

**PLEASE DISTRIBUTE TO YOUR HEALTH CARE PROVIDERS**

## **URGENT HEALTH BULLETIN**

### **Measles Exposure in Kern County and Evaluation Guidance for Healthcare Providers**

May 7, 2018

Dear Kern County Health Care Provider:

A person diagnosed with measles traveled through Kern County while infectious on Monday, April 30, 2018 and visited the Taco Bell restaurant located at 3200 California Avenue, Bakersfield, CA 93304. Anyone who was at the Taco Bell restaurant between 12 pm and 2 pm on that day may have been exposed to measles. The incubation period for measles is typically 8 to 21 days. Kern County will be under enhanced surveillance for measles through May 21, 2018.

Recommendations for measles include the following:

- **Immunize.** Immunization is the primary prevention method against measles. Ensure all staff (including non-clinical staff) and all patients are fully immunized or otherwise documented to be immune.
- **Consider Measles.** Any patient with fever and rash should be assessed for measles risk.
- **Mask and Isolate.** All suspected cases of measles should be immediately masked and isolated, preferably in a designated rash room. Do not let patients remain in the waiting room. Do not use that room for at least 1 hour after the patient has left. Staff should wear an N-95 mask while evaluating a suspect measles patient, even if fully immunized.
- **Report.** Suspected and confirmed cases of measles must be reported to the Kern County Public Health Services Department **immediately by phone**. Call 661-321-3000 Monday through Friday, 8 am to 5 pm. After hours, on weekends, or on holidays, call 661-324-6551 to be connected to on-call staff. Do not wait for laboratory confirmation before reporting a suspect case.
- **Test.** Suspect measles cases should be tested with a throat (oropharyngeal), nasal, or nasopharyngeal swab and a urine specimen for measles PCR. PCR testing is the preferred method for testing an acute case. Measles serum IgM or IgG testing can also be ordered. **DO NOT** send potentially infectious suspect measles patients to a reference laboratory for specimen collection.

To date this year, Kern County has **NOT** had any confirmed cases of measles. However, cases were recently diagnosed in California and several other states. Measles continues to be common in many countries around the world. Consider measles in any patient with a fever and rash, regardless of travel history, and even after the conclusion of enhanced surveillance.

We encourage your facility to post signs advising patients with a rash illness not to enter the facility without first contacting the facility. An example of a sign can be found at online [here](#).

May 7, 2018

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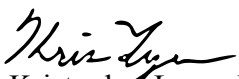
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Attached with this health bulletin is a measles evaluation guide for healthcare providers. This tool is intended to help medical providers assess patients with a febrile rash illness for the possibility of measles. This tool contains information specific to the recent exposure on April 30, 2018, but can be used for evaluations not related to that exposure. All suspect measles cases should be reported immediately to the Kern County Public Health Services Department at (661) 321-3000.

If you have any questions, please contact the Kern County Public Health Services Department at (661) 321-3000.

Thank you,

 *NO ENT FACED*  
Kristopher Lyon, MD  
Interim Health Officer

# Measles Evaluation Guidance for Healthcare Providers

**A known measles exposure occurred in Kern County on April 30, 2018.**

The purpose of this guidance is to help medical providers assess patients with a febrile rash illness for the possibility of measles. All suspected measles cases should be reported **immediately** by phone to the Kern County Public Health Services Department at 661-321-3000. After hours, on weekends, or on holidays, call 661-324-6551 to be connected to on-call staff. Boxes marked in gray decrease the likelihood of measles, but do NOT eliminate a measles diagnosis. Text preceded by an asterisk provides additional information to help with decision-making.

**All patients with a rash or otherwise suspected of measles should be immediately masked and isolated, preferably in a designated rash room. Do not let patients remain in the waiting room. Do not use the room until at least 1 hour after the patient has left.**

Vaccination and Disease History	Yes	No
<b>Has the patient ever received a measles containing-vaccine?</b> * One dose of MMR is 93% effective at preventing measles; two doses of MMR is 97% effective.		
<b>Was the patient born before 1957?</b> * Patients born before 1957 are highly likely to have had the measles disease due to wide circulation of the virus at the time.		
<b>Was the patient enlisted in the U.S. military service?</b> * Members of the U.S. military are routinely vaccinated.		
<b>Was the patient born in 1970 or later and attended public elementary school in the U.S.?</b> * Proof of at least one measles vaccination or disease was required for entrance into elementary school in the 1970s. The second dose became required in 1989 as the result of widespread outbreaks across the U.S.		
<b>Did the patient legally immigrate to the U.S. in 1996 or later?</b> * All legal immigrants have been required to provide proof of vaccination or disease. Visitors using temporary visas are not required to be vaccinated.		
<b>Has the patient ever been diagnosed with measles in the past?</b> * Having measles disease confers lifetime immunity; however, be aware that patients may confuse measles (rubeola) with rubella ("German measles"), roseola, or other febrile rash illnesses.		

Clinical Symptoms	Yes	No
<b>Did the patient have a fever?</b> * Measles typically presents with a high-grade fever a few days before rash onset; the fever persists through the rash onset.		
<b>Did the patient have cough, coryza, conjunctivitis, and/or Koplik spots?</b> * Measles typically presents with two or more of the above symptoms prior to rash onset.		
<b>Was the rash on the head/face?</b> * Measles typically presents with a rash on the hairline/head/face which descends to the trunk and back, then spreads outward.		
<b>Are the symptoms severe enough to interfere with the patient's normal activity?</b> *Patients with measles are typically "stay-in-bed" sick (e.g. lethargic, decreased appetite, photophobic, etc.).		

Differential Diagnoses	Yes	No
<b>Has the patient had a recent measles-containing vaccination (MMR or MMRV)?</b> * Vaccine-related rashes may occur in 2-3% of patients receiving the first dose of vaccine. Even fewer rashes are seen during administration of the second dose.		
<b>Was the patient recently on antibiotics?</b> * Antibiotic reaction rashes can start after the first dose, days after the last dose, and anywhere in between.		

Exposure and Travel History	Yes	No
<b>Was the patient at a location where exposure to a measles case occurred?</b> * Patient may have been individually notified through contact tracing or heard public announcements about large group exposures. A limited exposure occurred in Kern County on April 30, 2018. Contact the health department if more exposure details are needed.		
<b>Did the patient travel outside of Kern County in the 21 days before rash onset?</b> * Travel outside Kern County is not required for potential measure exposure. However, there is known ongoing transmission in certain areas.		



**IMMEDIATELY report all suspect measles cases to the Kern County Public Health Services Department at (661) 321-3000. After hours, on weekends, and on holidays, call (661) 324-6551 to be connected to on-call staff.**