



Gavin Newsom
Mayor

HEALTH ADVISORY

JULY 17, 2008

ANOTHER MEASLES CASE in SAN FRANCISCO

An astute San Francisco clinician immediately reported a suspected case of measles in a visitor from Italy, who presented to a local emergency department on June 24th with fever and a rash. Infection control measures were promptly instituted and the San Francisco Department of Public Health (SFDPH) arranged for rapid testing by the public health laboratory system; laboratory testing confirmed the diagnosis on June 25th. This is the second case of measles in San Francisco in 3 months. Exposures to this case occurred in San Francisco and several other states and California counties. All identified contacts to the case in San Francisco were located and had immunity to measles confirmed by serologic testing, documentation of two doses of measles-containing vaccine, or by date of birth prior to 1957. However, additional measles cases may occur from unidentified exposures to this case or to future cases imported from countries where there are ongoing outbreaks. 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.

This Health Alert is posted on the SFDPH website at <http://www.sfdcpc.org/healthalerts>.

ACTIONS REQUESTED OF ALL CLINICIANS:

1. **Be alert** for cases of measles. Consider measles in any patient with fever and rash, especially with a history of known exposure to a measles case, recent international travel or 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 rash** (and fever and vesicular rash which could be chickenpox); **isolate** and provide a face mask for the patient to wear.
3. **Immediately report** suspect cases to the Communicable Disease Control Unit (CDCU) at 415-554-2830 [or your Local Health Department if you are in a County other than San Francisco]; in addition, if the case is or was in the hospital, report to your hospital Infection Control Professional (ICP).
4. Coordinate **diagnostic testing** with the **CDCU**.
5. Work with your ICP (in the hospital) or the CDCU (in other settings) to **identify exposed susceptible contacts** and assess for **post-exposure prophylaxis** and the need for **exclusion from work** or **quarantine**.
6. Verify that staff in health care facilities have been vaccinated or documented to be immune. (See criteria in May 8, 2008 health alert which is posted at <http://www.sfdcpc.org/healthalerts> .)

Current epidemiology of measles:

Due to a successful vaccination program, measles is rare in the US. However, recently there has been a rise in US cases due to outbreaks in several states (CA, AZ, MI, NY, WA, and WI). In California, in 2008, 15 cases have been reported. Approximately, 40% of US cases were infected while visiting a health care facility. Imported international cases (from many countries, but mostly from Europe) initiated these US outbreaks that subsequently involved mostly unvaccinated persons. Clinicians should suspect measles in patients presenting with fever and rash and should ask patients about recent travel and other possible exposures. For more info about the epidemiology of US cases go to: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5718a5.htm>.

For more information on clinical presentation, reporting requirements, diagnostic testing and infection control see our previous health alert from May, 8, 2008, which is posted at <http://www.sfdcpc.org/healthalerts>.

Categories of urgency levels

Health Alert: conveys the highest level of importance; warrants immediate action or attention

Health Advisory: provides important 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