



WASHINGTON STATE DEPARTMENT OF HEALTH

Provider Alert

Provider Alert: Measles Cases in Washington; New Assessment and Testing Resources

Date: June 27, 2025

This is a Provider Alert from the Washington State Department of Health to alert you to recent cases of measles in Washington and to provide you with updated guidance and tools for assessment and testing of patients with rash illness.

Current Situation in Washington:

From January 1 through June 25, 2025, 10 cases of measles have been confirmed in King, Snohomish and Whatcom Counties. All 10 cases of measles have been associated with international travel or close contacts and have **NOT** been linked to an ongoing outbreak in the state at this time. **Secondary cases** linked to the most recent cases in Whatcom and King Counties, if they occur, **would most likely become sick between June 21 and July 13, 2025.**

More details on the recent cases and potential exposure locations can be found on [Whatcom County](#) and [Public Health Seattle-King County](#) webpages. A full list of all of the measles cases identified in Washington in 2025 can be found on the Measles Activity and Surveillance section of the [WA DOH Measles webpage](#).

In addition to measles, there are other types of rash illnesses spreading in Washington. WA DOH recommends that all providers in Washington are familiar with signs and symptoms of measles, and understand the process for reporting, testing, and responding to cases of measles in your jurisdiction.

Actions Requested:

1. Be familiar with the [signs and symptoms of measles](#):

1. Fever ($\geq 101^{\circ}\text{F}$ or 38.3°C), **AND**
2. Rash (maculopapular), which [typically starts after 2 – 4 days of initial symptoms], appearing on the head/face, then spreading downwards, **AND**
3. At least one of the following prodromal symptoms (sometimes called the “3 Cs”):
 - Cough
 - Conjunctivitis (red eyes)
 - Coryza (runny nose)

2. **Immediately [isolate and mask any patient suspected of measles](#).** Measles is a highly infectious viral disease which can be spread through air in waiting rooms and other public spaces.
 1. If a patient with symptoms of measles visits your facility and is later confirmed as a case of measles, public health may ask your facility for information about other patients and staff who were exposed to the patient.
 2. Healthcare providers should use a high quality, well-fitting respirator like an N95 when caring for patients suspected of having measles.
3. **Immediately notify your [Local Health Jurisdiction](#) of any suspected cases of measles.**
 1. Healthcare providers are legally required to immediately report suspected cases of measles to their [Local Health Jurisdiction](#). These reports should be made by phone, at any time of day or night, including weekends and holidays.
 2. WA DOH has created a Suspect Measles [Provider Evaluation Worksheet](#) to assist providers who are assessing a patient for measles and to collect the information that your [Local Health Jurisdiction](#) may ask for.
4. **Testing for measles is available at the WA DOH Public Health Laboratories (PHL).**
 1. Providers must first get approval to submit specimens to PHL by working with their [Local Health Jurisdiction](#).
 2. WA DOH has updated the [MMR Specimen Testing Protocol document](#) that provides instructions for specimen submission and testing at PHL. The document also includes expected turn-around times for results.
5. **MMR vaccination remains the most important tool for preventing measles infections.**
 1. Ensure all patients without evidence of immunity are [up to date on MMR vaccine](#).
 2. Ensure that patients who are planning to travel internationally (regardless of the destination) or domestically (to [outbreak areas](#)) are [fully vaccinated at least 2 weeks before departure](#).
 - Infants under 12 months who are traveling internationally should receive an early dose at 6 through 11 months, another dose at 12-15 months, and a final dose at least 28 days later (typically 4 through 6 years).
 3. Post-exposure prophylaxis (PEP) is available for measles after exposure to a confirmed case.
 - Measles PEP includes MMR vaccine (administered within 72 hours of exposure) and measles immune globulin (IG, administered up to 6 days of exposure)
 - WA DOH has developed a [Measles Post-Exposure Prophylaxis](#) guide for contacts of confirmed cases of measles. Infants, pregnant persons, and severely immunocompromised individuals should be carefully assessed for PEP.

Background:

Measles is a highly contagious disease caused by the measles virus. The virus is transmitted by direct contact with infectious droplets, or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air and on surfaces for up to 2 hours after an infected person leaves an area. [MMR vaccination](#) remains the best way to protect

against measles and its complications, with 2 doses of MMR vaccine 97% effective in preventing measles infections.

Measles can cause severe health complications, including pneumonia, encephalitis, and death. This year alone, 12% of reported measles cases in the United States have been hospitalized.

From January 1 through June 24, 2025, the CDC has recorded 1,227 cases of measles across the United States including three deaths. 37 states have reported cases, including Washington State. The majority of these cases (89%) have been linked to 23 outbreaks of measles (defined as three or more cases that share common exposures).

Resources:

WA DOH [Notifiable Conditions: Measles](#)

WA DOH [Measles webpage](#) (includes information for the general public and for providers)

CDC [Measles Cases and Outbreaks](#) (updated weekly on Wednesdays)

CDC [Healthcare Providers: Stay Alert for Measles Cases](#)

CDC [Measles \(MMR\) Vaccination](#)

Contact

To report suspected cases, or for any other questions, please contact your [Local Health Jurisdiction](#).