

HEALTH BULLETIN

Get Prepared for **MEASLES** NOW!

January 28, 2015

Earlier this year, a cluster of measles cases were reported to have visited Disney Parks in Anaheim last December. As of January 26, 2015, there have been 73 confirmed measles cases in California, including cases not associated with the Disney Parks. Providers should consider measles as a diagnosis in any patient with a febrile rash illness and clinically compatible symptoms (cough, coryza, and/or conjunctivitis) who has recently traveled outside Kern County or who has had contact with a measles case. **There have been no reports of measles in Kern County this year.**

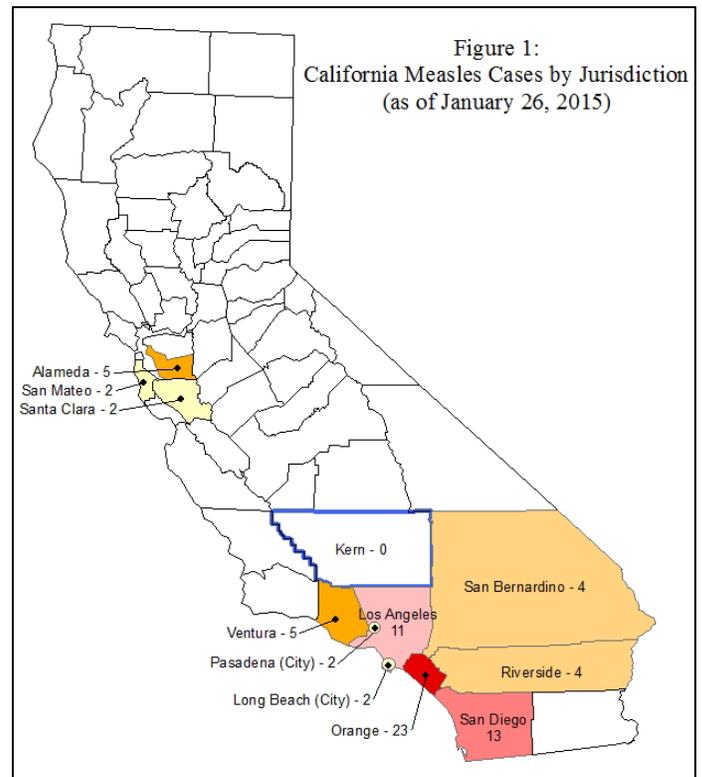
The Kern County Public Health Services Department **highly recommends** that all healthcare facilities review their infection control procedures regarding respiratory illnesses as soon as possible.

Recommended steps include but are not limited to the following:

- Verify all healthcare personnel have two documented doses of MMR or serologic evidence of immunity.
- Identify a location where a patient presenting with a febrile rash can wait away from other patients (preferably a negative pressure room).
- Include a rash sign at the facility/office entrance instructing those with a rash to immediately notify staff.
- Ensure staff knows the procedures for isolating patients with febrile rash/suspect measles, including respiratory and airborne precautions.
- Immediately contact the Kern County Public Health Services Department at (661) 321-3000 if you suspect a measles cases.

Attached are supplementary materials for your reference, including what to do if you suspect a patient has measles, additional information regarding measles, and instructions for patients if they need to be isolated or quarantined. If you have any questions, please contact the Kern County Public Health Services Department at (661) 321-3000.

Thank you for your commitment to the health of the community.



