HEALTH ADVISORY – January 21, 2015

Measles Update: 59 Confirmed Measles Cases in the State of California
Look for Signs of this Highly Contagious Disease

Measles has been confirmed in 59 California residents since late December 2014. Related cases have occurred in three Utah residents, two Washington residents, one Colorado resident, one Oregon resident, and one resident of Mexico. A number of additional suspect cases are under investigation. The California measles patients reside in 11 local health jurisdictions (Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, Santa Clara and Ventura Counties and the cities of Long Beach and Pasadena). Patients range in age from 7 months to 70 years. Vaccination status is documented for 34 of the 59 cases. Of these 34, 28 were unvaccinated (six of whom were infants too young to be vaccinated), 1 had received one dose and 5 had received two or more doses of MMR vaccine. Many large contact investigations are ongoing.

Of the confirmed cases, 42 have been linked to Disneyland or Disney California Adventure Park in Anaheim, California. The confirmed cases include five Disney employees; four of whom worked at the parks and one who is believed to have been infected as a guest. Initial exposures occurred in December but additional confirmed cases visited Disney parks while infectious in January.

CDPH recommends that any patient with a measles compatible illness who has visited venues where international travelers congregate, such as theme parks, airports, etc., be considered to have a plausible exposure to measles. Also, because there have been cases in persons who have not visited such venues, measles should be considered in any patient with clinically compatible symptoms at this time.

To prevent additional measles cases, California healthcare providers are recommended to:

Remember the diagnosis

The recent cases in California highlight the need for healthcare professionals to be vigilant about measles. ***Your expert eye, diagnostic skills, and prompt reporting of suspect measles patients to public health can make a difference in stopping the spread of this highly contagious disease in your community:***

- Consider measles in patients of any age who have ***a fever AND a rash*** regardless of their travel history. Fever can spike as high as 105°F. 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.
- Obtain a thorough history on such patients, including:
  - Travel outside of North or South America or contact with international travelers (including transit through an international airport or a visit to an international tourist attraction in the United States) in the prior three weeks. However, since measles cases have occurred throughout California undetected community transmission cannot be ruled out; and
  - Prior immunization for measles.
  - Please note that although documentation of receipt of two doses of MMR vaccine or a prior positive measles IgG test result makes the diagnosis of measles less likely, measles can still occur in such persons.

- If you suspect your patient may have measles, isolate the patient immediately (see below) and alert your local health department as soon as possible. The risk of measles transmission to others and large contact investigations can be reduced if control measures are implemented immediately.
  - 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). Please consult with your local health jurisdiction regarding appropriate administration.
- Collect specimens for measles testing:
  - For patients presenting ≤7 days of rash onset:
    - Obtain a throat swab (preferred over NP swab) for PCR testing (at this time CDPH is prioritizing PCR testing, rather than serology for patients who present ≤7 days of rash, rather than collection of a blood specimen).
    - Use a viral culturette to perform throat swab and place into viral transport media.
  - If patient presents >7 days of rash onset:
    - Collect 50-100 ml of urine in a sterile centrifuge tube or urine specimen container.
    - Draw 7-10 ml blood in a red-top or serum separator tube; spin down serum if possible. NOTE: capillary blood (approximately 3 capillary tubes to yield 100 µl of serum) may be collected in situations where venipuncture is not preferred, such as children <1 year of age.
  - Please arrange for measles testing at a public health laboratory.

Isolate suspect measles patients

If measles is suspected (complete infection control guidance at: http://tinyurl.com/lfpk3yn):

1. Mask suspect measles patients immediately. If a surgical mask cannot be tolerated, other practical means of source containment should be implemented (e.g., place a blanket loosely over the heads of infants and young children suspected to have measles when they are in the waiting room or other common areas).
2. Do not allow suspect measles patients to remain in the waiting area or other common areas; isolate them immediately in an airborne infection isolation room if one is available. If such a room is not available, place patient in a private room with the door closed. For additional infection control information, please see the CDC "Guideline for Isolation Precautions" at: http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html
3. If possible, allow only healthcare personnel with documentation of 2 doses of live measles vaccine or laboratory evidence of immunity (measles IgG positive) to enter the patient's room.
4. Regardless of immune status, all healthcare personnel entering the patient room should use respiratory protection at least as effective as an N95 respirator per CalOSHA requirements.
5. If possible, do not allow susceptible visitors/staff in the patient room.
6. Depending on the number of air changes per hour (see information in link above), do not use the examination room for up to one hour after the possibly infectious patient leaves.
7. If possible, schedule suspect measles patients at the end of the day. When given advance notice, some providers have seen and collected specimens from patients outside the outpatient setting, e.g., cars, garages.
8. Notify any location where the patient is being referred for additional clinical evaluation or laboratory testing about the patient's suspect measles status and do not refer suspect measles patients to other locations unless appropriate infection control measures can be implemented at those locations.
9. Instruct suspect measles patients and exposed persons to inform all healthcare providers of the possibility of measles prior to entering a healthcare facility so that appropriate infection control precautions can be implemented.

10. 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 one hour after the suspect measles patient left. If measles is confirmed in the suspect measles patient, exposed people will need to be assessed for measles immunity.

Immunize them before they go

Un- or under-vaccinated Californians who are traveling to countries where measles is circulating should receive MMR vaccine before they go. Infants traveling to these countries can be vaccinated as young as six months of age (though they should also have the two standard doses of MMR vaccine after their first birthday).

Post flyers in your clinic

Visiting another Country Flyer English
Visiting another Country Flyer Tagalog

Attention: You Could Have Measles poster English
Attention: You Could Have Measles poster Spanish

Measles Alert flyer (for providers)

Thank you for your continued efforts to protect the health of Californians.