Riverside County Department of Public Health is alerting the medical community of a confirmed measles case in Riverside County. An unvaccinated child presented with fever, cough and rash. The Rubeola IgM was positive. The child was seen in several health care settings during his infectious period. A contact investigation is in progress to evaluate exposed individuals, as well as health care workers. It is important to confirm that health care workers have immunity for measles (and other vaccine preventable diseases).

This case highlights the need for healthcare professionals to be vigilant about measles. *Your expert eye and diagnostic skills can make a difference in stopping the spread of measles in our community:*

Please take the following actions:

- Consider measles in patients of any age who have *a fever AND a rash*. Please remember patients can be infectious 4 days prior to rash onset. Fever can spike as high as 105°F. Measles rashes are red, blotchy, maculopapular, typically starting on the hairline and face, and then spreading downwards to the rest of the body.

- Obtain a thorough history on such patients, including:
  - travel
  - prior vaccinations for measles
  - Contact with anyone with a rash illness

- If you suspect your patient has measles, *isolate* the patient immediately and report to Disease Control. The risk of measles transmission to others can be reduced if control measures are implemented.

- Collect specimens for measles testing.
  - Draw 1-2 ml blood in a red-top tube; spin down serum if possible. NOTE: Capillary blood (approximately 3 capillary tubes to yield 100 µl of serum) may be collected in situations where venipuncture may be difficult, such as for children <1 year of age.
  - Obtain a throat or nasopharyngeal swab; use a viral culturette and place into viral transport media.
  - Collect 10-40 ml of urine in a sterile 50 ml centrifuge tube or urine specimen container.
If measles is suspected:

1. Mask suspect measles patients immediately. If a surgical mask cannot be tolerated by the patient, use other practical means of source containment (e.g., place blanket loosely over the heads of infants and young children while they are in common areas).

2. Do not allow suspect measles patients to remain in the waiting area; isolate them immediately in an airborne infection isolation room if one is available. If such a room is not available, place patient in a private room with the door closed (see CDC’s “Guideline for Isolation Precautions” at: http://www.cdc.gov/hicpac/2007ip/2007isolationprecautions.html).

3. If possible, limit entry to patient’s room only to healthcare workers with documentation of 2 doses of live measles vaccine or laboratory evidence of immunity (measles IgG positive).

4. Do not allow susceptible people into the patient room.

5. Do not use the examination room for at least two hours after the possibly infectious patient leaves.

6. If possible, schedule suspect measles patients at the end of the day.

7. Notify Disease Control immediately of any suspect measles patients, call (951) 358-5107 during regular business hours; or (951) 782-2974 after hours.

8. For questions on submission of specimens to Riverside County Public Health Laboratory, please call Megan Crumpler, Assistant Laboratory Director at (951) 358-5070.

9. Do not refer suspect measles patients to other locations for clinical evaluation or laboratory testing unless appropriate infection control measures can be implemented at those locations.

10. Instruct suspect measles patients and exposed persons to inform all healthcare providers of the possibility of measles prior to entering a healthcare facility, so that appropriate infection control precautions can be implemented.

Attached: Measles Alert Poster (IMM-908) Feb. 2010
Measles – Differential Diagnosis of Typical Measles 2011