



## COUNTY OF ORANGE

### PUBLIC HEALTH EPIDEMIOLOGY & ASSESSMENT

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### **Measles Advisory**

February 3, 2014

Orange County has had three confirmed cases of measles in the last 6 weeks. The first two had a history of acquiring illness during travel to Asia. The third case has no travel history; HCA is evaluating this case for a potential source. Orange County has seen 0-1 cases of measles per year for the last 5 years. This recent increase in cases raises the potential for additional cases in the near future.

**Providers should consider the diagnosis of measles in patients with an appropriate clinical presentation, particularly in those with a history of international travel.**

Measles symptoms usually begin 10-12 days (up to 21 days) after exposure with a prodrome of fever as high as 105°F (40.5°C), malaise, cough, runny nose, and conjunctivitis. Two to four days following prodrome onset, a maculopapular rash develops. The rash usually begins around the ears and hairline and then spreads down to cover the face, trunk, arms, and legs.

**Providers should notify Orange County Public Health Epidemiology immediately at 714-834-8180 about any suspect cases.** Testing can be performed by sending serum for measles IgM and IgG and nasopharyngeal, throat, and 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.

All three recent cases visited local health care facilities. As a result of delayed infection prevention procedures, over 150 patients and their accompanying family and friends were potentially exposed and needed follow up evaluation. Many needed some combination of serologic testing and postexposure prophylaxis with MMR vaccination and/or immune globulin.

**Measles is extremely infectious and is spread by direct contact with infectious droplets or by airborne spread. Whenever a potential case of measles is identified, the following infection control practices should be implemented to prevent transmission in health-care settings:**

- Utilize airborne and standard precautions. Immediately remove patient from the waiting area and place in an airborne infection (negative pressure) isolation room if available, OR at minimum, in a private room with door closed. Ask patient to wear a surgical mask, if tolerated.
- Restrict care for patients with suspect or confirmed measles to immune healthcare workers; Healthcare workers can be considered to be immune to measles in non-outbreak situations if one of the following criteria are met:
  1. Documentation of 2 doses live virus measles vaccine (MMR)
  2. Documentation of laboratory confirmation of disease or immunity
  3. Birth before 1957

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