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## HEALTH ADVISORY

### Measles in San Francisco Bay Area

April 5, 2018

Between 3/5/18 and 4/3/18, measles has been confirmed in six (6) unvaccinated patients who are residents of Santa Clara County (5) and Alameda County (1). One additional linked case has been confirmed in Nevada. All cases are linked to an unvaccinated traveler who was exposed in Europe and developed measles after returning to the San Francisco Bay Area. Local health departments in the Bay Area are conducting contact investigations. Measles is very infectious, and airborne transmission can occur in settings with large numbers of people like healthcare facilities, schools, childcares, shopping centers, public transportation, airports, and amusement parks. Clinicians should be vigilant in identifying and appropriately managing suspected measles cases to avoid ongoing transmission and ensuring that their patients and staff are up-to-date with immunizations.

#### Clinicians are requested to:

- 1. Consider/suspect measles** in patients with a rash and fever  $\geq 101^{\circ}\text{F}$  ( $38.3^{\circ}\text{C}$ ) regardless of travel history. Ask about measles vaccination and exposure to known measles cases, international travel, or international visitors in the three weeks prior to illness.
- 2. Prepare your facility for the possibility of patients with measles.** Ask patients to call ahead first if they have fever and rash. [Post signage](http://eziz.org/assets/docs/IMM-908.pdf) (<http://eziz.org/assets/docs/IMM-908.pdf>) that directs patients with fever and rash to notify staff. Train staff to immediately implement airborne precautions if measles is suspected.
  - Mask and isolate the patient in an airborne isolation room
  - Do not re-use exam room for at least one hour after the patient has left the room
  - Assure airborne precautions at other healthcare facilities if referring the patient
- 3. Report suspected measles cases immediately to SFDPH Communicable Disease Control Unit (CDCU) by phone at 415-554-2830 before you send the patient home;** after hours follow the instruction on voicemail to reach the on call MD. **CALL, DO NOT FAX.**
- 4. Test suspected measles cases in consultation with SFDPH CDCU** (Testing should be done by a public health lab to ensure rapid and accurate results.):
  - Collect a throat swab (for measles PCR) with a Dacron swab and place in Viral Transport Media
  - Collect a urine specimen (for measles PCR) in any container (does not need to be sterile)
  - Draw blood (for measles IgM and IgG) **if and only if** it is already Day 4 or later after rash onset
  - Collecting specimens while the patient is at your facility will prevent delays in confirmation and limit the potential for additional healthcare visits/exposures.
  - Please HOLD specimens and SFDPH CDCU will instruct on next steps.
- 5. Advise patients with suspected measles to stay home with no visitors** until at least four days after rash onset and/or until cleared by SFDPH CDCU to resume normal activities. Patients should go home by private vehicle, not take public transportation.
- 6. Confirm immunity of *health care staff*** with unknown vaccination status by ordering Measles IgG only. *Confirm staff immunity now to avoid staff exclusion from work in the event of an exposure.*
- 7. Vaccinate children and non-immune adults**, unless contraindicated, according to national guidelines.

Additional measles resources:

CDC: [www.cdc.gov/measles/hcp](http://www.cdc.gov/measles/hcp)

California Department of Public Health: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/measles.aspx>

SFDPH: <https://www.sfdcp.org/infectious-diseases-a-to-z/l-to-r/measles/>

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