



## HEALTH ADVISORY: BE ALERT FOR MEASLES CASES IN SAN FRANCISCO

FEBRUARY 11, 2015

California has been experiencing a measles outbreak in early 2015. Most Bay Area Counties have reported measles cases. Although no measles cases have been reported in San Francisco residents in 2014 or so far in 2015, a Contra Costa County resident rode BART to San Francisco and worked in San Francisco on 2/4/15-2/6/15 during his/her infectious period. The majority of case-patients in California's current outbreak for whom vaccination status is known were unvaccinated. Although measles is no longer endemic in the United States, measles epidemics overseas have resulted in imported cases and resulting secondary cases and outbreaks. In addition, undetected community transmission may occur. Measles should be a consideration in patients presenting with fever and morbilliform or maculopapular rash.

The purpose of this advisory is to provide guidance for clinicians who may be responding to inquiries from concerned patients, and to review proper infection control and testing procedures for patients presenting with potential measles symptoms. **Suspected measles cases should be reported immediately to the SFDPH Communicable Disease Control 24-hour line: 415-554-2830. If calling after hours, follow the instructions to page the on-call physician.**

### **CLINICAL GUIDANCE**

If a patient presents to a medical facility with a fever and a maculopapular or morbilliform rash, he or she should be immediately masked and placed in an isolation room or a private exam room as soon as possible. Patients with rash who request advice over the telephone and who are advised to present for evaluation should be instructed to travel to the medical facility in a private vehicle if possible and to request a mask upon arrival. Patients who are immunocompromised or pregnant are at highest risk for complications of measles. Treatment of measles is supportive. The most important preventive strategy for measles is immunization. Patients who have been vaccinated against measles or who have a history of measles disease are considered immune. Medical providers should work with their patients to make sure that their measles immunization status is up to date.

Individuals who are planning travel outside the United States should be up to date on their measles immunizations, and early administration of measles vaccine to infants 6-12 months of age who are traveling outside the United States is recommended. For travel-related recommendations, please see <http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-3-infectious-diseases-related-to-travel/measles-rubeola>

For general information about measles, please see the SFDPH Communicable Disease Control website <http://www.sfdcp.org/measles.html>

For California Department of Public Health's webpage concerning measles, see <http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPHMeaslesHealthAdvisoryFeb2014.pdf>

Please see attached "Quick Guide for Clinicians: Measles" for detailed information concerning measles reporting and diagnostic testing.

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### **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