www.immunize.org).

Note that use of [Abrysvo vaccine for pregnant individuals](#) is seasonal and should no longer be provided until September 2024.

C. auris awareness - additional cases detected in WA

- *Candida auris* is an emerging, often multidrug resistant, yeast first identified in Japan in 2009. It can cause invasive healthcare-associated infections with high mortality.
- The January 2024 [Public Health Insider blog](#) provides a summary of the current outbreak of *C. auris* associated with Kindred Hospital in Seattle.
- In the United States, *C. auris* has been predominantly identified among patients with extensive exposure to ventilator units at skilled nursing facilities and long-term acute care hospitals, and those who have received healthcare in countries with extensive *C. auris* transmission.
- The most common sources for colonization or infection with *C. auris* are from health care worker's hands and other contaminated objects in the healthcare environment.
- The best way to prevent colonization and infections with *C. auris* is through strict infection control precautions in healthcare settings:

- Hand washing;
- Placing patients infected with *C. auris* on "contact precautions" (private room, caring for patient with gloves and gown);
- Minimizing the use of invasive devices such as central venous lines, urinary catheters and ventilators; and using antibiotics only when necessary and for the minimum time.

[Washington State Department of Health](#) and [CDC](#) provide resources for *C. auris* control in healthcare settings.

Health Officer recommends masking in patient and visitor contact areas of healthcare settings

Respiratory season is still peaking in Skagit County, particularly for influenza. To reduce risk of viral pathogen transmission in healthcare settings, Skagit County Health Officer Dr. Leibrand strongly recommends that healthcare settings require visitors, patients, and staff to **wear well fitting masks in public and patient contact areas.**

Respiratory viral pathogen trends are updated weekly on Wednesdays via:

- [Skagit County Respiratory Report](#)
- [Washington Respiratory Illness Dashboard](#)

Thank you for your partnership in keeping Skagit County Healthy!



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