

PLEASE DISTRIBUTE TO YOUR HEALTH CARE PROVIDERS

URGENT HEALTH BULLETIN

Measles Evaluation Guidance for Healthcare Providers

This bulletin contains hyperlinks and can be accessed on our [website \(https://kernpublichealth.com/health-bulletin/\)](https://kernpublichealth.com/health-bulletin/)

May 6, 2019

Dear Kern County Health Care Provider:

Currently, several states including California are experiencing a resurgence of measles. As of May 1, 2019, there are 40 confirmed cases in California; to date this year, Kern County has NOT had any confirmed cases of measles.

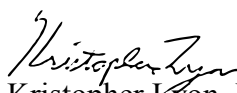
Recommendations for measles include the following:

- **Immunize.** Immunization is the primary prevention method against measles. Ensure all staff (including non-clinical staff) and patients are fully immunized or otherwise documented to be immune.
- **Consider Measles.** Any patient with fever and rash should be assessed for measles risk. Many patients have an illness with cough, coryza, conjunctivitis or high fever (greater than 101° F) prior to developing a rash originating from the hairline.
- **Mask and Isolate.** All suspected cases of measles should be immediately masked and isolated, preferably in a negative pressure room or 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. Details about infection control measures can be found [here](#).
- **Report.** Suspect cases of measles must be reported to the Kern County Public Health Services Department IMMEDIATELY by phone.

Monday through Friday, 8 am to 5 pm	(661) 321-3000
After hours, weekends, holidays	(661) 868-4055
- **Test.** PCR testing is the preferred method for testing an acute case. Collect a throat or nasopharyngeal swab and a urine sample. Measles serum IgG testing can be performed to assess immunity but is not recommended for confirmation of suspect cases. DO NOT send potentially infectious suspect measles patients to a reference laboratory for specimen collection. Testing guidance can be found [here](#).

The measles evaluation guide for healthcare providers is attached. This tool is intended to help medical providers assess patients with a febrile rash illness for the possibility of measles. Your facility is encouraged 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](#).

Thank you,


Kristopher Lyon, MD
Interim Health Officer

Measles Evaluation Guidance for Healthcare Providers

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) 868-4055 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
Has the patient ever received a measles containing-vaccine? * One dose of MMR is 93% effective at preventing measles; two doses of MMR is 97% effective.		
Was the patient born before 1957? * Patients born before 1957 are highly likely to have had the measles disease due to wide circulation of the virus at the time.		
Was the patient enlisted in the U.S. military service? * Members of the U.S. military are routinely vaccinated.		
Was the patient born in 1970 or later and attended public elementary school in the U.S.? * 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.		
Did the patient legally immigrate to the U.S. in 1996 or later? * All legal immigrants have been required to provide proof of vaccination or disease. Visitors using temporary visas are not required to be vaccinated.		
Has the patient ever been diagnosed with measles in the past? * 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
Did the patient have a fever? * Measles typically presents with a high-grade fever a few days before rash onset; the fever persists through the rash onset.		
Did the patient have cough, coryza, conjunctivitis, and/or Koplik spots? * Measles typically presents with two or more of the above symptoms prior to rash onset.		
Was the rash on the head/face? * Measles typically presents with a rash on the hairline/head/face which descends to the trunk and back, then spreads outward.		
Are the symptoms severe enough to interfere with the patient's normal activity? * Patients with measles are typically "stay-in-bed" sick (e.g. lethargic, decreased appetite, photophobic, etc.).		

Differential Diagnoses	Yes	No
Has the patient had a recent measles-containing vaccination (MMR or MMRV)? * 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.		
Was the patient recently on antibiotics? * Antibiotic reaction rashes can start after the first dose, days after the last dose, and anywhere in between.		

Exposure and Travel History	Yes	No
Was the patient at a location where exposure to a measles case occurred? * Patient may have been individually notified through contact tracing or heard public announcements about large group exposures.		
Did the patient travel outside of Kern County in the 21 days before rash onset? * As of 5/6/19, there have been NO measles cases diagnosed in Kern County. Please be aware this status may change at any time.		



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) 868-4055 to be connected to on-call staff.