

County of Santa Clara
Public Health Department

Health Officer
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HEALTH ALERT – Watch for Measles

DATE: May 5, 2011

TO: Pediatricians
Family Practice Physicians
Internal Medicine Physicians
OB/GYN
Emergency Department Physicians
Urgent Care Physicians
Infection Preventionists

FROM: Sara H. Cody, MD
Deputy Health Officer

This fax contains: 3 pages.

Please copy and distribute to
ALL physicians at your location.

A case of measles has been confirmed in Santa Clara County. This notice is to provide you with details regarding the case and potential exposures, as well as general information about measles diagnosis and prevention.

The case is an adult who reports having been vaccinated as a child in Mexico. He lives in San Jose, had no known ill contacts and no history of international travel. He was infectious April 23 – May 1. Persons susceptible to measles who were exposed may have onset of symptoms anytime between April 30th (if exposed on the 23rd and exhibiting a very short incubation) and May 22nd (if exposed on the 1st and exhibiting a very long incubation).

During his infectious period, the patient may have exposed others at the following dates and locations:

Place	Location	Date	Time
Century 20 Theater	1010 Great Mall Drive, Milpitas	April 23	6:30 pm – 11 pm
Valley Medical Center, Express Care	752 S. Bascom Avenue, San Jose	April 27	9:00 am – 2 pm

The majority of patients known to have been exposed in VMC Express Care have been successfully contacted and their measles immune status reviewed. We have been unable to locate several homeless patients. The case patient may have been at other locations during his infectious period.

Board of Supervisors: Mike Wasserman, George Shirakawa, Dave Cortese, Ken Yeager, Liz Kniss
County Executive: Jeffrey V. Smith

Since January 2011, eleven cases of measles have been reported in California, 5 in the Bay Area. A nationwide increase in reported measles cases has also been noted. Nearly all cases are linked to travelers returning from Europe or Asia or their contacts. Many European countries are currently reporting measles outbreaks; France alone has reported over 9,000 cases since last October, 2 deaths occurred in 2010 and 2 in 2011.

Please consider measles in patients with recent international travel presenting with fever and rash. Measles is not currently circulating in North or South America, but some California cases have been infected via exposure to infectious travelers during transit through international airports. The last large measles outbreak in the U.S. occurred 1989 – 1991; 17,000 cases and 70 deaths were reported in California. Subsequently, immunization rates increased and endemic transmission in the U.S. was eliminated in 2000. Measles reappears when less than 90 – 95% of the population is immune.

Background

Measles (rubeola) is a highly contagious disease that is transmitted by respiratory droplets and airborne spread. Anyone who shared airspace with a person infectious with measles, or was in the same area up to two hours after the infectious person was present, may have been exposed. The virus can be transmitted from 4 days prior to the onset of the rash to 4 days after the onset. The secondary attack rate is extremely high: up to 90% of susceptible close contacts will become infected with the measles virus. Measles infection can result in severe complications, including pneumonia and encephalitis, which is why we take even a single case very seriously. The incubation period for measles is typically 8 to 12 days, but may range from 7 to 21 days after exposure.

Clinical course

Measles typically begins with a mild to moderate fever, which is accompanied by cough, coryza, and conjunctivitis. Two or three days later, Koplik's spots, a characteristic sign of measles, may appear. At this time the fever spikes, often as high as 104° or 105° F. At the same time, a red blotchy maculopapular rash appears, usually first on the face, along the hairline and behind the ears. This slightly itchy rash rapidly spreads downward to the chest and back and, finally, to the thighs and feet. In approximately one week, the rash fades in the same sequence that it appeared. Immunocompromised patients may not exhibit rash or may exhibit an atypical rash.

Recommendations for vaccination

Measles is a vaccine-preventable disease. MMR vaccine is routinely recommended for all children at 12–15 months of age, with a second dose recommended at age 4–6 years. Prior to international travel, infants 6–11 months of age should receive 1 dose of MMR (though they should also have the two standard doses of MMR after their first birthday). Two doses of MMR vaccine are recommended for all school students and for the following groups of persons without evidence of measles immunity: students in post-high school educational facilities, healthcare personnel, and international travelers who are \geq 12 months of age. Other adults without evidence of measles immunity should routinely receive one dose of MMR vaccine.

Preventing transmission in healthcare settings

To prevent transmission of measles in healthcare settings, follow strict airborne infection control precautions. Suspected measles patients (i.e., persons with febrile rash illness) should be removed from emergency department and clinic waiting areas as soon as they are identified, placed in a private room with the door closed, and asked to wear a surgical mask, if tolerated. In hospital settings, patients with suspected measles should be placed immediately in an airborne infection (negative-pressure) isolation room if one is available and, if possible, should not be sent to other parts of the hospital for examination or testing purposes. All healthcare personnel should have documented evidence of measles immunity on file. For additional information, please see the CDC “Guideline for Isolation Precautions” at:

<http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>

What to do

Please be alert to signs and symptoms of measles in your patients, and immediately report any suspect cases to the Public Health Department. During normal business hours, call the Disease Prevention and Control Program at 408-885-4214. After hours, weekends and holidays, call the County Communications Dispatcher at 408-998-3438 and ask to speak with the Public Health Officer on call. Prompt reporting of suspect cases is CRITICAL to implementation of successful prevention and control measures.

Questions?

If you have questions about measles or about this notice, please call the Disease Prevention and Control Program at 408-885-4214 and ask to speak with a public health nurse. Thank you.