



**LAC DPH Health Alert:  
Measles Outbreak in Los Angeles  
County**

December 23, 2016



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*This message is intended for primary care, urgent care, emergency, pediatric, internal medicine, infectious disease, and laboratory providers.  
Please distribute as appropriate.*

**Key messages**

- **A new measles outbreak is occurring in Los Angeles County.**
- **Health care providers should consider the diagnosis of measles among persons presenting with a febrile rash illness.**

**Situation**

The Los Angeles County Department of Public Health is investigating nine confirmed measles cases within the County. Contact investigations are ongoing.

**Actions requested of providers**

- ✓ Consider measles when evaluating any patient who has an acute rash illness with fever.
- ✓ IMMEDIATELY institute respiratory and airborne precautions for all persons with a measles like rash and fever.
- ✓ Reduce exposures: schedule patients for the end of the day and have them enter via a separate entrance. Do not send to the Emergency Department (ED) unless they require hospitalization and contact the ED first.
- ✓ Obtain specimens for confirmation of diagnosis: blood for serology, and urine +/- nasopharyngeal (NP)/throat swabs for PCR.
- ✓ IMMEDIATELY report suspect cases to the Morbidity Central Reporting Unit at 888-397-3993 (after 5 pm or on weekends call: 213-974-1234). Do not wait for laboratory confirmation. For Long Beach or Pasadena cases see reporting section below.
- ✓ Consider administering immune globulin to any suspected contact in accordance with CDPH recommendations, (see prevention section below). Protect immunocompetent non-immune persons by vaccinating within 72 hours following exposure.
- ✓ Provide a list of exposed staff and patients to the public health department.

**Measles Clinical Presentation**

Measles symptoms usually begin 10-12 days (up to 21 days) after exposure with a prodrome of fever (up to 105°F), malaise, cough, coryza, and conjunctivitis. Two to 4 days later, a maculopapular rash develops around the hairline or ears and spreads downward to the face, trunk, and extremities. Severe illness can occur including pneumonia, encephalitis, and death.

## **Specimen Collection**

At presentation, collect blood for both measles IgM and IgG antibodies. Draw 8-10 mL of blood in a red top or serum separator tube; spin down serum if possible. NOTE: with prior notification and consent of the testing laboratory, capillary blood may be collected if venipuncture is not preferred. Two to three capillary tubes are recommended.

In addition to blood specimen:

If within 14 days of rash onset, collect a throat swab and a urine specimen for culture/PCR. Swabs are to be collected using a viral culturette and placed into viral transport media. Collect 10-50 mL of urine in a sterile centrifuge tube or urine specimen container. Keep specimens on wet ice and send to the Public Health Laboratory as soon as possible.

## **Transmission and Infection Control**

Measles is highly infectious and is transmitted by airborne spread of respiratory droplets. Typically, measles patients are contagious from 4 days before to 4 days after rash onset. Suspect measles cases should not be allowed in patient waiting areas. They should be masked and placed immediately in an examination room, with the door closed. Patients with suspected measles should be seen at the end of the day and use a separate entrance. The examination room should not be used for two hours.

## **Prevention**

Routine vaccination with two doses of measles-containing vaccine is the safest and most effective way to prevent disease. It is routinely recommended for all children and is a requirement for school attendance.

Management of exposed individuals: Non-immune immunocompromised persons, infants  $\leq 12$  months, and others at high risk of complications from measles can be protected with immune globulin  $\leq 6$  days after exposure. Clinicians may consider administering immune globulin to other contacts in accordance with [CDPH recommendations](#)

<http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPHIGforMeaslesPEP.pdf>.

Non-immune immunocompetent individuals can receive the MMR vaccine  $\leq 72$  hours after exposure as an immediate prevention measure. After 72 hours MMR may be offered to anyone for future protection.

## **Reporting**

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

*Los Angeles County DPH:*

- Weekdays 7:30 am to 5:00 pm call: 213-351-7800.
- After hours call: 213-974-1234.

*Long Beach Health and Human Services:*

- Weekdays 8:00 am to 5:00 pm call: 562-570-4302.
- After hours call: 562-435-6711 and ask for the Communicable Disease Officer.

*Pasadena Health Department:*

- Weekdays 8:00 am to 5:00 pm call: 626-744-6089.
- After hours call: 626-744-6043.

**Additional Resources**

- Technical assistance: LAC DPH Immunization Program's Surveillance Unit at 213-351-7800.
- Additional LAC DPH information about measles:  
<http://publichealth.lacounty.gov/ip/DiseaseSpecific/Measles.htm>
- Information for parents and FAQs for patients  
<http://publichealth.lacounty.gov/media/measles/index.htm>
- CDPH Measles Factsheet  
<https://www.cdph.ca.gov/programs/immunize/Documents/CDPHMeaslesInvestigationQuicksheet.pdf>

This Health Alert was sent by Dr. Franklin Pratt, Medical Director, Immunization Program, Los Angeles County Department of Public Health

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<http://publichealth.lacounty.gov/lahan>