



**Public Health Department**

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[buttecounty.net/publichealth](http://buttecounty.net/publichealth)

## Health Alert

To: Healthcare Providers

From: Andy Miller, M.D. (signed original on file)

Date: March 29, 2019

Re: Update on Measles Outbreak in Butte County and Current Recommendations

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### **Purpose**

The purpose of this Health Alert is to: 1) provide an update on the current measles outbreak, 2) reinforce the reporting obligations of health care providers, and 3) provide clinical guidance and recommendations around measles surveillance and MMR vaccination.

### **Measles Update**

As of March 28, 2019, there are (4) confirmed, epidemiologically-linked, measles cases in Butte County. Additionally, there are (4) confirmed cases in residents of Tehama and Placer counties who are linked to the index case in Butte County.

### **Reporting Requirement**

Any patient suspected of measles must be reported to Butte County Public Health (BCPH) right away so that contact investigation can be initiated promptly to limit transmission. **Report** all cases as soon as you suspect measles. Any suspect measles case must be reported *by telephone immediately* to BCPH (Title 17, California Code of Regulations, §2500).

- Weekdays 8:00 AM – 5:00 PM: call 530-552-3929
- After-hours/weekends/holidays: call 530-332-2462

### **Clinical Guidance and Recommendations**

BCPH is working diligently to identify persons who may have been exposed to measles. However, it is possible that all exposed people may not be identified and it is important for providers to be on the alert for patients who may have measles.

- **Screen** for acute rash illness with fever at entry to any healthcare facility. In measles cases, there must be some fever, even subjective fever, and the rash must start on the head or neck.
- **Consider** measles, regardless of vaccination history, in patients of any age presenting with the following symptoms, particularly those with contact with a known measles case, have a known risk exposure to an identified public location (see BCPH website for list of public locations:

<http://www.buttecounty.net/ph/measles>), a history of recent travel to an affected US community, or recent overseas travel:

- Fever (typically  $\geq 101^{\circ}\text{F}$ ) AND
- Generalized maculopapular rash lasting  $\geq 3$  days (measles rashes typically start on the hairline and face and then spread downwards to the rest of the body) AND
- Cough, runny nose, conjunctivitis OR Koplik spots (bluish-white punctate spots on a bright red buccal mucosa)
- **Obtain** a thorough history on suspect measles patients, including:
  - Clinical signs and symptoms, particularly date of illness onset and date of rash onset
  - Recent exposure to measles case or identified public location, or recent overseas travel in the prior three weeks
  - Prior immunization for measles. Note that although documentation of receipt of two doses of MMR vaccine or a prior positive measles IgG test result makes the diagnosis of measles less likely, measles can still occur in such persons.
- **Collect** diagnostic specimens: All suspected cases of measles should be tested. Contact BCPHD for consultation and arrangement for laboratory testing.
  - Collect a throat (oropharyngeal) swab for culture/PCR using a sterile synthetic swab (e.g., Dacron) and place it into **liquid** viral or universal transport media, AND
  - Collect 10-50 ml of urine in a sterile urine cup for PCR (first void preferred) AND
  - Collect blood for IgM and IgG. Draw 7-10 ml of blood (red top or serum separator tube). Capillary blood (finger or heel stick, at least 3-5 tubes) can be used for pediatric patients.
  - Store all specimens at  $2^{\circ} - 8^{\circ} \text{C}$  and transport on cold packs to the Butte County Public Health Laboratory as soon as possible.
- **Control** transmission:
  - In urgent/emergency healthcare settings, suspected cases should be masked with a surgical mask and triaged away from the general waiting areas into a room with a closed door, with airborne precautions recommended.
  - In other outpatient settings, schedule suspect cases at the end of the day and have them enter the facility via a separate entrance, if possible.
  - Do not send suspect measles cases to the Emergency Department (ED) unless they require hospitalization. Notify the ED **prior** to sending the patient.
  - If you suspect measles, **isolate** the patient immediately and **notify** BCPHD (see reporting below) as soon as possible. Do not wait for laboratory confirmation. The risk of transmission to others and need for large contact investigations can be reduced if control measures are implemented immediately.
- **Consider** post exposure prophylaxis (PEP) for contacts: The administration of MMR vaccine or IG depends primarily upon time of exposure, age of the contact, and risk status of the contact (pregnant or immunocompromised). MMR vaccine is not recommended for infants under 12 months of age who are low risk for measles exposure. For infants under 12 months of age, maternal antibodies in the infant can reduce the immunologic response to the vaccine. Infants who have been exposed to measles should be excluded from high risk settings for 21 days from their last exposure. Please consult with BCPHD regarding measles contacts and indications for PEP.

- **Refer** general calls or inquiries from the public regarding measles to the BCPH Measles Page at: <http://www.buttecounty.net/ph/measles>, or refer callers to Butte County 211: <http://www.helpcentral.org/>. The measles outbreak has generated a heavy call volume to BCPH creating a strain on staff and resources. Please assist us by deferring calls you receive from the public seeking general measles information to our website or Butte County 211. In this way, BCPH can focus staff time and resources on investigation and mitigation efforts around confirmed and suspect cases and their contacts.

### **Additional Resources**

- CDPH Measles Investigation Quicksheet (2019): <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Measles-Quicksheet.pdf>
- Measles clinical guidance: <https://www.cdc.gov/measles/hcp/index.html>
- Infection control information: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>
- Diagnostic Testing information: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Measles-Testing-InformationVRDL.pdf>

Under Title 17, California Code of Regulations (CCR), failure to report is a misdemeanor (Health and Safety Code § 120295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 16, CCR, § 1364).

#### **Categories of urgency levels:**

**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