



ALAMEDA COUNTY
HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

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Health Advisory: Measles in Alameda County

April 8, 2019

Situation Update

Alameda County:

- An individual infectious for measles visited an Alameda county restaurant **3/23/2019**. See the [March 28, 2019 Media Release Restaurant Exposure](#) for more information.
- New cases can develop in the 7-21 days after exposure to this and other recent cases.

California & Nationwide:

- In March 2019 alone, there have been 13 cases of measles in Northern California:
 - Five cases have been Bay Area residents
 - Two were reported in Santa Clara on 3/26 and 3/29, and in early March, three measles cases were linked by an international flight – one each in Santa Clara, Santa Cruz, and San Francisco
 - Eight cases were from one cluster in the Butte/Tehama/Placer/Shasta/San Joaquin counties area
- As of 4/2, there have been 17 cases in CA in 2019, and multiple outbreaks [across the country](#) and the world.
- The United States has the 2nd highest number of cases in 2019 since measles was eliminated in 2000.
- The California Department of Public Health sent out a statewide Health Alert on 3/29th. *Almost half of recent CA cases were linked to exposure in the health care setting.*

Clinicians are requested to:

1. **Consider/suspect measles** in patients with a rash and fever $\geq 101^{\circ}\text{F}$ (38.3°C) regardless of travel history. Ask about measles vaccination and exposure to known measles cases, international travel, or international visitors 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 fever and rash. Post signage (<http://eziz.org/assets/docs/IMM-908.pdf>) that directs patients with fever and rash to notify staff. 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
 - Ensure airborne precautions at other healthcare facilities if referring the patient
3. **Report suspected measles cases **immediately, while the patient is still in your office**** to ACPHD Acute Communicable Disease Section by phone at (510) 267-3250; after hours call (925) 422-7595 and ask for the Public Health On-call Duty Officer. **CALL, DO NOT FAX.**
4. **Test** suspected measles cases in consultation with ACPHD Acute Communicable Disease Section:
 - Collect a throat swab (for measles PCR) with a Dacron swab and place in Viral Transport Media
 - Collect a urine specimen (for measles PCR) in any container (does not need to be sterile)
 - Draw blood (for measles IgM and IgG) **if and only if** it is already Day 4 or later after rash onset
 - 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 and storage can be found at: <http://tinyurl.com/ydhh9u85>
 - Please HOLD specimens for testing by public health
5. **Advise patients with suspected measles to stay home with no visitors** until at least four days after rash onset and/or until cleared by ACPHD Acute Communicable Disease Section to resume normal activities. Patients should go home by private vehicle, not take public transportation, 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 work exclusion in the event of an exposure.*
7. **Vaccinate children and non-immune adults**, unless contraindicated, according to national guidelines (<http://www.cdc.gov/vaccines/schedules>).

Health Advisory Released by State of California—Health and Human Services Agency
California Department of Public Health

California Health Advisory — March 29, 2019

Measles Clinical Guidance: Identification and Testing of Suspect Measles Cases

From January 1 to March 29, 2019, 16 measles cases have been reported in California. Two outbreaks of measles have occurred, both of which have been linked to international travel followed by transmission in California. This alert is intended to increase awareness of measles among healthcare providers and to summarize clinical guidance.

Several measles cases were not initially suspected because patients reported measles immunization or prior measles disease. These patients were not isolated when admitted to the hospital with febrile rash illnesses and a history of recent travel outside North America. Nearly half of the 16 cases this year were exposed to unisolated cases in hospitals. It is important to note that a self-reported history of measles infection or immunization does not rule out a diagnosis of measles.

Providers should consider measles in patients with fever and a descending rash in a person with a history of travel or contact with someone who has travelled outside North America whether or not the patient has had 2 doses of MMR or prior measles disease. However, persons without a history of travel or exposure to a traveler, are unlikely to have measles in the absence of confirmed measles cases in your community.

Symptoms plus risk factors should make providers suspect measles:

- 1) Symptoms
 - a. Fever, including subjective fever.
 - b. Rash that starts on the head and descends.
 - c. Usually 1 or 2 of the “3 Cs” – cough, coryza and conjunctivitis.
- 2) Risk factors
 - a. In the prior 3 weeks: travel outside of North America, transit through U.S. international airports, interaction with foreign visitors, including at a U.S. tourist attraction, or travel to areas of the U.S. with ongoing measles transmission.
 - b. Confirmed measles cases in your community.
 - c. Never immunized with measles vaccine and born in 1957 or later.

Full clinical guidance from the California Department of Public Health: <http://tinyurl.com/y6bkg4ea>

Guidance from CDC for healthcare professionals: <https://www.cdc.gov/measles/hcp/index.html>

Clinic front desk alert poster: <http://eziz.org/assets/docs/IMM-1268.pdf>

Resources

- [Measles Homepage](#) (ACPHD)
- [Measles Homepage](#) (CDPH)
- [Measles for Healthcare Professionals](#) (CDC)
- [Vaccination Schedules](#) (CDC)