



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

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PROVIDER HEALTH ADVISORY

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Measles: Be Alert for Illness and Contact Public Health Department with Suspect Cases

Please see the attached one-page advisory from the California Department of Public Health regarding identification and testing of suspect measles cases.

Please contact the Public Health Department immediately to report suspect cases:

- 805-781-5500 (M-F, 8 a.m.–5 p.m.)
- 805-781-4553 (weekends and after hours)

In California - From January 1 to March 29, 2019, 16 measles cases were reported in California. To date in 2019, no cases have been reported in San Luis Obispo County.

Across the U.S. - From January 1 to March 28, 2019, the [Centers for Disease Control and Prevention \(CDC\)](#) reports that 387 individual cases of measles were confirmed in 15 states (Arizona, California, Colorado, Connecticut, Georgia, Illinois, Kentucky, Michigan, Missouri, New Hampshire, New Jersey, New York, Oregon, Texas, and Washington). This is the second-greatest number of cases reported in the U.S. since measles was eliminated in 2000.

In Europe - The [European Centre for Disease Prevention and Control](#) reports that large outbreaks with fatalities are ongoing in countries that had previously eliminated or interrupted endemic transmission. In January 2019, Romania, Italy, Poland and France had the highest case counts with 261, 165, 133 and 124 cases, respectively.

More information for health care providers is available in the attached advisory and at www.cdc.gov/measles/hcp.

Public Health Department

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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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