



County of Santa Cruz

HEALTH SERVICES AGENCY

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Public Health Division

PUBLIC HEALTH ADVISORY UPDATE

To:	All Healthcare Providers in Santa Cruz County
From:	Arnold S. Leff, MD, REHS, County Public Health Officer
Subject:	<i>Measles cases confirmed in 12 U.S. states and multiple countries worldwide</i>
Date:	March 13, 2019

Three measles cases were confirmed in the Bay Area, all linked to the same international flight that landed at SFO in February. The person who was contagious with measles during the flight was a Santa Cruz County resident. This case did not re-enter Santa Cruz County while infectious. The two other cases are San Francisco and Santa Clara County residents. Public health investigators investigated all three cases and controlled the outbreak; there is no evidence indicating that measles is spreading further within the impacted counties.

In 2019, multiple individual cases and outbreaks of measles have been confirmed across the United States (CA, CO, CT, IL, KY, NH, NY, OR, TX, and WA) and in a number of countries across the world (e.g. England, France, Italy, Israel, Ukraine, and the Philippines). The large measles outbreak in Washington state and Oregon is still active, now totaling 75 confirmed cases. Of the 70 cases in Clark County, WA, a majority (87%) of the cases are unimmunized for measles while 13% of the cases have unknown immunization statuses or histories of incomplete vaccination series.

Clinicians should remain vigilant in identifying and managing suspected measles cases to avoid introduction to our community and prevent ongoing transmission. It is also very important to ensure your patients and staff are up-to-date with the recommended immunizations.

Healthcare facilities and clinicians are requested to:

- 1. Consider measles in patients with a fever (even if subjective) and a descending rash (starting on face/head then moving down body) and known measles risk factors.** To assess risk factors, ask about measles vaccination and exposure to known measles cases, recent travel (international, affected states, or through U.S. international airports), or interaction with international visitors (including at a U.S. tourist attraction) during the 3 weeks prior to illness.
- 2. Prepare your facility for the possibility of measles patients:**
 - Post signage alerting staff of measles precautions (see resources below).
 - Ask patients to call ahead if they have febrile rash illness. Consider seeing such patients outside of the building, if possible. Post signs **PROMINENTLY** at all entrances.
 - Train staff to immediately implement airborne precautions if measles is suspected.
 - Mask and isolate the patient in an airborne isolation room.
 - Update immunity records of staff and only permit staff immune to measles to be near the suspected patient; staff should use N-95 respirators, if available.
 - Do not re-use exam room for at least two hours after the patient has left the room.
 - Assure airborne precautions at other healthcare facilities if referring the patient elsewhere.
- 3. Report suspected measles cases immediately to the Communicable Disease Unit (CDU) by phone at **831-454-4114** before you send the patient home. If after hours or on weekends, call 831-471-1170 and ask for the Health Officer. **CALL, DO NOT FAX.****
- 4. Test suspected measles cases in consultation with the CDU.**
 - If a recently vaccinated patient has fever and rash but none of the risk factors for measles described above, measles is extremely unlikely and testing is usually unnecessary.

5. Testing should be done by a public health lab to ensure rapid and accurate results.

Specimen collection: *PCR is the preferred testing method.*

Patients presenting ≤ 7 days of rash onset:

- Obtain a Dacron® throat swab (rather than NP swab), place in 2-3 ml of viral transport media **AND**
- Collect 50-100 ml of urine in a sterile centrifuge tube or urine specimen container.

Patients presenting > 7 days after rash onset:

- Collect 50-100 ml of urine in a sterile centrifuge tube or urine specimen container.
- For measles antibody IgM and IgG, collect 7-10 ml blood in red or tiger top.

Collecting specimens while the patient is at your facility will prevent delays in confirmation and limit the potential for additional healthcare visits/exposures. Please HOLD specimens for testing by Public Health.

6. **Advise patients with suspected measles to stay home with no visitors** until at least 4 days after rash onset and/or until cleared by the CDU to resume normal activities. Patients should go home by private vehicle, *not* public transportation or a ride share (e.g. Uber, Lyft)
7. According to California's Aerosol Transmissible Disease (ATD) Standard guidelines, facilities must offer free vaccinations against ATDs to their health care staff. **Ensure employee protection against measles and other aerosol transmissible diseases** so that further transmission and work exclusion in the event of an exposure can be avoided. CDC recommends two doses of MMR for healthcare workers without evidence of immunity.
8. **Vaccinate children and non-immune adults**, unless contraindicated, according to national guidelines. Consider sending out vaccine reminder messages or email blasts alerting your patient group to the presence of measles in the U.S. and international countries, prompting patients to receive MMR vaccine as well as other recommended vaccines.

Measles Signage and Tools:

- Santa Cruz County CDU Measles Checklist for Providers (attached)
- Measles Sign for Healthcare Staff (and attached): <http://eziz.org/assets/docs/IMM-908.pdf>
- CDC Measles Factsheet for Parents (attached): www.cdc.gov/measles/about/parents-top4.pdf
- Measles Clinic Patient Sign (bilingual versions attached)
- MMR Vaccine Reminder Message (bilingual versions attached)

Additional resources:

- Contact the Communicable Disease Unit:
831-454-4114 (Monday-Friday 8:00am-5:00pm) and 831-471-1170 (after hours and weekends).
- California Department of Public Health (CDPH):
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/measles.aspx>
- CDPH Measles Clinical Guidance: Identification and Testing of Suspect Measles Cases
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-ClinicalGuidance.pdf>
- Centers for Disease Control (CDC): www.cdc.gov/measles/hcp
and <https://www.cdc.gov/measles/hcp/index.html>
- CDC Recommended Vaccines for Healthcare Workers: <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>
- CDC Talking with Parents about Vaccines: <http://www.cdc.gov/vaccines/hcp/conversations/conv-materials.html>
- Washington State Measles Outbreak 2019 updates:
<https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Measles/MeaslesOutbreak>
- California Aerosol Transmissible Disease (ADT) Standards:
<https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/CDPH%20Document%20Library/ATD-Guidance.pdf> and <https://www.dir.ca.gov/title8/5199.html>

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.