



**CDPH Health Advisory
Measles Clinical Guidance:
Identification and Testing of Suspect Measles Cases**
April 3, 2019

The California Department of Public Health (CDPH) has issued a health advisory to notify healthcare providers of measles cases in California and to summarize clinical guidance. There have been 16 cases of measles in California this year (see [Total Reported Measles Cases in California, 2019](#)) and 2 outbreaks. We should anticipate additional cases given the marked increase in measles cases internationally.

In Los Angeles County, patients with suspect measles should be reported immediately to the **Los Angeles County Department of Public (DPH) Health Morbidity Central Reporting Unit:**

- Weekdays 8:30 AM – 5 PM: call 888-397-3993.
- After-hours: call 213-974-1234 and ask for the physician on call.

Clinicians are encouraged to view the DPH [Measles Toolkit](#) which includes a checklist for managing patients suspected of having measles.

Patients in Long Beach should be reported to Long Beach Health and Human Services:

- Weekdays 8am-5pm: call 562-570-4302.
- After hours: call the Duty Officer at 562-500-5537.

Patients in Pasadena should be reported to the Pasadena Public Health Department:

- Weekdays 8am-5pm (closed every other Friday): call 626-744-6089.
- After hours: call 626-744-6043.

The full CDPH communication is below.

To view this and other communications or to sign-up to receive LAHANs, please visit <http://publichealth.lacounty.gov/lahan>



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State of California—Health and Human Services Agency California Department of Public Health



GAVIN NEWSOM
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California Health Advisory — March 29, 2019

Measles Clinical Guidance: Identification and Testing of Suspect Measles Cases

From January 1 to March 29, 2019, 16 measles cases have been reported in California. Two outbreaks of measles have occurred, both of which have been linked to international travel followed by transmission in California. This alert is intended to increase awareness of measles among healthcare providers and to summarize clinical guidance.

Several measles cases were not initially suspected because patients reported measles immunization or prior measles disease. These patients were not isolated when admitted to the hospital with febrile rash illnesses and a history of recent travel outside North America. Nearly half of the 16 cases this year were exposed to unisolated cases in hospitals. It is important to note that a self-reported history of measles infection or immunization does not rule out a diagnosis of measles.

Providers should consider measles in patients with fever and a descending rash in a person with a history of travel or contact with someone who has travelled outside North America whether or not the patient has had 2 doses of MMR or prior measles disease. However, persons without a history of travel or exposure to a traveler, are unlikely to have measles in the absence of confirmed measles cases in your community.

Symptoms plus risk factors should make providers suspect measles:

- 1) Symptoms
 - a. Fever, including subjective fever.
 - b. Rash that starts on the head and descends.
 - c. Usually 1 or 2 of the “3 Cs” – cough, coryza and conjunctivitis.
- 2) Risk factors
 - a. In the prior 3 weeks: travel outside of North America, transit through U.S. international airports, interaction with foreign visitors, including at a U.S. tourist attraction, or travel to areas of the U.S with ongoing measles transmission.
 - b. Confirmed measles cases in your community.
 - c. Never immunized with measles vaccine and born in 1957 or later.

If measles is suspected:

- 1) Isolate patient immediately. See complete [infection control guidance](#) at: <http://tinyurl.com/yxes3amk>.
- 2) Contact your [local health department](#) (<http://tinyurl.com/y2pdczrx>) immediately.
- 3) If advised to test for measles by your local health department, submit a specimen for polymerase chain reaction (PCR) testing. [Specimen submission information](#) (<http://tinyurl.com/ydhh9u85>). PCR is the preferred testing method for measles, and can only be performed in public health laboratories. Measles IgM testing is frequently falsely positive and is not recommended.

Full clinical guidance from the California Department of Public Health: <http://tinyurl.com/y6bkg4ea>

Guidance from CDC for healthcare professionals: <https://www.cdc.gov/measles/hcp/index.html>

Clinic front desk alert poster: <http://eziz.org/assets/docs/IMM-1268.pdf>

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