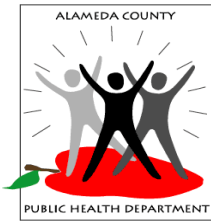


Measles 2019 Conference Call for Healthcare Providers Notes April 9, 2019

Participants - please send your name/organization to pheppsc@acgov.org

- I. **Welcome and Introductions** – *Donata Nilsen*
- II. **Purpose of Call** – *Erica Pan*
 - a. Public health objectives
 - i. Outbreak prevention
 - ii. Increasing provider awareness
 - iii. Discuss best practice for triage and isolation, and communication with healthcare partners as well as local public health department
- III. **Background** – *Erica Pan*
 - a. Situation update ([Health Advisory](#))
 - b. Current efforts underway in Alameda County
 - i. Partial Activation
 1. Fielding increasing inquiries
 2. Investigation of suspect cases and contacts
 3. Coordination with OOJs
 4. Providing guidance and consultation to clinicians
 5. Quarantining of exposed non-immune contacts
 6. Exclusion of non-immune high-risk contact from SOS
- IV. **What should Healthcare Providers Know and do to help Public Health's efforts towards Measles outbreak Prevention?** – *Sandra Huang*
 - a. Assess current protocols for patient triage
 - i. Ensure frontline staff including call centers are informed of current situation with measles.
 - ii. Review triage questionnaires and update as necessary to ensure proper/safe placement of patients who have a rash and fever $\geq 101^{\circ}\text{F}$ (38.3°C) regardless of travel history.
 - iii. Consider a walkthrough at healthcare facility to determine if layout of patient check-in, triage and waiting areas are conducive to ensuring timely and safe assessment/isolation of patients
 - iv. Review internal communication plan with frontline staff
 - b. Ensure masking and isolation of potentially infectious patients
 - i. Provide masks for patients with respiratory illness at check-in
 - ii. Immediately mask and isolate patients with fever and rash (use negative pressure room isolation room if available. If no isolation room available, place patient in room farthest from areas highly impacted by patients)
 - iii. Patient should remain masked while in the examination room (as well as when going from reception/triage to the exam room).
 - iv. Healthcare providers should wear fit-tested N-95 (or greater) respirators when in the room with the patient
 - v. Healthcare providers should not re-use exam room for at least an hour after patient has left.



**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT**

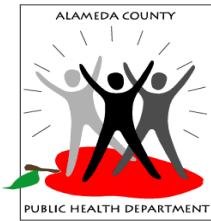
Colleen Chawla, Director
Kimi Watkins-Tartt, Director

Division of Communicable Disease Control and Prevention

1000 Broadway, 5th Floor

Erica Pan, MD, MPH, Director
Interim County Health Officer
(510) 267-3200

- c. If you suspect measles in an **Alameda County Resident**, contact the Alameda County Public Health Department immediately-510-267-3250.
1. Weekdays during business hours: 510-267-3250
 2. Afterhours and weekends: 925-422-759
- If you suspect measles in a **Berkeley Resident**, contact the Berkeley Public Health Department immediately-510-981-5292
3. Weekdays during business hours: 510-981-5292
 4. Afterhours and weekends: 510-981-5911.
- This number routes to police dispatch – please ask for the Health Officer
- i. PH should be called within 1 hour of suspected diagnosis, including at night, weekends, and holidays.
 - ii. DO NOT refer patients with suspected measles to other healthcare facilities without proper notification ahead of patients’ arrival.
 - iii. Notification to ACPHD allows for collection of appropriate specimens for testing as well as coordinated communication to prevent further transmission in healthcare settings if patient needs urgent medical attention ex-ED referral.
 - iv. Preferred Specimens for measles diagnosis are OP swab and Urine for Measles PCR, to be tested at ACPHL
 - v. The optimal time for collecting acute blood is at least 72 hours after rash onset. Serum collected before then may be falsely negative
 - vi. If clinicians contact ACPHD immediately upon identifying a suspect case, ACPHD can arrange for courier to pick up samples form clinical site and delivery to ACPHL for testing
 - vii. Refer to ACPHD Health Advisory for additional guidance
- d. Providers should inform their patients that PH will be calling and request that they cooperate with the PH interview.
- e. Consider reviewing immunization record and completing IgG testing as needed for all staff members.
- f. Ensure staff have been fitted for personal protective equipment-N95(or greater) Respirator
- i. Consult with Cal/OSHA’s Aerosol Transmissible Disease Standards
- V. For Schools – Munira Shemsu**
- a. Given the abundance of viral illnesses circulating in the community, including influenza, provide ongoing health promotional messaging to students, parents and wider school community
 - i. Promote hand hygiene, cough etiquette
 - ii. Promote vaccination for seasonal influenza
 - iii. Provide general community update re-measles and advise parents to talk to their child’s pediatrician if they have questions or concerns about their child’s vaccination status
 - iv. Advise parents to keep their child at home if he/she has fever/rash
 - b. Contact Alameda County Public Health Department’s Acute Communicable Disease Section if you have questions or concerns



VI. Isolation & Quarantine Orders – Erica Pan

- a. ACPHD can isolate and issue legal quarantine orders for contacts deemed necessary.
 - i. This also includes restricting/excluding individuals from work/daycares
 - ii. Only ACPHD can clear suspected individuals from quarantine orders
 - iii. There have been handful of situations where healthcare providers have cleared individuals to go back despite ACPHD legal quarantine.
 - iv. Providers are recommended to check the ACPHD Measles Page or contact ACPHD Acute Communicable

VII. Incubation period for measles is 7-21 days. The last known confirmed measles exposure in Bay Area is March 29th, so new cases may appear up to April 20th.

VIII. Questions & Answers

1. Who should we notify for suspected cases of Berkeley Residents?

A: Providers are recommended to contact the Berkeley Public Health Department

1. Weekdays during business hours: 510-981-5292
2. Afterhours and weekends: 510-981-5911.

This number routes to police dispatch – please ask for the Health Officer

2. If we send specimens to the county lab for testing, how long do we expect to wait for the results?

A: It depends on when we can get the specimen to the lab – usually PCR takes several hours so we can get it by the same day/next day depending on the drop off time.

- Please do not send anything to private labs because specimens are hard to get back and the process takes a lot longer.
- The Alameda County Public Health Lab can do the PCR, but any serology for immunology testing will go to the State's Lab. The state health department's lab assays for serology and IgG are more sensitive sometimes than commercial labs.

3. If a patient calls in and is suspected of having measles, is the preference to hear from the patient directly or just from the provider?

A: Providers should conduct the initial clinical assessment in a safe manner without exposing other patients, before they contact Public Health for next steps. ACPHD can walk providers through this assessment.

4. What exactly is the lab looking for in the urine PCR test?

A: We are looking for the genetic material of the Rubeola Virus.

5. We have some students indicating that they have been diagnosed with Mumps. What should we do with this information?

A: It is recommended to contact the student's healthcare providers first, and to contact ACPHD for follow-up with their providers. Mumps is a [reportable disease](#), so please contact ACD to report this.