



**COUNTY OF ORANGE
HEALTH CARE AGENCY**

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**PUBLIC HEALTH
EPIDEMIOLOGY & ASSESSMENT**

Measles Advisory

January 3, 2014

A case of measles was recently reported in a visitor staying in Orange County while infectious.

Although measles is not endemic in the U.S., it is endemic in most countries in the world. People infected abroad can cause outbreaks in the U.S. among pockets of unvaccinated people, including infants and young children, with approximately 1 in 5 children with measles needing hospitalization. In the U.S., there are usually about 60 measles cases per year, with an increase noted in 2013 to 175 cases as of November 30, 2013. In California, there have been 18 cases of measles reported with onset in 2013. These reports highlight the ongoing risk of measles in the U.S. due to measles importations, and the need for clinicians to be aware of this disease and for the general public to be vaccinated routinely against measles.

Orange County Public Health urges clinicians to:

1. Consider measles in patients with febrile rash illness.

- **Notify Orange County Public Health Epidemiology at 714-834-8180 about any suspect cases.**
 - Signs/symptoms: fever spikes up to 104-105°F and rash (red, maculopapular rash typically starting at hairline, then face, spreads rapidly down body; may become confluent).
 - Prodrome: mild to moderate fever, cough, coryza, conjunctivitis.
- Send serum for measles IgM and IgG and nasopharyngeal, throat, or urine specimens for measles polymerase chain reaction (PCR) and virus culture to Orange County Public Health Laboratory. Testing will be coordinated for suspect cases after reporting to Epidemiology.

2. Use appropriate infection control practices to prevent transmission in health-care settings.

Persons with measles are infectious from four (4) days before until four (4) days after the rash; immunocompromised persons can be infectious for the entire duration of the illness. **For any suspect case:**

- Utilize airborne and standard precautions. Immediately remove patient from waiting area and place in airborne infection (negative pressure) isolation room if available, OR at minimum, private room with door closed, and ask patient to wear a surgical mask, if tolerated.
- Restrict care for patients with suspect or confirmed measles to immune* healthcare workers (HCW).

3. Assure that patients, their families, and your staff members are fully vaccinated.

- Measles vaccine (usually given as MMR) is routinely recommended for all children at 12-15 months with a second dose at 4-6 years of age.
- At least one dose of MMR is recommended for all adults without evidence of immunity to measles.*
- **Two doses are recommended for all HCW without evidence of immunity to measles;** for those HCW born before 1957 without additional evidence of immunity, two doses of MMR are recommended during a measles outbreak.

***Definition of immunity to measles:**

1. Positive serum IgG to measles, OR
2. Birth before 1957, OR
3. At least one dose of measles-containing vaccine (usually given as MMR).**

**Adults who should receive two doses of measles vaccine if no other evidence of immunity include persons who are students in postsecondary educational institutions, work in a health-care facility, plan to travel internationally, or who received inactivated (killed) measles vaccine or vaccine of unknown type during 1963-1967.

For more information on measles, see <http://ohealthinfo.com/phs/about/dcepi/epi/disease/measles> or the CDC website at <http://www.cdc.gov/vaccines/vpd-vac/measles/default.htm>.