

Update: Measles Cases Confirmed in Orange County

May 17, 2019

One additional Orange County measles case was identified this week, a close contact of a previously identified case. In the last three weeks, four cases of measles have been identified who have Orange County connections: three Orange County residents and a Long Beach resident who is a student at the University of California-Irvine. Orange County clinicians should consider measles in patients who have the appropriate clinical presentation.

Provider Recommendations (For additional clinical guidance, see CDPH [Measles Clinical Guidance](#))

- **Consider measles in patients presenting with clinically compatible symptoms:**
 - **Measles rash is maculopapular and starts on the face then descends to the rest of the body. Rashes that do not begin on the face are very unlikely to be measles and do not require measles testing.**
 - Respiratory symptoms, including some combination of cough, coryza, and/or conjunctivitis, are almost always present and precede the rash by 1-4 days.
 - Measles should particularly be considered in patients with known exposures, history of travel outside of North America or to areas in the U.S. with ongoing transmission, transit through U.S. international airports, or interaction with foreign visitors, including at tourist attractions.
- **Immediately isolate any suspect measles cases.** See: [infection control guidance for measles](#).
 - Any patient suspected of having measles should be masked and immediately moved to an airborne infection isolation (negative pressure) room (AIIR) if available or to a private room with the door closed if no AIIR.
 - If no AIIR is available, other options for patients calling ahead with fever and rash include: referral to a facility with AIIR, scheduling them at the end of the day, having them enter via a separate entrance (bypassing the waiting room), and/or arranging to see them outside.
 - Do not send suspect measles cases to a laboratory for specimen collection.
 - Do not send suspect measles cases to an urgent care or emergency room without notifying them first so they can take appropriate precautions to protect their staff and other patients.
- **Immediately report any suspect measles cases to Orange County Public Health Epidemiology at 714-834-8180 during office hours (or 714-628-7008 after hours). Do NOT wait for laboratory confirmation.**
- **Obtain specimens for testing from patients with suspected measles as recommended by Public Health and in [Measles Clinical Guidance](#).**
 - **Polymerase chain reaction (PCR) is the preferred testing method for measles** and can be facilitated through Orange County Public Health once the suspect case is reported. Throat swab and urine are the preferred specimens.
 - Serum IgM testing may be useful in certain situations, but false positive and false negative results limit its utility.
- **Inform suspect measles cases to stay home and avoid contact with infants, pregnant women, and/or immunocompromised persons.** They will receive further instructions from Public Health once reported.
- **Ensure patients and staff are up to date with measles (MMR) vaccination.** See next page.

General Measles Vaccine Recommendations

(See [MMR Information for Healthcare Professionals](#))

Children

- Routine vaccination with two doses of MMR starting with first dose at 12-15 months, and the second dose at 4-6 years of age. The 2nd dose may be administered as early as 4 weeks after the 1st dose.
- Infants 6-11 months of age travelling internationally should receive one (1) dose before departure. Revaccinate with two (2) doses starting at 12-15 months as per routine recommendations above. There is no recommendation to vaccinate 6-11 month old infants who do not travel.

Adolescents (without evidence of immunity against measles*)

- Two (2) doses of MMR at least 4 weeks apart.

Adults

- People born before 1957 AND who are not one of the high risk groups listed below do not need additional doses of MMR.
- People who are born during or after 1957 who do not have evidence of immunity against measles* should get at least one (1) dose of MMR vaccine. High risk groups below need two (2) doses.
- People who received a dose of MMR in 1963-1967 who may have received inactivated vaccine should be revaccinated with at least one (1) dose of MMR. High risk groups below need two (2) doses.

Students at post-high school educational institutions (without evidence of immunity against measles*)

- Two (2) doses of MMR at least 4 weeks apart.

International travelers (without evidence of immunity against measles*)

- 6-11 months of age: one (1) dose of MMR. See above for additional routine dosing.
- Children 12 months of age or older: Documentation of two MMR doses (first dose aged 12 months or older; 2nd dose at least 4 weeks after 1st)
- Teenagers and adults born during or after (1957), documentation of two doses of MMR, with the 2nd dose at least 4 weeks after the first.

Healthcare personnel (without evidence of immunity against measles*)

- Born in 1957 or later: 2 doses MMR at least 4 weeks apart.
- Born before 1957, consider 2 doses MMR at least 4 weeks apart.

Assessing Measles Immunity

*Acceptable presumptive evidence of immunity against measles includes one of the following:

- Written documentation of adequate vaccination:
 - one or more doses of a measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high risk
 - two doses of measles-containing vaccine for school-age children and adults at high risk, including college students, healthcare personnel, and international travelers
- Laboratory evidence of immunity (positive measles IgG)
- Laboratory confirmation of measles
- Birth before 1957.

NOTE: Orange County Public Health may require documentation of laboratory evidence of immunity or two doses of MMR for high risk exposures, including household contacts, healthcare or childcare workers.