

Date: Feb 26, 2014  
To: Medical Care Providers  
From: Karen Furst, MD, MPH  
Health Officer

**Please distribute to all  
providers and relevant medical  
staff in your office.**

## **HEALTH ADVISORY: Increase in Measles in California**

Fifteen cases of measles have been confirmed in California this year compared to 2 cases last year at this time. Among the California cases with onset in 2014, three had traveled to the Philippines, where a large outbreak is occurring, and two had traveled to India, where measles is endemic. Five of the confirmed cases have no travel history and no known contact to international travelers. Imported cases can spread in the community, especially among unvaccinated persons, including infants too young to be vaccinated. Immunization is the best defense against measles, with 99 percent of persons developing immunity after two doses. It is important that anyone traveling to a country with endemic measles ensure they have completed 2 doses of MMR vaccine prior to travel. This includes travel to Europe, the Middle East, Asia, the Pacific, and Africa.

**Symptoms:** Consider measles in patients of any age who have a fever AND a rash regardless of their travel history. Symptoms begin with a fever that lasts for a couple of days, followed by a cough, runny nose, red, watery eyes, and rash. Measles rashes are red, blotchy and maculopapular and typically start on the hairline and face and then spread downwards to the rest of the body. Infected people are usually contagious for about eight days: four days before their rash starts and four days after.

**Obtain a thorough history**, including travel outside of North or South America or contact with international travelers (including an airport or tourist attraction) in the prior three weeks, and prior immunization for measles. Lack of recent travel should not rule out a diagnosis of measles.

**Isolate the patient immediately** (see below) and **report to San Joaquin County Public Health Services immediately by phone (work day: 468-3822; after hours: 468-6000)**. Post-exposure prophylaxis can be administered to contacts within 72 hours of exposure (MMR vaccine) or up to 6 days after exposure (Immune globulin - intramuscular).

**Collect specimens** for measles testing. Call the San Joaquin County Public Health Services (see above) to coordinate testing at the Public Health laboratory.

- Draw one 7 ml red top blood tube; spin down serum if possible. Capillary blood (approximately 3 capillary tubes to yield 100 µl of serum) may be used for young children.
- Throat or nasopharyngeal swab; use a viral culturette and place into viral transport media.
- Collect 10-40 ml of urine in a sterile specimen container.
- All specimens must be refrigerated and transported on cold pack to the Public Health Laboratory within 24 hours. (Must coordinate with Public Health in advance.)

### Infection Control:

1. Mask suspect measles patient immediately and move the patient out of waiting area or other common area into an airborne infection isolation room if available, or in a private room with the door closed.
2. Only healthcare personnel with documentation of 2 doses of MMR vaccine or laboratory evidence of immunity should enter the patient's room.
3. Healthcare personnel entering the room should use respiratory protection (N95 respirator).
4. Close off the examination room for at least two hours after the patient leaves.
5. If patient is going to another health care facility notify them about the patient's suspect measles status prior to referral.
6. Instruct the patient and all exposed persons to inform all healthcare providers of the possibility of measles prior to entering a healthcare facility.
7. Make note of the staff and other patients who were in the area during the time the suspect measles patient was in the facility and for 2 hours after the suspect case left.

### Measles Vaccination

- **Routine:** Children get their first dose of MMR (measles, mumps, rubella) vaccine at 12 to 15 months. The second dose of MMR is administered before children start kindergarten at 4 to 6 years. Fully immunized adults do not need boosters. Anyone born after 1957 who has only received one dose of MMR vaccine may still be vulnerable to measles.
- **Travel:** Measles remains a common disease in many parts of the world, including Europe, the Middle East, Asia, the Pacific, and Africa. All unvaccinated people who are traveling outside of North or South America should receive MMR vaccine before they go if not fully immunized. Infants who are traveling can be vaccinated as young as six months of age (though they will need the two standard doses of MMR vaccine after their first birthday).

### More Information:

- CDC "Guideline for Isolation Precautions"  
<http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>
- CDPH Measles infection control:  
<http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPHHCFacilityICRecsforSuspectMeaslesPatients.pdf>
- CDC Travel recommendations: [wwwnc.cdc.gov/travel/content/Vaccinations.aspx](http://wwwnc.cdc.gov/travel/content/Vaccinations.aspx)
- Information about measles and other vaccine-preventable diseases:  
<http://www.getimmunizedca.org>