



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY  
PUBLIC HEALTH DEPARTMENT  
**PROVIDER HEALTH ADVISORY**

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**Date:** April 4, 2025  
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## Measles Update: Case Response and Clinical Guidance

As many clinicians are aware, the U.S. is currently experiencing ongoing outbreaks of measles. This advisory provides clinicians with reminders and a quick reference for measles prevention, identification, reporting and response.

### *Current situation*

**United States:** The Centers for Disease Control and Prevention (CDC) has reported 607 confirmed cases of measles since January 1, 2025, surpassing the 2024 total of 285 cases. Of the 607 national cases, 93% have been outbreak-associated. The majority of cases (72%) have been between the ages of 0 and 19 years old. Approximately 97% of cases have had an unvaccinated or unknown vaccine status. Seventy-four of the 607 cases have been hospitalized, and two deaths have been reported.

**California:** As of March 31, the California Department of Public Health (CDPH) has reported eight confirmed measles cases in California in 2025. Most of the eight measles cases currently reported by CDPH had international travel exposures. This data is updated every two weeks and there is potential that additional cases are pending.

**SLO County:** The most recent confirmed case of measles in San Luis Obispo County [was in 2018](#). The Public Health Department is staying vigilant and up to date with emerging information regarding local California cases and national outbreaks.

### *Prevention*

The best protection against measles is the [Measles-Mumps-Rubella \(MMR\) vaccine](#), a routine vaccine that most children get before starting school. Children routinely get their first dose at age one and a second dose at age four or five, though CDC recommends getting a dose earlier (as young as six months of age) if children will be traveling to an area where measles is common. One dose of the MMR provides 93% protection against measles and two doses provides 97% protection.

Adults who received one dose of the measles vaccine as a child (before two doses became standard) are considered fully protected if they will not be in a high-risk setting for measles transmission. Adults born prior to 1957 are also considered to be immune. Adults who will be in a high-risk setting for measles transmission are recommended to receive a second dose. Patients may inquire about checking their immunity (titers) for measles protection, though this is generally not recommended.

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#### Public Health Department

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[www.slopublichealth.org](http://www.slopublichealth.org)

Vaccination can also be offered as post-exposure prophylaxis to exposed individuals with an unknown or incomplete vaccine history.

Clinicians play a key role in recommending and facilitating vaccination, including answering questions from patients and families. The CDPH Immunization Branch recently hosted “Crucial Conversations” webinars on [Talking with Parents About School-Required Immunizations](#) and [Effective Communication Without Confrontation](#).

While vaccination is critical in preventing measles transmission, not all patients will be interested in this option. In these cases, it is important to share information about recognizing the signs and symptoms of measles and to encourage patients to seek care if they or their family members become sick.

### ***Identification and response***

Providers should be on the lookout for the classic symptoms of measles, including:

- initial moderate fever (>101 F)
- at least one of the three Cs (cough, coryza or conjunctivitis)
- white lesions in the mouth (*Koplik spots*)
- followed by a descending rash that starts on the face and typically appears within four days of illness onset.

Diagnosis is confirmed through PCR testing (preferred) or serology testing. Obtaining multiple samples such as urine, throat swab (or nasopharyngeal swab) can help confirm a measles infection. See details about specimen collection and submission to the Public Health Laboratory at [www.slocounty.gov/measles-virus-pcr](http://www.slocounty.gov/measles-virus-pcr)

The incubation period is 7-21 days after exposure. Due to the ability of the measles virus to remain suspended in the air and survive on surfaces, a measles exposure includes individuals who shared the same airspace with a person infected with measles (four days before rash until four days after rash resolve) up to 2 hours after the infectious individual left the area.

### ***Steps for providers to take when patients present with febrile rash illness***

- Mask the patient immediately, if possible.
- Bypass the waiting room: keep patients out of common areas.
- Isolate patient immediately, in an airborne infection isolation room (AIIR) if possible. See [CDC](#) and [CDPH \(PDF\)](#) infection control guidance. People with measles are contagious from 4 days before rash onset through 4 days after rash onset.
- All healthcare personnel entering the patient room, regardless of immune status, should use respiratory protection at least as effective as an N95 respirator per Cal/OSHA requirements.
- Assess for risk factors and measles immunization status.
- Promptly telephone the local health department (see contact details below) to report suspected measles cases, even before laboratory confirmation, to discuss measles testing and control measures.

- Collect throat (**preferred**) or NP swab and urine for polymerase chain reaction (PCR) testing. See specimen collection and submission details at [www.slocounty.gov/measles-virus-pcr](http://www.slocounty.gov/measles-virus-pcr). PCR is the preferred method for diagnosis.

### ***Reporting***

Measles is a mandatory, immediately notifiable disease by telephone (Title 17, California Code of Regulations, § 2500). To report suspected cases:

- Call the San Luis Obispo County Public Health Department at 805-781-5500 (M-F, 8 a.m.–5 p.m.) or 805-781-4553 (weekends and after hours).

### ***More information***

For more information, please see [CDC's Measles Cases & Outbreaks](#), with links to a range of related information for clinicians.