Health Update

Updated Measles Testing Guidance for Healthcare Providers

Current Situation
As of May 29th, 47 cases of measles have been diagnosed among California residents in 2019. Thirty-one of these cases were outbreak-related and linked to travelers exposed in countries like Israel, Ukraine, and the Philippines where large measles outbreaks are occurring. There have been no confirmed cases of measles in Monterey County in 2019 to date.

Recommendations for Medical Providers
1. Encourage your patients to get vaccinated.
   - Children should get 2 doses of MMR vaccine: the first at 12-15 months of age and the second at 4-6 years of age. One dose is recommended prior to international travel for unvaccinated infants ages 6 to 11 months.
   - Adults born during or after 1957 who do not have evidence of immunity should get at least one dose of MMR vaccine. Two doses are recommended for healthcare workers, post-high school students and international travelers. See the CDC website for detailed recommendations and contraindications at https://www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html.
2. Ensure your clinic is prepared to isolate a person with suspected measles by reviewing the California Department of Public Health’s Healthcare Facility Infection Control Recommendations for Suspected Measles Patients available at https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-HCFacilityICRRecs.pdf.
   - Measles starts with a mild fever accompanied by cough, coryza, and conjunctivitis.
   - Two to three days later the fever spikes, often to 104-105°F, and a red blotchy maculopapular rash appears, usually first on the face, along the hairline. This slightly itchy rash rapidly spreads downward.
   - Patients with rash and fever and recent travel to countries with current measles outbreaks are at higher risk of measles. A list of countries with measles outbreaks is available at https://wwwnc.cdc.gov/travel/notices/.

Health Alert: Warrants immediate action or attention. Health Advisory: Provides 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.
4. Follow the attached guide from the California Department of Public Health to determine whether to test for measles.
   - Immunization in the last month with MMR or MMRV can be a cause of measles-like rash. Check the patient’s immunization history. Testing is not indicated if the patient was immunized against measles in the last month AND the patient’s exposure history (see attached guide) is negative.

5. Act immediately if you suspect measles.
   - Implement airborne infection control precautions immediately. Mask and isolate the patient.
   - Call the Monterey County Health Department immediately at (831) 755-4521. After normal business hours, call (831) 755-5100 and ask for the Hazardous Materials Team, who will connect you with the on-call Health Officer.
   - Only allow medical personnel who are immune to measles to be near the patient.
   - If screening is indicated, expedite measles testing through the Monterey County Public Health Laboratory (831-755-4516). Use of commercial labs may delay diagnosis and expose others needlessly.
     - Collect 10-15 mL of urine in a sterile collection container AND a throat specimen using a synthetic swab (e.g., Dacron) placed in liquid viral or universal transport medium.
   - Do not use any regular exam room for 2 hours after a suspected measles patient has left the room.

For More Information
   - Contact the Communicable Disease Unit at (831) 755-4521 or visit our website at www.mtyhd.org.
   - Review the California Department of Public Health’s measles testing guidelines at http://eziz.org/assets/docs/IMM-1269.pdf.
   - Visit the Centers for Disease Control and Prevention’s website: http://www.cdc.gov/measles/
Should I Test For Measles?
A Guide for California Healthcare Providers

While suspecting measles in your patient, immediately mask and isolate the patient per airborne precautions.*

**STEP 1 - HISTORY**

In the 21 days prior to onset of illness, has patient had any of the following?
- Known exposure to a person with measles?
- International travel, contact with an international traveler, or been to an international airport in the US?
- Visited a venue popular with international visitors?
- Resided in or visited a US community with measles cases?

*Current listings at bit.ly/2jQBW

If NO to all, measles very unlikely, testing not required.

If YES to any, continue

**STEP 2 - EXAM**

Has the patient had a combination of...?
- FEVER
- And one or more of: COUGH, CONJUNCTIVITIS, or RUNNY NOSE
- And RASH†
  - Red-brown macules or papules - may become confluent patches
  - Begins on face and progresses downwards to the rest of the body
  - Typically appears within a few days after other symptoms begin

If no rash within 4 days after onset of illness, you may consult your local health department.

**STEP 3**

If YES
- CALL your local health department to report illness and discuss testing.
- COLLECT specimens for PCR testing:
  - Urine (10-50 ml in sterile container) AND
  - Dacron swab of throat (preferred) or nasopharynx in viral transport medium

If NO
- Measles unlikely, testing not required.
- As needed, call your local health department for consultation.

Local health department contact information: bit.ly/LHD-Reporting

*Place patient in a negative pressure room when available; if not, examine the patient outside the facility or in a private room with the door closed; minimize the time patient spends in the facility. Other precautions apply.
†Immunization in last month with MMR or MMRV can be a cause of measles-like rash - check immunization history. Testing is not indicated if immunized against measles in last month and answer is no to all questions in Step 1.