



Health Advisory

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Recent Measles Cases in the San Joaquin Valley

Situational Update

The Madera County Department of Public Health (MCDPH) is working closely with local clinicians, the Fresno County Department of Public Health (FCDPH) and the California Department of Public Health (CDPH), following the recent laboratory confirmation of measles in two pediatric patients from the same extended family. It is important to note that neither child had measles immunization, and the index case had traveled to a country where measles is endemic.

Upon being notified that the index had traveled to a health care facility in Madera County, all individuals identified as exposed contacts were assessed for measles. All residents identified as contacts to the confirmed case (who is a non-Madera County resident) are now completing monitoring for the recommended period for their exposures, and no new cases of measles have been identified.

Measles in Madera County and the San Joaquin is very rare, however, this infectious viral disease remains endemic in other parts of the world and can be a serious, even fatal disease, for susceptible young children and for people who are immunocompromised.

Actions Requested of Clinicians

- ***Consider measles in the differential diagnosis for patients presenting with viral symptoms lasting several days, followed by a distinctive rash, particularly in patients without immunization for measles and with a travel history (within 21 days) to a measles endemic region or country.***
- ***Health care providers should notify their Local Health Department (LHD) immediately of any possible cases of measles: for Madera County residing patients - call (559) 675-7893 to report a possible case and for instructions on measles related testing.***
- ***When evaluating a patient that you suspect may have measles infection, follow the latest Infection control guidance, and please consider the following:***

Presentations suspicious for measles include:

- fever, cough, conjunctivitis, coryza, and a diffuse maculopapular rash (beginning usually on the face, along the hairline, and behind the ears). Koplik's spots (white patches on the buccal mucosa) may also be present.
- The likelihood of measles is much higher in those lacking immunization and with either recent travel to a measles endemic country or contact with a known case of measles. If a patient has a presentation consistent with measles and a history of travel to a [measles-endemic country](#), infection control measures for measles should be followed until testing results are available. Of note, India, Yemen, and Pakistan currently have the highest number of measles cases.
- Patients who are infected with measles are considered highly contagious from 4 days before until 4 days after the onset of rash. The date of onset of rash is critical in the history of suspect measles cases. If a non-immune person is exposed to measles during the contagious period, they are considered at risk for developing measles for 21 days. The MCDPH will work with individuals and households to determine specific quarantine dates and related monitoring processes. Close contacts with a history of immunization are considered low risk for developing measles, however, symptom monitoring for 21 days is still recommended.

If measles is considered in the differential diagnosis, the patient should be placed in airborne isolation. Immediately consult with your local health department for further guidance and to determine if testing is indicated. Measles RNA PCR testing of nasopharyngeal or oropharyngeal swabs and urine is the recommend test for diagnosis. **Health Department approval for testing via the public health laboratory system is presently required, Instructions for specimen collection are frequently updated.**

- The link to the current CDPH *Measles Laboratory Testing Guidance* is: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Measles-Testing-InformationVRDL.pdf>

2. Infection Control considerations

- **Healthcare Setting** - Patients presenting with symptoms concerning for measles should be placed as soon as possible in a single-person exam room with door closed, or an airborne infection isolation room, if available. In addition, for those reporting symptoms of measles, consider telemedicine evaluation in a medically stable patient.
- If a suspected patient with measles is transferred to a hospital or emergency room, the infection prevention team at that facility should be alerted prior to the patient's arrival.

Categories of Health Alert Messages:

Health Alert: Conveys the highest level of importance; warrants immediate action or attention

Health Advisory: Provides important 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

Health Information: Provides general health information which is not considered to be of emergent nature



- All personnel who examine the patient should be up to date on their vaccinations including MMR. An N95 mask is recommended when examining patients suspected of measles.
- The exam room should be kept closed for one hour after last use with a patient suspected of measles.
 - The link to the current CDPH *Health Care Facility Infection Control Recommendations for Suspect Measles Patients (PDF)* is: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-HCFacilityICRecs.pdf>

Additional Measles Information:

- For current information on measles and other communicable diseases, the CDPH posts comprehensive information, and “quick sheets” with detailed clinical guidance. An online search for “CDPH Measles” or other infections will usually identify these resources easily.
- <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-Quicksheet.pdf>
- For the latest information on Measles from the Centers for Disease Control and Prevention (CDC), visit: <https://www.cdc.gov/measles/hcp/index.html>

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