



# SAN MATEO COUNTY HEALTH

Main Number: (650) 573-2346  
After Hours: (650) 363-4981  
Fax: (650) 273-2919

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## HEALTH ADVISORY – April 15, 2019 Measles in San Francisco Bay Area

### **SITUATION:**

There have been 465 confirmed individual cases of measles in 19 U.S. states so far this year. This is the second-greatest number of cases reported in the U.S. since measles was eliminated in 2000. There have been **outbreaks** in 5 states, including California. Large outbreaks are ongoing in several countries, including England, France, Italy, Israel, Ukraine and the Philippines.

According to the California Department of Public Health (CDPH) website, as of April 15, 2019 **21 confirmed measles cases**, including 13 outbreak-associated cases, have been reported in **California**. Two outbreaks were linked to patients with international travel. Eight (8) of the cases of measles identified thus far have been in the Bay Area. As a consequence, we are asking San Mateo County providers to maintain a high index of suspicion.

**Measles is very infectious, and airborne transmission can occur in settings with large numbers of people like healthcare facilities, schools, childcares, shopping centers, public transportation, airports, and amusement parks.** Patients with prodromal symptoms are quite ill and often visit healthcare facilities 2 or 3 times before rash onset. **Recent cases have not been isolated in health care settings and have transmitted measles to others in those settings because measles was not considered based on a history of measles immunization. A self-reported history of measles immunization or infection does not rule out the possibility of measles.** Clinicians should ensure that all patients and staff are up-to-date with immunizations and should be vigilant to promptly identify and appropriately manage suspected measles cases in order to avoid ongoing transmission.

Additional resources:

- CDPH Measles Clinical Guidance - Identification and Testing of Suspect Measles Cases: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-ClinicalGuidance.pdf>
- CDPH Measles Webpage: [www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/measles.aspx](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/measles.aspx)
- Centers for Disease Control and Prevention (CDC) Measles (Rubeola) for Healthcare Professionals: [www.cdc.gov/measles/hcp](http://www.cdc.gov/measles/hcp)
- San Mateo County Measles Information for Healthcare Providers: <http://www.smchealth.org/providers/measles>



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## **ACTIONS REQUESTED OF CLINICIANS:**

- 1. Consider/suspect measles** in patients with a maculopapular rash that starts on the head and descends, and a fever, including subjective fever, although patients with measles typically have a high fever ( $\geq 101^{\circ}\text{F}$  or  $38.3^{\circ}\text{C}$ ). Ask about measles vaccination and exposure to a known measles case, traveling outside of North America, transiting through an international airport in the U.S., traveling to an area with measles cases or outbreaks, interacting with foreign visitors or visiting a popular U.S. tourist attraction in the three weeks prior to illness.
- 2. Prepare your facility for the possibility of patients with measles.** Ask patients to call ahead first if they have a febrile rash illness. Signage that directs patients with fever and rash to notify staff should be displayed prominently at all entrances. Train staff to immediately implement airborne precautions if measles is suspected.
  - Mask and isolate the patient in an airborne isolation room.
  - Do not re-use exam room for at least one hour after the patient has left the room.
  - If referring the patient to other healthcare facilities, ensure that airborne precautions are in place.
  - Only staff immune to measles should be taking care of suspected measles cases. Staff should use N-95 respirators.
  - For more complete infection control guidance, go to <http://tinyurl.com/yxes3amk>.
- 3. Immediately report** suspected measles cases **while the patient is still in your office. During normal business hours, please call the San Mateo County Communicable Diseases Control Program at 650-573-2346.** After hours call 650-363-4981 and ask for the On-call Health Officer.
- 4. After consultation with the San Mateo County Communicable Diseases Control Program, test** suspected measles cases as follows:
  - Please HOLD all specimens for testing by public health as using a commercial laboratory may delay testing.
  - For patients presenting  $\leq 7$  days after rash onset:
    - Obtain a Dacron throat swab (rather than NP swab) and place in viral transport media.
    - Collect 10-50 ml of urine for PCR testing in a sterile centrifuge tube or urine specimen container.
  - For patients presenting  $> 7$  days after rash onset:
    - Obtain a Dacron throat swab (rather than NP swab) and place in viral transport media.
    - Collect 10-50 ml of urine for PCR testing in a sterile centrifuge tube or urine specimen container.
    - Serology (measles IgM and IgG): Draw 7-10 ml blood in a red-top or serum separator tube; spin down if possible.
  - Collecting specimens while the patient is at your facility will prevent delays in confirmation and limit the potential for additional healthcare visits/exposures. Details on specimen collection, storage and shipment can be found at <http://tinyurl.com/ydhh9u85>.
- 5. Advise patients with suspected measles to stay home with no visitors until at least four days after rash onset** and/or until cleared to resume normal activities by the San Mateo County Communicable Disease Control Program. Patients should go home by private vehicle, not public transportation or a ride share (e.g. Uber, Lyft) and should only be accompanied by someone immune to measles.
- 6. Confirm immunity of contacts and health care staff** with unknown vaccination status by ordering Measles IgG only. DO NOT order measles IgM testing for asymptomatic individuals, as there is a substantial possibility of a false positive IgM result. *Confirm staff immunity now to avoid staff exclusion from work in the event of an exposure.* CDC recommends 2 doses of MMR for healthcare workers without evidence of immunity.
- 7. Vaccinate children and non-immune adults**, unless contraindicated, according to national guidelines. [www.cdc.gov/vaccines/schedules](http://www.cdc.gov/vaccines/schedules)