



To: CAHAN San Diego Participants

Date: April 1, 2024

From: Public Health Services

Health Advisory: Second Measles Case in San Diego County for 2024

#### Key Messages

- An adult with an unclear vaccination status who has returned from overseas travel has developed laboratory confirmed measles not linked to the [1<sup>st</sup> case in 2024](#).
- Centers for Disease Control and Prevention (CDC) recently issued a [Health Advisory](#) to inform clinicians of an increase in global and U.S. measles cases.
- Measles should be considered when individuals present with an acute febrile illness and maculopapular rash.
- 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.**

**Situation** A 47-year-old has developed laboratory confirmed measles after returning to San Diego County. The individual was infected during an international trip. Based on symptom onset, the infectious period does not include the return travel. However, this measles case may have exposed others to measles at the locations listed in the [County News Center story](#) released yesterday.

#### 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. Measles is highly infectious and is transmitted by airborne spread of respiratory droplets. Typically, measles patients are contagious from four days before to four days after rash onset. Polymerase chain reaction (PCR) testing for measles is a sensitive and specific method to identify measles and is available at the San Diego Public Health Laboratory (SDPHL). A throat swab is preferred over a nasopharyngeal swab for measles PCR testing and the specimen should be placed in viral transport media.

#### Recommendations

1. **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.
  - If a symptomatic patient reports attendance at a measles exposure location in San Diego County, consider measles as a potential etiology regardless of vaccination status.
  - An updated list of potential measles exposure locations in San Diego County is maintained at the [County measles webpage](#).

2. **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 with the door closed, when available.
  - Suspect measles cases should not be allowed in patient waiting areas.
  - 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.
  - Follow CDPH guidance on healthcare facility infection control recommendations for suspect measles patients, found [here](#).
3. **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.
4. **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.
    - For patients presenting  $\leq 7$  days of rash onset, PCR testing of a throat swab and urine through the SDPHL is recommended and preferred over serology. A urine specimen of at least 50cc is needed to be tested for measles using PCR.
    - DO NOT send specimens directly to the SDPHL or to the CDPH laboratory without consulting the County Immunization Program.
    - 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.
    - More information about measles testing may be found [here](#).
5. **Ensure that patients are up to date with all immunizations, including MMR.**
  - Advisory Committee of Immunization Practices MMR guidelines may be found [here](#).
    - Two doses of measles-containing vaccine ([MMR](#) or [MMRV](#)) are more than 99% effective in preventing measles.
  - International travelers should be counseled to check the CDC Travelers' Health [website](#) to determine what immunizations are recommended prior to travel.
    - 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.
  - All medical staff should have two documented doses of MMR or serologic evidence of measles immunity.
6. **Provide post-exposure prophylaxis when indicated.** CDPH guidance (updated in May 2019) on measles post-exposure prophylaxis may be found [here](#) and details on immunoglobulin administration may be found [here](#).

## Resources

**Federal**

- [Clinician Outreach and Communication Activity \(COCA\): Measles Clinical Presentation, Diagnosis, and Prevention](#)
- [Interim Measles Infection Prevention Recommendations in Healthcare Settings | CDC](#)
- [Measles – Vaccine Preventable Diseases Surveillance Manual | CDC](#)
- [Rubeola / Measles | CDC Yellow Book 2024](#)

**State**

- [Measles \(ca.gov\)](#)

**Local**

- [Measles \(sandiegocounty.gov\)](#)

Thank you for your participation.

**CAHAN San Diego**

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