



Department of Health Services  
Public Health Division  
(510) 981-5300

# Health Advisory

May 4, 2011

## MEASLES

Janet Berreman, MD, MPH  
Health Officer

**Please distribute to all providers in your practice**

### Current Situation

Since January 2011, eleven cases of measles have been reported in California and a nationwide increase in the numbers of reported measles cases has also been noted this year. Nearly all of the cases are known to have traveled recently to Europe or Asia or to have been in contact with international travelers (including via transit through U.S. international airports); some of the cases have been intentionally unvaccinated children.

There are currently measles outbreaks in many European countries, including a large outbreak in France. Over 9,000 measles cases were reported in France between October 1, 2010 and the end of March 2011; most cases have been teenagers. Measles is currently circulating in most regions of the world outside of North and South America. 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 of MMR after their first birthday).

### Be alert for cases of measles

- Consider measles in any patient with **fever and rash**, especially in people with known exposure to a case of measles; with recent international travel; or with exposure to a visitor from abroad or a US resident who has recently returned from international travel.
- 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 or South America or contact with international travelers (including transit through an international airport) in the prior three weeks; and
  - prior immunization for measles.

### If measles is suspected

- Mask suspect measles patients immediately. If a surgical mask cannot be tolerated, other practical means of source containment should be implemented (e.g., place a blanket loosely over the heads of infants and young children suspected to have measles when they are in the waiting room or other common areas).
- Do not allow suspect measles patients to remain in the waiting area or other common areas; 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. For additional infection control information, please see the CDC "Guideline for Isolation Precautions" at: <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>
- If possible, allow only healthcare personnel with documentation of 2 doses of live measles vaccine or laboratory evidence of immunity (measles IgG positive) to enter the patient's room.
- Regardless of immune status, all healthcare personnel entering the patient room should use respiratory protection at least as effective as an N95 respirator.
- If possible, do not allow susceptible visitors in the patient room.
- Do not use the examination room for at least two hours after the possibly infectious patient leaves.
- If possible, schedule suspect measles patients at the end of the day.
- Notify any location where the patient is being referred for additional clinical evaluation or laboratory testing about the patient's suspect measles status and do not refer suspect measles patients to other locations unless appropriate infection control measures can be implemented at those locations.

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- 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.
- Make note of the staff and other patients who were in the area during the time the suspect measles patient was in the facility and for two hours after they left. If measles is confirmed in the suspect case, exposed people will need to be assessed for measles immunity.

Immediately report suspect cases to the Berkeley Public Health Division at (510) 981-5300

- Coordinate **diagnostic testing** with Berkeley Public Health.
- Clinicians unfamiliar with clinical measles should consult the websites below for description and photos.

### Testing

After consultation with Berkeley Public Health, specimens should be sent to the State Laboratory in Richmond. Testing via the California Viral and Rickettsial Disease Laboratory should be pursued as soon as possible for all suspect cases. Do not delay diagnosis by sending specimens to commercial laboratories. Measles can be diagnosed by serology and by testing from nasopharyngeal specimens. Obtain serum in a serum separator tube **and** a nasopharyngeal specimen on a Dacron-tipped swab placed in viral transport medium. *Respiratory swabs submitted without accompanying serum are not useful for evaluation and will not be tested.*

Go to the CDPH website to download the "General Purpose Specimen Submittal Form":

<http://www.cdph.ca.gov/programs/vrdl/Pages/CurrentVRDLSpecimenSubmittalforms.aspx>

When filling out the form please write-in the request for measles (Rubeola) testing and include a case history form:

<http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8345.pdf>

### Sources for Information

- Center for Disease Control (CDC): <http://www.cdc.gov/measles/index.html>
- City of Berkeley Public Health Division: <http://www.ci.berkeley.ca.us/publichealth>
- California Department of Public Health (CDPH):  
<http://www.cdph.ca.gov/HealthInfo/discond/Pages/Measles.aspx>  
<http://www.cdph.ca.gov/HealthInfo/discond/Documents/MeaslesInvestigationQuicksheet.pdf>

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