

LAC DPH Health Care Provider Advisory #1: Measles Exposures in Los Angeles County

July 31, 2013

This message is intended for primary care, emergency medicine, internal medicine, infectious disease, laboratory and infection control staff.

Please distribute as appropriate.

Key communication

- An individual with measles was identified in Los Angeles County (LAC) this
 month resulting in a large number of exposures. Two new cases have been
 confirmed in neighboring counties and additional cases may occur.
- Exposed persons might present at your health care facility. For this reason, it is important that health care providers consider the diagnosis of measles among persons presenting with a febrile rash illness.
- If measles is suspected, immediately report and isolate the suspect case. Do not wait for lab confirmation before reporting.
- Exposed persons are at high risk of acquiring measles if not already immune (e.g., not vaccinated with two doses of live attenuated measles-containing vaccine, or not confirmed by laboratory testing to have previously had measles disease).

Situation

A traveler from Europe arrived in Los Angeles through LAX this month with symptoms of cough, conjunctivitis, fever, and a rash. The visitor was clinically diagnosed and laboratory-confirmed for measles, and exposed a number of individuals in various settings. Two exposed individuals who reside in Ventura and Orange Counties have since been confirmed with measles and have exposed numerous others. All three cases were unvaccinated. Cases ranged from 16-31 years of age.

Actions requested of providers

Consider measles when evaluating any patient who has an acute rash illness with fever, especially in someone returning from international travel or who has had contact with international visitors.

- ✓ Institute respiratory and airborne precautions immediately for all patients with febrile rash/suspect measles cases.
- ✓ Obtain specimens for confirmation of the diagnosis.
- ✓ IMMEDIATELY report any suspect cases in Los Angeles County to the Morbidity Central Reporting Unit at 888-397-3993 (phone). (For persons residing in the Cities of Long Beach or Pasadena, see the phone numbers listed under section "To file a report..." below.) Do NOT wait for laboratory confirmation before reporting a suspect case.

Clinical presentation

Measles symptoms usually begin 10-12 days (up to 21 days) after exposure with a prodrome of fever as high as 105°F (40.5°C), malaise, cough, runny nose, and conjunctivitis. Two to four days following the onset of the prodrome, a maculopapular rash develops. The rash usually begins around the ears and hairline and then spreads down to cover the face, trunk, arms, and legs.

Transmission and infection control

Measles is transmitted by airborne spread, as well as contact with nasal and throat secretions of infected persons. Typically, persons with measles are contagious from 4 days before to 4 days after rash onset. Suspect measles cases needing medical attention should not be allowed in patient waiting areas. They should be masked and placed immediately in an examination room, with the door closed. The examination room in which a patient with suspected or confirmed measles was examined should not be used again for two hours. With hospitalized patients, respiratory isolation is recommended for 4 days after the onset of rash. Listings of all exposed patients and staff will be required by the public health department from any medical facility treating a case of measles.

Specimen Collection

Blood specimens should be obtained at the time of clinical presentation and be tested for both measles IgM and IgG antibodies. If within 4 days of rash onset, collect both a nasopharyngeal swab and a urine specimen for culture/PCR. If more than four days but within 10 days of rash onset, collect a urine specimen only. Only use viral transport media to collect and transport specimens for measles virus culture and PCR.

Prevention through vaccination

Measles is a highly communicable disease that can have serious complications, but it can be prevented through vaccination. Measles vaccination is routinely recommended for all children, **even when home-schooled**, and is required for children attending any public or private school in California. Adolescents, adults, and especially persons such as health care workers who are at risk of exposing high-risk persons to measles, and persons traveling to other parts of the world, are urged to be vaccinated against measles if they don't have proof of measles immunity (record of previous vaccination or positive measles serological test results). Unvaccinated, non-immune

immunocompromised persons and others at high risk of complications from measles can be protected from measles, if exposed to a measles case, by post-exposure prophylaxis with Immune Globulin if it can be given within 6 days of exposure.

To file a report of a suspect measles case:

Measles cases are one of the conditions that must be reported by telephone immediately to the local health department (Title 17, California Code of Regulations, § 2500).

During non-business hours (before 7:30 am, after 5:00 pm, or weekends) call 213-974-1234. For cases among residents of the Cities of Long Beach or Pasadena, please contact their local health departments at 562-570-4302 or 626-744-6000, respectively.

Additional Resources/For More Information

- For technical assistance about measles, please call the Los Angeles County Department of Public Health Immunization Program's Surveillance Unit at (213) 351-7800.
- Additional information about measles is also available at: http://publichealth.lacounty.gov/ip/DiseaseSpecific/Measles.htm

The successful prevention of measles in LAC has been due to the vaccination efforts of LAC health care providers. Thank you for your continuing efforts.

This Provider Health Advisory was sent by Dr. A. Nelson El Amin, Medical Director, Los Angeles County Department of Public Health Immunization Program.

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