As of March 2, measles has been confirmed in 131 California residents since December of 2014. Although there are no confirmed measles cases in Santa Barbara County, the Public Health Department is encouraging heightened vigilance for early detection of this highly contagious disease.

Key points to consider with identifying measles are:

- Think measles in patients of any age who have a fever AND a rash regardless of travel history
- Assess for fever, even subjective fever, as with measles fever is always present.
  - Assess when the fever started
  - How high was the fever?
  - Did the fever persist or disappear?
- Assess for rash. If present, ask the following:
  - When did the rash start?
  - What does it look like e.g., red, maculopapular at onset?
  - Where did it start and how did it progress? Typically the rash begins on the head and spreads downward.
  - Request a photo to be taken to share with the public health department for expert consultation.
- Measles cases usually have at least 1 or 2 of the “3 Cs”- Cough, Coryza and Conjunctivitis

If measles is suspected, promptly isolate the patient and:

- Mask suspect measles patients immediately
- Immediately isolate the patient to 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.
- 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 per CalOSHA requirements.
- If possible, do not allow susceptible visitors/staff in the patient room.
- Do not use the exam room for up to one hour after suspect measles patient leaves.
- If possible, schedule suspect measles patients at the end of the day.
- Notify any location where the patient is being referred 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.
- Instruct suspect measles patients and exposed persons to inform all healthcare providers of the possibility of measles prior to entering a healthcare facility.
Testing for measles includes:

- At the time of service, ensure the appropriate collection of laboratory specimens. Confirmation of measles can be significantly delayed either because specimens were not obtained during the medical exam or because improper collection of specimens.
- For patients presenting with <7 days of rash onset:
  - Obtain a throat swab (preferred over NP swab) and urine for PCR testing. Use a viral culturette to perform throat swab and place into viral transport media.
  - Collect 50-100 ml of urine in a sterile centrifuge tube or urine specimen container.
- For patients present with >7 days of rash onset:
  - Obtain urine for PCR testing and blood for serology.
  - Collect 50-100 ml of urine in a sterile centrifuge tube or urine specimen container.
  - Draw 7-10 ml blood in a red-top or serum separator tube; spin down serum if possible. NOTE: capillary blood (approximately 3 capillary tubes to yield 100 μl of serum) may be collected in situations where venipuncture is not preferred, such as children <1 year of age.
  - Arrange for measles testing at a public health laboratory; use of commercial labs may delay testing.

Public Health Notification and Contact Tracing:

- Suspected measles is an immediate reportable disease and must be reported 24/7 to the Santa Barbara County Disease Control Program by telephone at (805) 681-5280 and via our electronic reporting system, CalREDIE.
- It is important to identify all persons exposed during the time the suspect measles patient was in your facility and for one hour after the suspect measles patient has left. If measles is confirmed in a suspect measles patient, the Public Health Department staff will lead an investigation and assure exposed individuals receive appropriate post-exposure prophylaxis which may include:
  - MMR vaccine which can be administered within 72 hours of exposure.
  - Immune globulin (intramuscular or intravenous, depending on patient) which can be administered through day 6 after exposure.

The Santa Barbara County Public Health Department thanks you for your partnership with keeping our community healthy.

Secondhand Smoke Exposure - An Unusual Danger

Secondhand smoke (SHS) is still a threat. Despite declining smoking rates—one in four non-smokers are still exposed to SHS. The Centers for Disease Control (CDC) recently released data showing that this exposure disproportionately affects specific populations. SHS remains higher among children, African Americans and those who live in poverty or in rental housing. Complete findings appear in a recent Morbidity and Mortality Weekly Report (MMWR) and some key points from this report include:

- Roughly 2 in 5 children, ages 3 to 11 years old are exposed to SHS.
- Over 40% of nonsmokers who live below the poverty level are exposed to SHS.
- More than one-third of nonsmokers who live in rental housing are exposed to SHS.

SHS can kill and cause disease. This data shows that many people, especially children, are still exposed to it. The CDC’s Vital Signs Web page contains fact sheets, a podcast and other materials on this topic. To learn more about local efforts to protect everyone from exposure to this preventable health hazard send an email to tobacco@sbcphd.org.