January 28, 2015

**Provider Alert: Measles Guidance for Healthcare Providers**

There are now 73 confirmed cases of measles across eleven California cities or counties. Although the initial cases were linked to a common Disney theme park exposure, over 23 additional cases with no identified common exposure have been confirmed by the California Department of Public Health (CDPH). **As of today, there are no confirmed measles cases in Santa Barbara County.** We are currently awaiting testing on one possible case, and continue to test a handful of unlikely cases. The one possible case has no epidemiological link to Disneyland.

Each reported measles suspect is fully evaluated, tested, and isolated. In addition to those actions, if the suspected case has a high probability of being positive, we are taking the following measures even before we have test results: initiating contact investigations, excluding exposed healthcare workers from work until we have proof of immunity, administering MMR vaccines when appropriate, administering measles immune globulin when appropriate, and placing close contacts under quarantine until we have proof of immunity. Since just one case of measles will infect 12-18 people in a vulnerable population, we are acting quickly to protect the public and prevent further cases, should the possible measles case be positive. We will immediately inform the community if we have a confirmed measles case.

**Clinical Presentation:** Measles prodromal symptoms occur 8 to 12 days after exposure, beginning with a mild to moderate fever accompanied by cough, coryza, and conjunctivitis. Two to three days later, Koplik spots (tiny bluish-white lesions on a red center on the buccal mucosa) may appear. Fever may spike to >104°F. An erythematous, blotchy maculopapular rash appears around the same time, usually first on the face, along the hairline and behind the ears. This slightly itchy rash rapidly spreads downwards to the chest and back, and finally to the thighs and feet. In approximately one week, the rash fades in the same sequence that it appeared.

All clinicians should have heightened awareness for suspect measles cases and review the following recommendations:
ACTIONS REQUESTED OF CLINICIANS:

1. **SUSPECT** measles in a patient with fever and rash. Ask about measles immunization history, international travel, exposure to international travelers (including theme parks or other tourist attractions), or other known exposure to measles in the 3 weeks prior to illness. Consider the diagnosis regardless of travel history. Take a careful history of the rash, including where it started on the body and how it spread.

2. **IMPLEMENT AIRBORNE PRECAUTIONS** immediately for suspected cases. Mask and isolate patient in an airborne infection isolation room, if possible. If the patient was placed in a regular exam room, do not use it for **two hours** after the suspected measles patient has left the room. Notify your facility’s infection control team immediately.
   - Healthcare workers who enter the room should have **documented** immunity and use an N95 respirator.
   - Providers seeing patients in an office or clinic setting should consider options such as arranging to see suspect measles cases after all other patients have left the office, or assessing patients outside of the building to avoid having a potentially infectious patient enter the office.

3. **REPORT** suspect measles cases immediately (24/7) by phone to the Santa Barbara County Disease Control Program at (805) 681-5280.

4. **TEST** suspect cases. Do not send them home before all specimens have been collected. **This is critical.** Collect the following samples before the patient leaves your facility: a throat or NP swab, urine, and blood. Complete a Public Health Lab requisition. Download form for submission found on the Public Health Lab website: [http://cosb.countyofsfb.org/phd/phlab.aspx?id=23540](http://cosb.countyofsfb.org/phd/phlab.aspx?id=23540). For instructions on specimen collection see [PHL instructions attached to this alert](http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPHMeaslesLabTesting2011-01.pdf) and CDPH website at: [http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPHMeaslesLabTesting2011-01.pdf](http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPHMeaslesLabTesting2011-01.pdf)

5. **ADVISE** patients with suspected measles to stay home with no visitors until cleared by the public health department.

6. **CONFIRM STAFF IMMUNITY NOW** to avoid lost work and staff time.
   - All healthcare workers (HCW) should have two documented doses of MMR or serologic evidence of measles immunity (IgG) regardless of their birthdate.
   - If exposed to measles, all HCW, children and school/child care staff without documented immunity will be legally excluded by Health Officer Order from work/school/child care from day 7 (day 5 for HCW) after the first exposure to day 21 after the last exposure. This exclusion could be prevented if workers have immunity confirmed now.
   - Healthcare workers and others in sensitive occupations can have serologic testing for measles IgG at Pacific Diagnostic Laboratory. Public health will also be conducting this testing through CDPH.
7. **VACCINATE** susceptible patients. All patients born after 1956 should be vaccinated with 2 doses of MMR unless they have laboratory evidence of immunity, such as a serum IgG. MMR vaccine is routinely given at 12 months of age and 4-6 years of age. However, the second dose may be given one month or more after the first dose. Under-immunized persons traveling to places where measles is circulating should receive MMR vaccine before they go. Infants can be vaccinated as early as 6 months of age, but they will still need the 2 MMR vaccines starting at 12 months of age. For more specific information on vaccination, see [www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm).