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HEALTH UPDATE: BE ALERT FOR MEASLES CASES

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SITUATIONAL UPDATE

An increase has been noted in measles cases in California in early 2014. The majority of case-patients were unvaccinated. Although measles is no longer endemic in the United States, measles epidemics overseas have resulted in imported cases and resulting secondary cases. In addition, undetected community transmission may occur. Measles should be a consideration in patients presenting with fever and morbilliform or maculopapular rash, especially those with a recent travel history. **There were two confirmed measles cases in San Francisco residents reported in 2013; however, no measles cases have been reported in San Francisco so far in 2014.**

An unvaccinated Contra Costa County resident with measles rode BART and attended classes at UC Berkeley on 2/4/14-2/7/14 during his/her infectious period. We believe the risk of individuals contracting measles as a result of this exposure is low.

The purpose of this update is to provide guidance for clinicians who may be responding to inquiries from concerned patients, and to review proper infection control and testing procedures for patients presenting with potential measles symptoms. **Suspected measles cases should be reported immediately to the SFDPH Communicable Disease Control 24-hour line: 415-554-2830. If calling after hours, follow the prompts to page the on-call physician.**

CLINICAL GUIDANCE

If a patient presents to a medical facility with a fever and a maculopapular or morbilliform rash, he or she should be immediately masked and placed in an isolation room or a private exam room as soon as possible. Patients with rash who request advice over the telephone and who are advised to present for evaluation should be instructed to travel to the medical facility in a private vehicle if possible and to request a mask upon arrival. Treatment of measles is supportive. The most important preventive strategy for measles is immunization. Patients who have been vaccinated against measles or who have a history of measles disease are considered immune. Medical providers should work with their patients to make sure that their measles immunization status is up to date.

Individuals who are planning travel outside the United States should be up to date on their measles immunizations, and early administration of measles vaccine to infants 6-12 months of age who are traveling outside the United States is recommended. For detailed recommendations concerning measles vaccination for travelers, please see <http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-3-infectious-diseases-related-to-travel/measles-rubeola>

For general information about measles, please see the SFDPH Communicable Disease Control website <http://www.sfdcp.org/measles.html>

For California Department of Public Health's recent Health Advisory concerning measles, see <http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPHMeaslesHealthAdvisoryFeb2014.pdf>

Please see attached "Quick Guide for Clinicians: Measles" for detailed information concerning measles reporting and diagnostic testing.

Categories of urgency levels

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