



To: CAHAN San Diego Participants
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From: Immunization Program, Public Health Services

Measles Outbreaks in Washington, New York, and Overseas

This health advisory informs healthcare professionals about recent measles outbreaks in the United States and other countries. It also contains recommendations for providers and resource links.

Key Points:

- Measles outbreaks are currently ongoing in Washington and New York.
- Reports of measles after international travel increased significantly in the United States in 2018, notably after travel to Israel, Italy, France, the United Kingdom, and Ukraine. Countries experiencing current large measles outbreaks include Ukraine, India, Brazil, Philippines, Democratic Republic of Congo, and Somalia.
- Measles should be considered when individuals present with an acute febrile illness and maculopapular rash. Recent travel to communities or countries with ongoing outbreaks and exposures at locations with international tourists increase relative risk of disease.
- All patients with fever and rash should be screened at the point of entry to a healthcare facility. Providers should immediately institute airborne precautions on patients suspected of measles to prevent healthcare associated exposures.
- **Providers should immediately report any suspect measles case to the County Immunization Program. Do not wait for laboratory confirmation.**
- Specimens on patients with suspected measles can be expeditiously tested at the San Diego County Public Health Laboratory (SDPHL) after consultation with the County Immunization Program.

Situation

On January 25, 2019, the Governor of Washington [declared](#) a public health emergency due to a measles outbreak that now includes 41 confirmed and 15 suspected cases in [Clark County](#), just north of Portland, Oregon. Of the 41 confirmed Clark County cases, 37 (90%) are known to be unvaccinated; the immunization status of four cases could not be verified. All but one of the Clark County cases has been less than 18 years of age, and 30 (73%) have been less than 10 years of age. Two of these children traveled to [Hawaii](#) before developing illness. An adult [Seattle](#) resident with travel to Clark County, and a [Portland](#) resident have also been linked to the outbreak. In addition, a measles outbreak of at least 182 cases centered in the Orthodox Jewish community in [New York City](#) and the surrounding area has been occurring since the late fall 2018.

The Centers for Disease Control and Prevention (CDC) [reported](#) 349 confirmed measles cases in 26 states and the District of Columbia in 2018. This is the second greatest number of annual cases reported since measles was eliminated in the U.S. in 2000. The greatest number was 667 cases reported in 2014. Seventeen outbreaks were reported to CDC during 2018. The majority of these outbreaks were associated with international travelers who brought measles back from Israel, Italy, France, the United Kingdom, and Ukraine, where large outbreaks have occurred.

In the last year, CDC issued numerous level 1 travel notices regarding measles outbreaks in various countries. Countries with large ongoing outbreaks include Ukraine, Brazil, Philippines, Thailand, Madagascar, the Democratic Republic of Congo, and Somalia. A current list of countries with travel notices due to measles may be found [here](#).

No measles cases have been reported in San Diego since 2017, when a local resident developed measles after travel to Bali and a secondary case occurred after exposure at a healthcare facility. Fourteen local cases were reported in 2014-2015 as part of the [multistate outbreak](#) originating in the Disney theme parks in Orange County.

In early 2014, a San Diegan developed measles after travel to the Philippines. Three secondary cases occurred, two of which resulted from exposures in local emergency departments. In 2008, a local outbreak of 12 cases [originated](#) from an unvaccinated child who developed measles after a trip to Europe. Four cases in the 2008 outbreak resulted from exposures in a physician office. These events highlight the need to **identify** and **isolate** potential measles cases and **inform** public health and infection control to limit potential exposures. A useful **3I** tool for the detection and management of measles may be found [here](#).

Background

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, coryza, and conjunctivitis. Three to five days following onset of the prodrome, a maculopapular rash develops. Koplik spots (clustered white spots on the buccal mucosa at the first and second molars) may precede the rash and persist after rash onset. The rash usually begins around the ears and hairline and then spreads down to cover the face, trunk, arms, and legs.

The sequence of symptom presentation, vaccination and travel histories, and medication use are critical in [distinguishing measles](#) from other causes of maculopapular rash and fever. It is unlikely to be measles if there is no rash on the face, if there is no fever at rash onset, or if rash appears less than two days or greater than 7 days after symptom onset. Clinicians who have never seen a measles case are encouraged to consult their institutional resources (experienced pediatricians, infectious disease physicians, etc.) to help evaluate patients with fever and rash. More information for providers may be found at the [CDC measles website](#) and the California Department of Public Health ([CDPH measles website](#)), which contains a useful reference for [clinical guidance](#).

Serologic testing for measles is often performed but may be challenging to interpret because of the frequency of both false negative and false positive results. Polymerase chain reaction (PCR) testing for measles is a sensitive and specific method to identify measles and is available at SDPHL. A throat swab is preferred over a nasopharyngeal swab for measles PCR testing and the specimen should be placed in viral transport media. A urine specimen of at least 50cc can also be tested for measles using PCR.