Page 2 Gearing up - What Health Care Providers Need to Do Now
Page 3 Diagnosis of Measles
Page 4 What to do while Recovering from a Rash Illness
Page 5 Additional Information

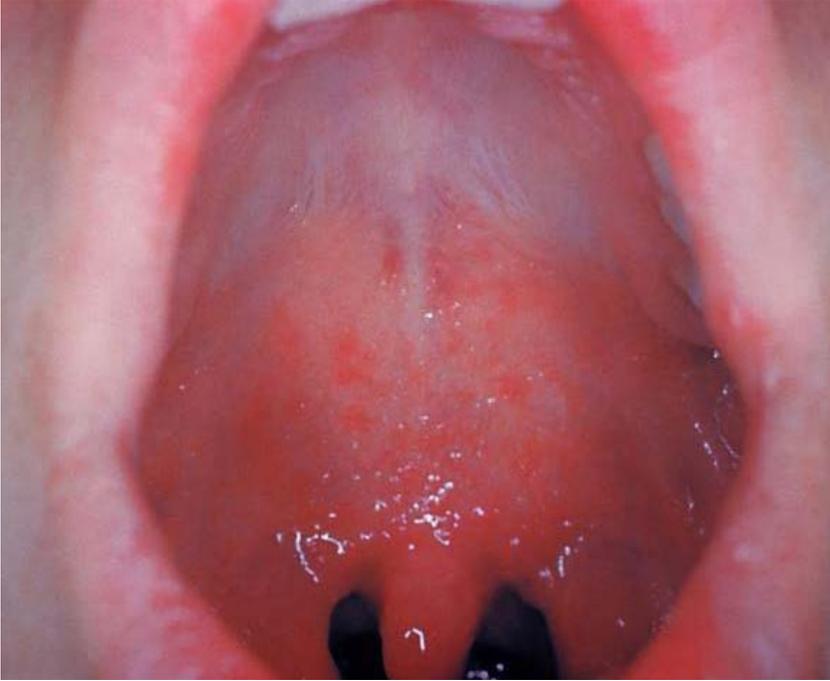
Gearing up

What Healthcare Providers need to do Now

- Review with staff how to handle a call or how to respond **when someone with a rash enters a facility unannounced**. Consider having a supply of masks at the reception/receiving area to be used immediately.
- **Evaluate staff members for their immunization status. Recommend immunization if needed.**
- **Ensure staff members wear an N95** mask while interacting with a suspect measles case, even if immunized.
- **Immediately mask and isolate the patient.** Do **NOT** let the patient remain in the waiting room or other common area. A negative pressure room is preferable; however if one is not available, place the patient in a private room with the door closed. Do not use the room for at least two hours after the potentially infectious patient leaves. If possible, arrange to see suspect measles cases after all other patients have left the office, or assess the patient outside of the building.
- Instruct the patient to isolate themselves at home and inform all healthcare providers of the possibility of measles prior to entering a healthcare facility.
- **IMMEDIATELY report suspected and confirmed cases of measles to the Public Health Services Department by phone.** Call (661) 321-3000 Monday through Friday, 8 am to 5 pm. After hours, on weekends, or on holidays, call (661) 324-6551 to page the health officer on call. **DO NOT** wait for laboratory confirmation before reporting a suspect case.
- Please feel free to **scan this document into your portable electronic devices** for quick reference or **refer to your eocrates** should the need arise.



Diagnosis of Measles



Obtain a thorough history including prior immunization for measles, travel in the past three weeks in areas with known measles cases (including transit through an international airport), and any contact with a known measles case.

Test the patient with a throat or nasopharyngeal swab for measles PCR and culture and serum measles IgM. Send the specimen directly to the Kern County Public Health Lab; sending specimens to a reference lab may delay results. **DO NOT** send potentially infectious suspect measles patients to a reference laboratory for specimen collection.

Clinical Presentation of Measles



Measles symptoms usually begin 10-12 days (up to 21 days) after exposure with prodromal symptoms of fever, malaise, cough, coryza, conjunctivitis, and sensitivity to light. Fevers can spike to 105°F. Two to four days following the onset of the prodromal symptoms, a red, maculopapular rash develops. The rash usually begins around the ears and hairline and spreads down to cover the face, trunk, arms, and legs. In approximately one week, the rash fades in the same sequence as it appeared. **Koplick's spots** (tiny blue/white spots on the bright red background of the buccal mucosa) may be present, but can be transient.

While a history of two doses of MMR vaccine decreases the likelihood of measles, it does **NOT** exclude a measles diagnosis.

