



HEALTH ADVISORY Measles in San Francisco Bay Area

April 5, 2018

Between 3/5/18 and 4/3/18, measles has been confirmed in six (6) unvaccinated patients who are residents of Santa Clara County (5) and Alameda County (1). One (1) additional linked case has been confirmed in Nevada. All cases are linked to an unvaccinated traveler who was exposed in Europe and developed measles after returning to the San Francisco Bay Area. Local health departments in the Bay Area are conducting contact investigations. 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. Clinicians should be vigilant in identifying and appropriately managing suspected measles cases to avoid ongoing transmission and ensuring that their patients and staff are up-to-date with immunizations.

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 exclusion from work 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>).

Additional resources:

- <http://www.acphd.org/measles.aspx>
- <http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/measles.aspx>
- <http://www.cdc.gov/measles/hcp>

Health ALERT: conveys the highest level of importance; warrants immediate action or attention.

Health ADVISORY: provides important information for a specific incident or situation; may not require immediate action.

Health UPDATE: provides updated information regarding an incident or situation; unlikely to require immediate action.