

# MONTEREY COUNTY



DEPARTMENT OF HEALTH LEN FOSTER, Director

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## Health Advisory

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### MEASLES CASES in SAN FRANCISCO BAY AREA

*Rapid and aggressive public health action is needed to respond to measles cases.  
It is critical that providers report suspect measles cases to the  
Monterey County Health Department's Communicable Disease Unit (831-755-4521).*

There have been four confirmed cases of measles diagnosed in the San Francisco Bay Area within the last two weeks. Three individuals (one adult and two unvaccinated toddlers) had recently traveled to Europe and Asia. The fourth case (an unvaccinated adult) had no history of travel and no known link to the other three cases, raising concern of local transmission. The San Francisco Department of Public Health has identified the majority of the individuals and groups who were exposed to these cases during their infectious period and is working with them to prevent further transmission. Additional measles cases may occur-- from exposures to these index cases or, in the future, to measles contracted overseas. Because measles is extremely contagious and can be life threatening to susceptible individuals we are alerting clinicians and infection control professionals and requesting they follow these recommendations.

#### **Actions requested of all clinicians:**

1. **Be alert** for cases of measles. Consider measles in any patient with fever and rash, especially in people with known exposure to the San Francisco index cases, with recent international travel or with exposure to a visitor from abroad, or a US resident who has recently returned from international travel.
2. Implement **airborne precautions** immediately for all patients with **fever and morbilliform and/or vesicular rash: identify, isolate** and provide a facemask for the patient to wear.
3. **Report** suspect cases to the Monterey County Health Department's Communicable Disease Unit (CDU) at **831-755-4521**; in addition, if the case is or was in the hospital, report to your hospital Infection Control Professional (ICP).
4. Coordinate **diagnostic testing** (IgM and IgG) with the Communicable Disease Unit. Using a commercial laboratory may delay diagnosis.
5. Work with your ICP (if in a hospital) or the CDU (if in other settings) to **identify exposed susceptible contacts** and assess them for **post-exposure prophylaxis** and the need for **exclusion from work or quarantine**.

**Health Alert:** Warrants immediate action or attention. **Health Advisory:** Provides 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

### **Transmission and case definition**

Measles is a highly contagious disease that is transmitted by respiratory droplets and airborne spread. The disease can result in severe complications, including pneumonia and encephalitis. The incubation period for measles ranges from 7 to 18 days. The diagnosis of measles should be considered in any person with a generalized maculopapular rash lasting  $\geq 3$  days, a temperature  $\geq 101^{\circ}\text{F}$  ( $38.3^{\circ}\text{C}$ ), and cough, coryza, or conjunctivitis. Immunocompromised patients may not exhibit rash or may exhibit an atypical rash.

### **Risk to Healthcare Providers**

Although measles is no longer an endemic disease in the United States, the number of cases has risen significantly over the past year. In addition, measles remains endemic in most countries of the world, including some countries in Europe. As a result of the ongoing risk of measles importations and the risk of spread in susceptible populations, there is need for a prompt and appropriate public health response to measles cases. Because of the severity of the disease, people with measles commonly present in physician's offices or emergency rooms and pose a risk of transmission to other patients and healthcare personnel in these and in inpatient hospital settings. Healthcare providers should remain aware that measles cases may occur in their facility and that transmission risks can be minimized by ensuring that all healthcare personnel have evidence of measles immunity and that appropriate infection control practices are followed.

### **Investigation and Treatment of Contacts**

Case investigation and vaccination of household or other close contacts without evidence of immunity should not be delayed pending the return of laboratory results. Preparation for other control activities may need to be initiated before laboratory results are known. Control activities include isolation of known and suspected case-patients and administration of vaccine (at any interval following exposure) or immune globulin (within 6 days of exposure, particularly contacts  $\leq 6$  months of age, pregnant women, and immunocompromised people, for whom the risk of complications is highest) to susceptible contacts. For contacts who remain unvaccinated, control activities include exclusion from day care, school, or work and voluntary home quarantine from 7 to 21 days following exposure. Persons who are known contacts of measles patients and who develop fever and/or rash should be considered suspected measles case-patients and be appropriately evaluated by a healthcare provider.

### **Assessment of Suspect Cases**

If healthcare providers are aware of the need to assess a suspected measles case, they should schedule the patient at the end of the day after other patients have left the office and inform clinics or emergency rooms if they are referring a suspected measles patient for evaluation so that airborne infection control precautions can be implemented prior to their arrival. Do not send the patient to a commercial laboratory for serologic testing unless the facility can implement appropriate infection control measures.

### **Travel Assessment**

Healthcare providers should maintain vigilance for measles importations and have a high index of suspicion for measles in persons with a clinically compatible illness who have traveled abroad or who have been in contact with travelers. They should assess measles immunity in U.S. residents who travel abroad and vaccinate if necessary. Measles outbreaks are common throughout Europe. Measles is endemic in many countries, including popular travel destinations, such as Japan and India. Suspected measles cases should be reported immediately to the Monterey County Communicable Disease Unit and serologic and virologic specimens (serum and throat or nasopharyngeal swabs) should be obtained for measles virus detection and genotyping.

### **Recommendations for vaccination**

Measles is preventable by vaccination. MMR vaccine is routinely recommended for all children at 12–15 months of age, with a second dose recommended at age 4–6 years. Two doses of MMR vaccine are recommended for all school students and for the following groups of persons without evidence of measles immunity: students in post–high school educational facilities, healthcare personnel, and international travelers who are  $\geq 12$  months of age. Other adults without evidence of measles immunity should routinely receive one dose of MMR vaccine. To prevent acquiring measles during travel, U.S. residents aged  $\geq 6$  months traveling abroad should be vaccinated or have documentation of measles immunity before travel. Infants 6–11 months of age should receive one dose of monovalent measles vaccine (or MMR vaccine if monovalent vaccine is not available) prior to travel.

*During a measles outbreak*, additional vaccine recommendations should be considered: 1) children  $\geq 12$  months of age should receive their first dose of MMR vaccine as soon after their first birthday as possible and their second dose 4 weeks later, 2) healthcare facilities should strongly consider recommending one dose of MMR vaccine to unvaccinated healthcare personnel born before 1957 who do not have serologic evidence of immunity or physician documentation of measles disease, and 3) one dose of measles or MMR vaccine should be considered for infants  $\geq 6$  months of age.

### **Additional Sources of Information**

Centers for Disease Control

Measels Vaccination - <http://www.cdc.gov/vaccines/vpd-vac/measles>

Travelers Health - <http://wwwn.cdc.gov/travel>

Infection Control in Healthcare Settings - <http://www.cdc.gov/ncidod/dhqp>