Consider measles in any patient with fever and rash, regardless of travel history.

What to Do While Recovering from a Rash Illness

- Remain in your own home or yard and do not interact with people outside the home. If you live in an apartment or other group housing setting, do not go to any common areas.
- **DO NOT** visit any public locations unless necessary to obtain medical care. Ask a friend or family member to run errands like grocery shopping and picking up medications while you stay home.
- If you need medical care, call the facility ahead of time to let them know you may have been exposed or are possibly infected with measles. Your provider may arrange to see you outside of the facility, request that you visit after all other patients have left, or give you other directions. **DO NOT** remain in the waiting room with other patients and **DO NOT** use public transportation such as the bus to go to your medical visit.
- **DO NOT** allow anyone who is not immune to measles to visit you in your home. People are considered immune to measles if they have two documented dose of measles vaccine (MMR) or can prove by a blood test that they are immune to measles.
- If you are having symptoms (e.g. a rash), you must stay home for at least 5 days after the rash started.
- If you do not have any symptoms but may have been exposed to measles, stay home days 7-21 after measles exposure (the day of exposure is considered day 0). If you develop any measles symptoms, please contact your healthcare provider and the Public Health Services Department immediately at (661) 321-3000.

MEASLES IS EXTREMELY CONTAGIOUS. IF YOU MAY BE SICK, STAY HOME.

Measles is an extremely contagious disease that can spread through the air and infect other people at some distance from the infected person. Sharing the same airspace, like a classroom, home, waiting room, airplane, or bus with someone who is infectious with measles can mean you have been exposed. The measles virus can remain in the air for more than an hour after the infected person has left the air. That means you do not have to know or even see the person who is sick to be exposed. Measles can cause ear infections, diarrhea, and pneumonia, as well as long-term complications like blindness, inflammation of the brain, and death. Children under 5 years of age, adults 20 and over, pregnant women, and immune compromised individuals are at high risk of severe diseases and complications. It is very important to protect others if it is possible that you may have measles.

While you are required to stay home, a public health nurse may call to check on you to see how you are doing and if you have any symptoms. Measles typically begins with a fever and other symptoms like cough, runny nose, red, eyes, and sore throat. Two or three days later, the fever usually spikes, often as high as 105°F. At the same time, a rash of large, flat, red blotches that often flow into one another appears, usually first on the face along the hairline and behind the ears. The rash spreads downwards to the trunk, arms, and legs.

If you have any questions, please call the Kern County Public Health Services Department at (661) 321-3000.

Thank you for your cooperation with this important public health measure to control measles.

Additional Information about Measles

Transmission and Infectivity

- Measles is transmitted by airborne droplets, as well as contact with nasal and throat secretions, from infected persons. Sneezing, coughing, or sharing
- Typically, persons with measles are contagious from 4 days before to 4 days after rash onset.
- The measles virus can linger in the air and on surfaces for up to two hours after the infected person has left. This makes high traffic areas (e.g. airports) especially vulnerable to exposures.
- Measles is highly communicable, with greater than 90% secondary attack rates among susceptible persons.

Measles Treatment

- There is no specific treatment available for measles; however administration of vitamin A has been associated with reduced risk of mortality in children <2 years of age. The World Health Organization recommends vitamin A for all children with acute measles, regardless of their country of residence.

Measles Vaccination

- Measles vaccination is routinely recommended for all children. The first dose is given at 12-15 months with the second dose usually at age 4-6 years. The second dose may be given at any time ≥ 28 days after the first dose.
- Measles vaccination is also recommended for international travelers, healthcare personnel, college students, and woman of childbearing age.

Measles Incidence

- Prior to routine measles vaccination, an estimated 3-4 million persons in the United States were infected with measles every year, including 48,000 hospitalizations and 400-500 deaths. Routine vaccination has virtually eliminated domestic transmission of measles.

Worldwide, there are still an estimated 20 million cases and 164,000 deaths due to measles each year.