

MEASLES HEALTH ADVISORY

APRIL 1, 2019

Situation Update

The Department of Public Health was alerted by the California Department of Public Health about measles activity in California. Although there are no current confirmed cases in Riverside County, several suspect cases have been reported.

With travel due to spring break and Easter observances, the increased measles activity highlights the need for healthcare professionals to be vigilant about measles. Your expert eye and diagnostic skills can make a difference in stopping the spread of measles in our community. Health care facilities should routinely ensure that health care workers are immune to measles, as well as other vaccine preventable diseases.

Please take the following actions:

- Consider measles in patients of any age who have a fever AND a rash. Please remember patients can be infectious four days <u>prior</u> to rash onset. Fever can spike as high as 105°F. A measles rash is red, blotchy and maculopapular, typically starting on the hairline and face, and then spreading downwards to the rest of the body. Often the facial rash is confluent.
- Obtain a thorough history on such patients, including:
 - Travel
 - Prior vaccinations for measles
 - Contact with anyone with a rash illness
- Refer to the Health Advisory from CDPH for additional information.

If you suspect measles:

- Isolate the patient immediately using airborne and standard precautions. The risk of measles transmission to others can be reduced if control measures are implemented.
- Place patient in a surgical mask, if it can be tolerated.

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- Do not use the examination room for at least two hours after the measles case (or suspect) leaves.
- Restrict care of patients with suspect or confirmed measles to immune healthcare workers.
- Collect specimens for measles testing.

Serum IgM or IgG testing

Collect 72 hours or more after rash onset. Draw 7-10 ml blood in a red-top or serum separator tube; spin down serum in red top if possible. NOTE: Capillary blood (3-5 capillary tubes are needed to yield a minimum of 100 μ l of serum) may be collected in situations where venipuncture may be difficult, such as for children <1 year of age.

Throat, Nasal, or NP Swab

Collect within 2 weeks of rash onset. Use a sterile synthetic swab (e.g. Dacron). Throat swab is the preferred respiratory specimen. Place into viral transport media.

Urine

Collect within 2 week of onset 10-40 ml of urine in a sterile 50 ml centrifuge tube or urine specimen container. The first morning void is ideal.

Specimen storage and shipping

Store all specimens at 4°C and ship on cold pack within 24 to 72 hours. For longer storage, process serum and urine and ship all specimens at -70°C or colder.

For questions on submission of specimens please contact the Public Health Laboratory at (951) 358-5070.

Management of Exposed Individuals

- IG may be given to exposed susceptible individuals of any age, if given within 6 days to prevent exposure.
- MMR vaccine may be given ≤ 72 hours of exposure to persons ≥ 6 months of age with one or no documented doses of MMR, if not contraindicated.

Reporting

<u>Notify Disease Control immediately</u> of any suspect measles patients: call (951) 358-5107 during regular business hours, or (951) 782-2974 after hours.