

## HEALTH ADVISORY – APRIL 2010

### **Nine Measles Cases in State of California in 2010 Look for Signs of this Highly Contagious Disease**

Since January 2010, nine cases of measles have been reported in California, as many cases as in all of 2009. As in recent years, nearly all of the cases are known to have traveled recently to Europe or Asia or have been in contact with international travelers; some of the cases have been intentionally unvaccinated children.

The last large outbreak of measles in the United States occurred during 1989-1991, with 17,000 cases of measles and 70 deaths in California. Efforts to increase immunization rates in the 1990s were successful and endemic transmission of measles in the U.S. was eliminated in 2000. In contrast, measles is now widespread in Western Europe because immunization rates have declined. Measles is also circulating in Asia, Africa, and Eastern Europe; there is currently a large measles outbreak in the Philippines.

Immunize them before they go: Unvaccinated 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 after their first birthday).

Remember the diagnosis: The recent cases in California highlight the need for healthcare professionals to be vigilant about measles. ***Your expert eye and diagnostic skills can make a difference in stopping the spread of measles in your community:***

- Consider measles in patients of any age who have **a fever AND a rash**. 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 America or contact with international travelers in the prior three weeks; and
  - prior vaccinations for measles.
- If you suspect your patient has measles, isolate (see next page) the patient immediately and alert your local health department as soon as possible. The risk of measles transmission to others can be reduced if control measures are implemented.
- Collect specimens for measles testing.
  - Draw 1-2 ml blood in a red-top 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 for children <1 year of age.
  - Obtain a throat or nasopharyngeal swab; use a viral culturette and place into viral transport media.
  - Collect 10-40 ml of urine in a sterile 50 ml centrifuge tube or urine specimen container.

### **If measles is suspected:**

1. Mask suspect measles patients immediately. If a surgical mask cannot be tolerated by the patient, use other practical means of source containment (e.g., place blanket loosely over the heads of infants and young children while they are in common areas).
2. Do not allow suspect measles patients to remain in the waiting area; 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 (see CDC's "Guideline for Isolation Precautions" at: [http://www.cdc.gov/ncidod/dhqp/gl\\_isolation.html](http://www.cdc.gov/ncidod/dhqp/gl_isolation.html)).
3. If possible, limit entry to patient's room only to healthcare workers with documentation of 2 doses of live measles vaccine or laboratory evidence of immunity (measles IgG positive).
4. Do not allow susceptible people into the patient room.
5. Do not use the examination room for at least two hours after the possibly infectious patient leaves.
6. If possible, schedule suspect measles patients at the end of the day.
7. Notify the local health department immediately\* of any suspect measles patients; arrange for measles testing at a public health laboratory.
8. Do not refer suspect measles patients to other locations for clinical evaluation or laboratory testing 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.

\* Telephone numbers for all California LHD Communicable Disease departments:  
[http://www.cdph.ca.gov/HealthInfo/Documents/LHD\\_CD\\_Contact\\_Info.pdf](http://www.cdph.ca.gov/HealthInfo/Documents/LHD_CD_Contact_Info.pdf)

Measles Alert Poster (IMM-908)

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<http://www.cdph.ca.gov/programs/immunize/Documents/IMM-908.pdf>