Measles virus is sensitive to heat and desiccation and viability decreases when samples are not kept cold. Samples should be transported with cold packs as soon as possible following collection. If samples cannot be transported immediately, they can be held at 4°C for 72 hours before shipping.

Measles is highly infectious and is transmitted by airborne spread of respiratory droplets. Typically, measles patients are contagious from 4 days before to 4 days after rash onset. Suspect measles cases should not be allowed in patient waiting areas. They should be masked and placed immediately in an examination room, with the door closed. Patients with suspect measles should be seen at the end of the day and use a separate entrance if possible. The examination room should not be used for at least two hours after the patient has left. Providers seeing patients in an office or clinic setting may consider options such as having the patients call ahead when measles symptoms are present and arranging to see suspect measles cases after all other patients have left the office, or assessing patients outside of the building to avoid having a potentially infectious patient enter the office.

Two doses of measles-containing vaccine ([MMR or MMRV](#)) are more than 99% effective in preventing measles. Measles vaccines have been available in the United States since 1963, and two doses have been recommended since 1989. The first dose is given at 12-15 months of age, with the second dose usually between ages 4-6 years. Before [international travel](#), those between 6 and 12 months of age should receive one MMR dose and those over 12 months of age should receive two MMR doses at least 28 days apart. Doses given prior to 12 months of age do NOT count toward meeting the recommended two doses of MMR vaccine.

Recommendations for Providers

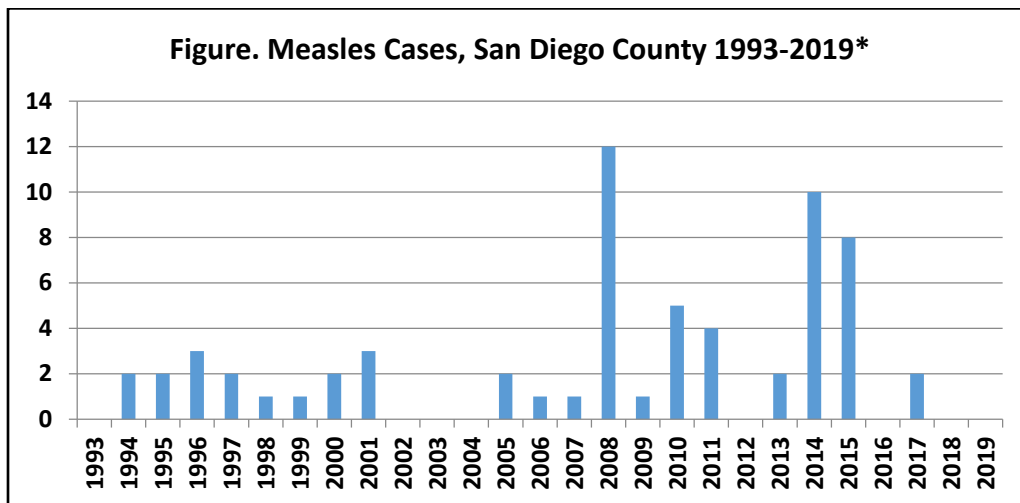
- **Consider measles in patients with an appropriate clinical presentation**, especially fever and maculopapular rash and recent travel to locations with known outbreaks or places with international visitors.
- **Screen all patients with fever and rash at the point of entry to a healthcare facility.**
 - Immediately mask and isolate any patient suspected of having measles and move them to a negative pressure room when available.
 - Follow CDPH guidance on healthcare facility infection control recommendations for suspect measles patients, found [here](#).
- **DO NOT wait for laboratory confirmation before reporting a suspect case.**
 - Notify the County Immunization Program **immediately** about any suspect cases during office hours by calling (866) 358-2966 (press 5 at the prompt) Monday-Friday 8AM-5PM and (858) 565-5255 after hours and on weekends. This will facilitate time-sensitive public health actions and assistance with clinical decision making and laboratory testing.
- **DO NOT send potentially infectious suspect measles patients to a reference laboratory for specimen collection.**
 - Collect appropriate laboratory specimens in your office when possible.
 - If patients must be sent to another location for specimen collection, arrangements must be made for appropriate isolation precautions to be taken.
 - DO NOT send specimens directly to the SDPHL or to the CDPH laboratory without consulting the County Immunization Program.
 - More information about measles testing may be found [here](#).

- **Ensure that patients are up-to-date with all immunizations, including MMR.**
 - Advisory Committee of Immunization Practices MMR guidelines may be found [here](#).
 - International travelers should be counseled to check the CDC Travelers' Health [website](#) to determine what immunizations are recommended prior to travel.
 - All medical staff should have two documented does of MMR or serologic evidence of measles immunity
- **Provide post-exposure prophylaxis when indicated.** CDPH guidance on measles post-exposure prophylaxis may be found [here](#) and details on immunoglobulin administration may be found [here](#).

Thank you for your participation.

CAHAN San Diego

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